



# Health & Medical Clearance Form

Please check all items that apply, past or present, to your health history. The information you provide will be used to assist with your healthcare and with your stay in the dormitory while you are enrolled as a student. This information will be subject to strict confidentiality policies. This form must be filled in and signed by your Health Care Provider. Please upload this form to your online application.

### Student Information

|      |  |               |  |     |            |
|------|--|---------------|--|-----|------------|
| Name |  | Date of Birth |  | Sex | ( ) Male   |
|      |  |               |  |     | ( ) Female |

### Tuberculosis Screening (within 6 months at the time of writing)

#### 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 agree that the above information is true and Ajou University reserves the right to ask anyone who doesn't abide by Ajou University's Health policy to leave the dormitory.

Student's Name: \_\_\_\_\_ (Signature)                      Date: \_\_\_\_\_