



**Chungnam National University
Inbound Exchange/Visiting Student Application**

Certificate of Health

Personal Information

Family Name _____ Given Name _____ Middle Name _____

Gender Male Female Date of Birth _____

1) Height _____ cm

2) Weight _____ kg

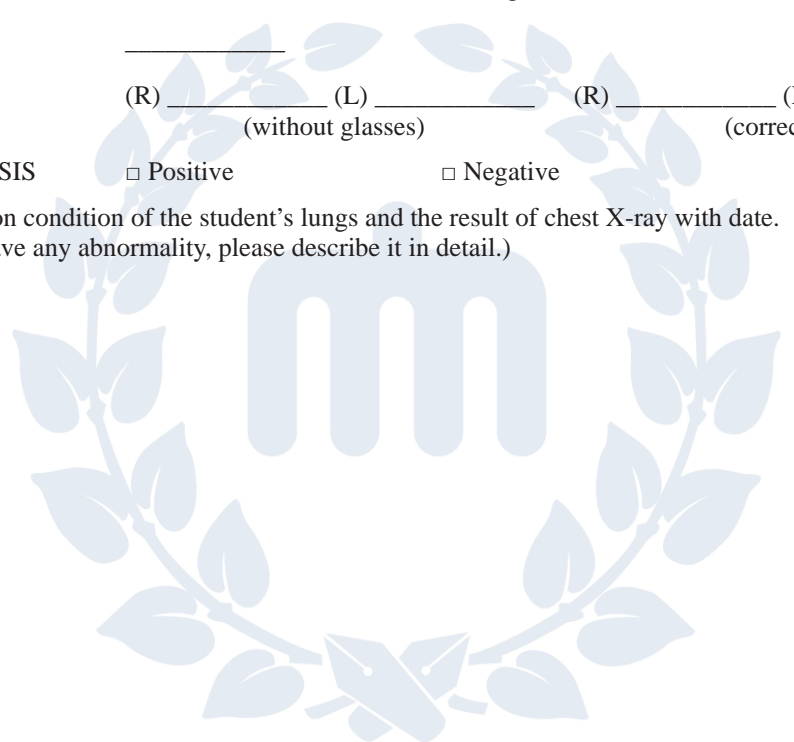
3) Blood Pressure _____ / _____ mmhg

4) Blood Type _____

5) Vision (R) _____ (L) _____ (R) _____ (L) _____
(without glasses) (corrected)

6) 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.)



7) Overall Health and Physical Condition Good Fair Poor

Date of Examination _____ Name and the Title of Physician _____
(yyyy/mm/dd)

Signature or Stamp _____

Institution and Address _____