

## Certificate of Health

(Photo)  
3cm×4cm

Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Date of Birth	Phone Number
Passport Number	Address

**Physical examination and Chest X-ray or \_\_\_\_\_ (type of TB test)**

Height _____ cm	Weight _____ Kg	Blood Pressure _____ / _____ mmHg
-----------------	-----------------	-----------------------------------

Date of Chest X-ray or \_\_\_\_\_ (type of TB test) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I. (1) Result:**

- 1. Non-specific
- 2. Inactive TB
- 3. Active TB 
  - 3-1. Infective , Non-infective
  - 3-2. Drug-sensitive TB , MDR TB

**II. (2) Treatment Outcomes - For person who has TB history**

- 1. Under treatment    2. Cured    3. Completed Treatment
- 4. Failed    5. Defaulted

The examination was performed as above.

**License No:** \_\_\_\_\_ **/ Name of Physician:** \_\_\_\_\_

Summary of the examination	
Remarks about examinee's stay in Korea	
Additional close examination	*Attach doctor's opinion letter, if needed

We hereby certify that the examinee's health status is assessed as above.

**Date:** \_\_\_\_\_ **Signature & stamp:** \_\_\_\_\_