MYONGJI UNIVERSITY EXCHANGE STUDENT HEALTH REPORT FORM

A. Student Information

Full Name		**Gender**	
Date of Birth	YYYY / MM / DD	**Mobile Phone No.**	+
Home Institution			

B. Physical Examination

Height (cm)		**Weight (kg)**		**Blood Type**		
Hepatitis B Vaccination Record	□ Yes □ No	**HbsAg /**항원	□Positive □Negative	**Blood Pressure**	**Systolic**	
		HbsAb(anti-HBs) /항체	□Positive □Negative		**Diastolic**	
Tuberculosis	□ Positive □Negative		**Diabetes**	□ Positive □Negative		

※Tuberculosis

All international students are required to submit a negative TB Blood Test. A negative TB Skin Test is also acceptable. Another alternative is to have a chest x-ray performed to rule out pulmonary TB disease.

※Hepatitis A and B

laboratory evidence of immunity acceptable (within 1 year)
If not, proof that you've received the combination hepatitis A & B vaccine (within 1 year)

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C. Health Record

1. Are you currently taking any medications? (Indicate regular use of any medications, herbs, or supplements)
2. Are you presently under treatment for any physical or mental condition?
3. Have you ever been treated or currently under treatment for any heart conditions?
4. Have you ever had surgery?
5. Any other health concerns or dietary/meal restrictions?
6. Have you ever had drinking problems or currently have drinking problems?

※ Myongji University accepts no responsibility for loss of possessions, accidents, injuries or illness resulting from a student's own negligence or an undeclared medical condition. For the safety of the students, Medical conditions must be declared here.

Medical Doctor's Name: _____

Medical Doctor's Institution:

Medical Doctor's Signature:_____

Date (YYYY/MM/DD):