

Student Exchange Program (SEP) & Visiting Student Program (VSP) Certificate of Health

All exchange/visiting students are required to complete this form and submit it within the application period. Those who do not submit the form will not be accepted to Korea University. This form must be completed by a licensed physician only.

Only examinations taken *between August and October* for the **Spring** semester and *between February and April* for the **Fall** semester are acceptable. The date of the examination must be within two months of the start of the application period.

1. Student Information

Full Name of Student		Email Address	
Home University Name		Program to be Attended	☐ Student Exchange Program (SEP) ☐ Visiting Student Program (VSP)
Date of Birth (YYYY/MM/DD)		Sex	☐ Male ☐ Female

2. Physical Information

*All fields in this section must be completed by a licensed physician.

Eyesight	☐ Normal	☐ Impaired (Please specify:)
Hearing	☐ Normal	☐ Impaired (Please specify:)
Speech	☐ Normal	☐ Impaired (Please specify:)

Is the applicant allergic to any medications, foods or environmental factors?			
☐ Yes If Yes, please specify.		☐ No	
Is the applicant currently undergoing medical treatment?			
☐ Yes If Yes, please specify.		☐ No	
Is the applicant currently taking any medications?			
☐ Yes If Yes, please specify.		☐ No	
Has the applicant ever experienced any of the following conditions? (Please check all that apply)			
☐ Tuberculosis ☐ Diabetes ☐ Heart Disease	☐ Hepatitis A/B/C ☐ Asthma ☐ Psychosis	☐ Digestive Tract Disease ☐ Communicable Disease ☐ Epilepsy	☐ Others:
If any of the above are marked, please specify.			
Are there any symptoms or conditions not listed above that you would like to inform us about, including any additional physical, psychological or other health issues?			
☐ Yes If Yes, please specify.		☐ No	

THIS IS A REQUIRED FIELD AND MUST BE COMPLETED BY A LICENSED PHYSICIAN.

Based on the applicant's history and the findings provided above, is it your observation that **his/her health status is sufficient to pursue studies in Korea within one year?**

- ☐ **Yes, the applicant is in good health and is medically fit to pursue studies in Korea.**
☐ No, the applicant's current health condition is not adequate for studying in Korea.

*If "No" is selected, please note that this may result in the rejection of the applicant's admission.

Physician's Name (Printed)	Date of Examination (YYYY/MM/DD)
Authorized Signature	Official Stamp/Seal of the Medical Office
*If the official stamp/seal cannot be provided, please attach the examination receipt or reservation details including the hospital's official business name and contact information.	