



**The Graduate School of Korea Aerospace University**

**KAU 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 International Culture and Education along with your application.

<b>Student Information</b>					
Last Name		NDOYE		First Name SIDY MOHAMED	
Date of Birth	<u>1982/03/05</u> (YYYY/MM/DD)	Gender	Male (✓) Female ( )	Passport Number	A 02749346
<b>Tuberculosis Screening (within 6 months Mandatory)</b>					
Tuberculosis skin Test			<u>2021/03/01</u> (YYYY/MM/DD) Results : Negative ( ✓ ), Positive( )		
(If tuberculosis skin test positive) Chest X-ray					
Date of Chest X-ray : _____ / _____ / _____ (YYYY/MM/DD)					
Results of Chest X-ray :					
<b>Medical History</b>					
Main Present Illness			NONE		
Physically Handicapped			NO		
Others (allergies, medication etc.)			DUST, AND OTHER TYPES OF SMOKES		
<b>Verification From Health Care Provider</b>					
Physician's Name		FRANCOIS CHARLES NDIAYE			
Date		<u>2021/03/07</u> (YYYY/MM/DD)			
Address		FANN HOCK/DAKAR			
Phone Number		77 655 04 42			
Email		INFO@ASSISTANCEMEDICALE.ORG			
Signature					

- ✓ Dormitory admission should be rejected for those who have health problems unsuitable for dormitory residence.
- ✓ Students shall be asked for further health check-up and appropriate treatment if needed.

I agree that above information is true and Korea Aerospace University reserves the right to ask a student who does not abide by Korea Aerospace University's health policy to leave the dormitory.

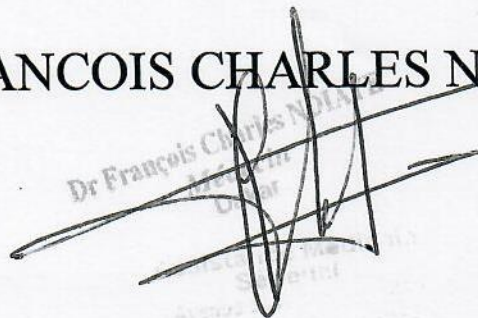
Student's Name: SIDY MOHAMED NDOYE (Signature) Date: 2021/03/07



## HEATH CHECK-UP REVIEW

I HEREBY CERTIFY, AFTER A DUE CHECK-UP, THAT M. SIDY MOHAMED NDOYE, CANDIDATE FOR THE KOICA-KAU MASTER'S DEGREE PROGRAM IN AVIATION MANAGEMENT, SHOWS NO PARTICULAR ILLNESS THAT CAN BE CONSIDERED SERIOUS. BUT HE IS SUFFERING FROM SINUSITIS BUT IT IS UNDER CONTROL AND IS NOT AFFECTING ANY OF THIS CAPACITIES.

Dr. FRANCOIS CHARLES NDIAYE

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke, written over a faint, circular official stamp.

Physician