MYONGJI UNIVERSITY 2015 SUMMER IKLCP HEALTH REPORT FORM

**SUMBIT THIS FORM WITH THE APPLIECATION FORM!**  
Please read all instructions and details thoroughly. CHECK YOUR EMAIL frequently to not miss important information.  
Any disadvantages due to students’ failure to check given information are solely YOUR responsibility.

BASIC INFORMATION

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** | / / | | |
| FIRST / MIDDLE / LAST (FAMILY) *EXACTLY as shown on passport* | | |
| **Gender** | Male / Female | **Nationality** |  |
| **Birthday (YY/MM/DD)** | / / | **Your Mobile Phone** |  |
| **Home Institution** |  | | |
| **Email Address** | The one you check most frequently (at least once a week) | | |

PHYSICAL EXAMINATION

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Height (cm)** |  | | | Weight (kg) | |  | Blood Type | |  |
| **Distant Vision** | Uncorrected | Right |  | Left |  | Color Vision |  | YES |  |
| Corrected | Right |  | Left |  |  | NO |  |
| **Blood Pressure** | Systolic | (m.mHg) | | | | Diabetics |  | YES |  |
| Diastolic | (m.mHg) | | | |  | NO |  |
| **Infectious**  **Diseases** |  | | | | | | | | |

HEALTH RECORD

|  |
| --- |
| 1. Are you currently taking any medications? (Indicate regular use of any medications, herds, or supplements) |
| 2. Are you presently under treatment for any physical or mental condition? (including bipolar depressive disorder) |
| 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? |

※ Please include proof of tuberculosis and hepatitis vaccinations if available.  
Also provide printed copies of the proof to the dormitory once you check-in.  
Negative test results in Tuberculosis and Hepatitis are required in entering on-campus housing.

Medical Doctor’s Name:

Medical Doctor’s Institution:

Medical Doctor’s Signature: *※ Doctors may handwrite*.

Date (YYYY/MM/DD): / /

