

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 as well as stay 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 the scanned copy of this form at the online application form.

Student Information					
Name		Date of Birth		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Tuberculosis Screening					
Date of Test : / /					
Results : <input type="checkbox"/> Negative <input type="checkbox"/> Positive					
Medical History					
Main Present Illness					
Physically Handicapped					
Others (allergies, medication etc.)					
Verification From Health Care Provider					
Physician' Name					
Signature					
Date					
Address					
Phone					
Email					

1. *Dormitory administration has the right to reject the applicants who have health problems unsuitable for dormitory residence.*
2. *You shall be asked for further health check-up and appropriate treatment if needed.*

I agree that the above information is correct, and SeoulTech reserves the right to ask anyone who doesn't abide by SeoulTech's Health policy to leave the dormitory.

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