

Formulaire Pour l'admission spécialisée
en Corée
08/03/2021

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.

Student Information					
Last Name		NDOYE		First Name SIDY MOHAMED	
Date of Birth	1982 / 03 / 05 (YYYY/MM/DD)	Gender	Male (✓) Female ()	Passport Number	A 01430877
Tuberculosis Screening (within 6 months Mandatory)					
Tuberculosis skin Test			2021 / 03 / 01 (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 :					
Medical History					
Main Present Illness			NONE		
Physically Handicapped			NO		
Others (allergies, medication etc.)			DUST, AND OTHER TYPES OF SMOKES		
Verification From Health Care Provider					
Physician's Name					
Date		2021 / 03 / 07 (YYYY/MM/DD)			
Address		FANN HOCK/DAKAR			
Phone Number		77 655 04 42			
Email					
Signature		François Charles NDIAYE			

- ✓ 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