

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 return this form to the Office of Global Affairs along with your dormitory application at http://was1.ewha.ac.kr:8320/epas/epas_tsd/

Student Information				
Name		Date of Birth		Sex () Male () Female
Required Immunizations				
1. Hepatitis A series	Immunization	Date Dose #1 / /	Date Dose #2 / /	
	-OR- Immunity Results: () Positive () Negative, Date: / /			
2. Hepatitis B series	Immunization	Date Dose #1 / /	Date Dose #2 / /	Date Dose #3 / /
	-OR- Immunity Results: () Positive () Negative, Date: / /			
-OR- Hepatitis A & B series	Date Dose #1 / /	Date Dose #2 / /	Date Dose #3 / /	
Tuberculosis Screening (within 6 months mandatory)				
Tuberculin skin Test	Date: / /	Results: () negative () positive _____mm of induration		
(if tuberculin 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 should 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 above information is true and Ewha Womans University reserves the right to ask anyone who doesn't abide by Ewha Womans University's Health policy to leave the dormitory.

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