



Chungnam National University Inbound Exchange/Visiting Student Application

Certificate of Health(TB)

Personal Information

Family Name _____ Given Name _____ Middle Name _____

Gender ☐ Male ☐ Female Date of Birth _____

1) TUBERCULOSIS ☐ Positive ☐ Negative

Please comment on condition of the student's lungs and the result of chest X-ray with date.
(Should he/she have any abnormality, please describe it in detail.)

Date of Examination _____ Name and the Title of Physician _____

(yyyy/mm/dd) Signature or Stamp _____

Institution and Address _____