

# Health & Medical Clearance Form

\*Health & Medical Clearance Form is a **mandatory document** for ALL students applying for exchange or study abroad program, regardless of staying on or off campus.

Check all items that apply, past or present, to your health history. The information you provide will be used to assist with your health care while you are enrolled as a student and will be subject to strict confidentiality policies.

This form must be filled in and signed by your Health Care Provider.

## Student Information

Name		Date of Birth		Sex	( ) Male
					( ) Female

## Tuberculosis Screening (within 6 months from application starting date)

Tuberculosis Skin test (OR X-ray, Blood Test)	Date: / /	Results: ( ) Negative ( ) Positive	_____mm
If skin test result is 6mm or above, X-ray is required	Date: / /	Results: ( ) Negative ( ) Positive	_____mm

Main Present Illness	
Physically Handicapped	
Others (allergies, medication etc.)	

## Verification From Health Care Provider

Physician's Name	
Physician's Signature	
Date	
Address	
Phone	
Email	

- 1. Dormitory admission should be rejected for those who have health problems unsuitable for dormitory residence.*
- 2. You shall be asked for further health check up and appropriate treatment if needed*

I agree that above information is true and Ewha Womans University reserves the right to ask anyone who doesn't abide by Ewha Womans University's Health policy to leave the dormitory.

Student Name: \_\_\_\_\_ (Signature)

Date: \_\_\_\_\_