



# Medical Clearance Form

\*Health Certificate is a **mandatory document** for ALL students regardless of staying on or off campus.

\*All fields MUST be thoroughly completed.

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

## [1] Completed by **HEALTH CARE PROVIDER (Physician)**

1. Health Check (completed within 6 months from application starting date) (Required Field)	
1) Tuberculosis test	Date:            /            /            .    Test Type: ( ) Skin ( ) X-ray ( ) Blood Result: ( ) Negative ( ) Positive ____mm
2) If skin/blood test result is <u>+6mm</u> or above, X-ray test is required.	Date:            /            /            .    Test Type: X-ray Result: ( ) Negative ( ) Positive ____mm
3) Illnesses	
4) Disabilities	
5) Others(allergies, medication, etc.)	
2. Verification From Health Care Provider (Required Field)	
Address	
Phone	
Email	
Health Care Provider Name: _____ (Signature)    Date: _____	

## [2] Completed by **STUDENT**

1. Student Information (Required Field)					
Name		Date of Birth		Gender	( ) Male
					( ) Female
2. Agreement (Required Field)					
<p>1. <i>Dormitory placement may be rejected for those who have health problems unsuitable for dormitory residence.</i></p> <p>2. <i>You shall be asked for further health checkup and appropriate treatment if needed.</i></p> <p>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.</p>					
Student Name: _____ (Signature)    Date: _____					