

Chungnam National University
International Student Program

Certificate of Health

* Please fill out and return the completed form to the Office of International Affairs, along with your application and other supporting materials.

1. Name in full

(The name written should be the same as in your passport.)

Family name First name Middle name

2. Nationality

3. Sex

Male

Female

4. Date of birth

19 _____

Year Month Day

1) Height : _____ cm

2) Weight : _____ kg

3) Blood Pressure : _____ / _____ mmhg

4) Vision : (Without Glasses) (R) _____ (L) _____ (Corrected) (R) _____ (L) _____

5) TUBERCULOSIS: Positive

Negative

Please briefly comment on condition of the student lungs and the result of chest X-ray with date.
(For any abnormality, please describe in detail.)

6) Overall health and physical condition : (Please check)

Good

Fair

Poor

Date of Examination

Year Month Day

Name and Title of Physician : _____

Signature or Stamp : _____

Institution and Address : _____
