



KEIMYUNG UNIVERSITY

MEDICAL FORM (SELF EVALUATION)

Home Institution:

Name:

Please provide correct information for the following questions and attach it to your online application.

When and for what reason did you last consult a physician?

Have you had any serious ailment, injury or disease within the past five years? (√)

NO

YES

※ If yes, please explain.

Have you been hospitalized within the last two years? (√)

NO

YES

※ If yes, please explain.

Have you ever been treated by a doctor for any mental, emotional, or nervous disorder? (√)

NO

YES

※ If yes, please explain and attach a report from your doctor.

Have you ever been addicted to any substance? (√)

NO

YES

※ If yes, please explain.

Do you have any allergies? (√)

NO

YES

※ If yes, please explain.

Are you taking any prescribed medication? (√)

NO

YES

※ If yes, please explain.

Are you on a special diet? (√)

NO

YES

※ If yes, please explain in detail.

Have you ever suffered from depression? (√)

NO

YES

※ If yes, please explain.

If you need to inform us about your health, please feel free to let us know

※ If yes, please explain.

※ International students are requested to submit tuberculosis test result which is completed within 1 month before the semester (the test result should not exceed 1 month). Or you can take the test in the campus at the beginning of the semester. More detailed information will be sent to you by email in advance.

If the test result determines that you have serious disease(s) including Tuberculosis, you will not be allowed to live in the dormitory.

By signing below, I certify that the above information is true to the best of my knowledge.

Signature of the student:

Date: