STUDENT ASSESSMENT MEDICAL FORM
YONSEI UNIVERSITY

►Yonsei Student ID Number & Full Name of Student:

►Previous (or Home) Institution:

►Country of Citizenship:

►Program admitted:

►Insurance Information:

A. Insurance Company / Website Address:

B. Insurance ID Number / Covered Period (YY/MM/DD~YY/MM/DD):

C. Contact Information: 24 Hrs Phone Number: Email Address:

Instructions: Please read and answer the questions below

1) Do you have any pre-existing conditions?	YES □	NO □
2) Do you currently receive any treatments or medication on a regular basis?	YES □	NO □
3) Do you have any dietary restrictions?	YES □	NO □
4) Do you have any allergies to medication, plants, food, animals, insect stings, etc.?	YES □	NO □
5) Do you have any physical limitations or disabilities?	YES □	NO □
6) Have you ever had a major illness?	YES □	NO □
7) Have you ever had a major surgical operation or been advised to have one?	YES □	NO □
8) Have you ever been hospitalized?	YES □	NO □
9) Have you ever received treatment for drug or alcohol addiction?	YES □	NO □
10) Have you ever been treated by a psychiatrist, psychoanalyst, or psychologist for any mental, emotional or nervous disorder?	YES □	NO □
11) Have you ever had treatment in a medical institution?	YES □	NO □

12) If you have answered YES to any of questions 1 through 11, please explain below, continuing on the reverse if necessary;

13) Are there any concerns regarding your health, family history, or other matters that you would like to discuss with a member of the Yonsei staff before you depart? YES □ NO □

If yes, please indicate phone number and time when you may be contacted.

Daytime Phone Number : _____ **Best time to call :** _____

14) Please provide the name and a daytime telephone number of a parent or guardian who may be contacted in case of an emergency.

Name : _____ Daytime phone number : _____

By signing below, I certify the above information is true to the best of my knowledge. I also acknowledge the following:

I, and my parents or guardians, agree to release and hold harmless Yonsei and its employees and agents from any claims arising out of the provision of medical care in my host country.

I also understand and agree that Yonsei is not responsible for any decisions, which that institution may make, based upon information it receives from any source about my physical condition.

I represent and certify that I am not a minor.

_____ _____

Signature of Participant Date

Your medical information provided on this form will not be released to a third party under any conditions unless otherwise necessary for your emergency medical service while in Korea. And please submit this form on the day of orientation for the semester.