**[Form 4]**

**Personal Medical Assessment**

▪ Please provide accurate information for the following questions.

|  |  |
| --- | --- |
| QUESTION | Check |
| 1. **Allergies**
 | Yes/No |
| 1. **High Blood Pressure**
 |  |
| 1. **Diabetes**
 |  |
| 1. **Tuberculosis**
 |  |
| 1. **Any type of Hepatitis**
 |  |
| 1. **HIV**
 |  |
| 1. Have you had any serious ailment, injuries or diseases in the last five years?
 |  |
| 1. Have you been hospitalized in the last two years
 |  |
| 1. Have you ever been treated by a doctor for any mental, emotional, or anxiety disorder?
 |  |
| 1. Have you ever been addicted to any substance whether legal or prohibited?
 |  |
| 1. Do you have any visual or hearing impairment?
 |  |
| 1. Do you have any physical disabilities?
 |  |
| 1. Have you ever suffered from depression?
 |  |
| 1. Are you taking any prescribed medication?
 |  |
| ▪ If “yes”, please explain. |

▪ Applicants are not required to undergo an authorized medical exam before the announcement of successful candidates. However, all successful candidates must submit a Certificate of Health by doctor which proves the result of the number **1~6**(made within 6 months as of the date of the announcement) immediately after the announcement.

▪ All grantees must take another comprehensive medical check-up (including HIV, TBPE drug test) after coming into Korea in accordance with the requirements of the Korea Immigration Service and the Karts. If the results show that any grantee is unfit to study and live overseas, he/she may be disqualified.

|  |  |  |
| --- | --- | --- |
| YYYY.MM.DD |  |  |
| **Date** | **Name of the Applicant** | **Signature of the Applicant** |