

Health & Medical Clearance Form

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 staying in the dormitory and will be subject to strict confidentiality policies. This form must be filled in and signed by your Health Care Provider. Please upload this along with your dormitory application at http://was1.ewha.ac.kr:8320/epas/epas_tsd/

Student Information				
Name		Date of Birth		Sex () Male () Female
Tuberculosis Screening (within 6 months mandatory)				
Tuberculosis skin Test	Date: / /	Results: () negative () positive	mm	
(if tuberculosis skin test positive) Chest X-ray				
Date of Chest X-ray : / /				
Results of Chest X-ray :				
Medical History				
Main present illness				
Physically Handicapped				
Others (allergies, medication etc.)				
Verification From Health Care Provider				
Physician's Name				
Signature				
Date				
Address				
Phone				
Email				

1. *Dormitory admission will 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 declare that above information is true and Ewha Womans University reserves the right to ask anyone who doesn't abide by the university's health policy to leave the dormitory.

Student's Name: _____ (Signature) Date: _____