경희대학교
KYUNG HEE UNIVERSITY

Medical Assessment

Please provide accurate information for the following questions.

NAME OF THE STUDENT:		SEX: (M/F)
DATE OF BIRTH: (YYYY/MM/DD)	NATIONALITY:	

QUESTION	YES	NO	EXPLAIN
① When and for what reason did he/she last consult a physician? (Please explain)			
② Have he/she had any serious ailment, injuries or diseases in the last five years? (If yes, please explain)			
③ Have he/she been hospitalized in the last two years? (If yes, please explain)			
④ Have he/she ever been treated by a doctor for any mental, emotional, or anxiety disorder? (If yes, please explain and attach medical evaluation report.)			
⑤ Have he/she ever been addicted to any substance? (If yes, please explain)			
⑥ Does he/she have any allergies? (If yes, please list them)			
⑦ Is he/she taking any prescribed medication? (If yes, please explain)			
⑧ Is he/she on a special diet? (If yes, please explain in detail)			
⑨ Have he/she ever suffered from depression? (If yes, please explain)			

※ THE ANSWERS MUST BE COMPLETED BY DOCTOR.

※ PLEASE ATTACH THE CERTIFICATE OF MEDICAL CHECKUP AS PROOF.

※ THE CERTIFICATE OF MEDICAL CHECKUP IS MANDATORY TO SUBMIT FOR **TUBERCULOSIS.**

Date(YYYY/MM/DD) **Signature and name of the physician/doctor**