

KINS-KAIST International Nuclear and Radiation Safety Master's Degree Program
Medical Report

Name of Applicant		Age	
Date of birth(year-month-day)		□Female □Male	

1. PHYSICAL EXAMINATION :

Height: _____ Cm Weight: _____ Kg

Blood Pressure : Systolic mmHg Diastolic mmHg Pulse Rate /min (Regular, Irregular)

•Eye-sight : Uncorrected Rt _____ Lt _____ Corrected Rt _____ Lt _____

Color blindness : Yes No Hearing: Rt _____ dB Lt _____ dB

2. ANAMNESIS : Please indicate with + or -

Tuberculosis..... □ Malaria.....□ Rheumaic Fever.....□ Epilepsy...□ Kidney Disease...□
 Cardiac Diseases ...□ Diabetes..... □ Allergy..... □ Other Communicable Diseases.□

3. Present Conditions : Please indicate with +, if you find any disease or abnormality. or with -,if not.

Tonsils, Nose or Throat.....□ Heart or Blood Vessels... □ Lungs or Respiratory System.....□
 Stomach or Digestive.....□ Genito-Urinary System... □ Other Abnormal Organs..... □
 Brain or Nervous System... □ Skin.....□ Venereal Disease..... □
 Blood or Endocrine System.....□ Bones, Joints or Locomotor System..... □

4. If you marked + to any of the above 2 and 3, Please describe in detail each disease, and if the applicant is physically handicapped, the abnormality or impairment.

5. NEUROPSYCHIATRIC EXAMINATION :

Neurologic : Normal () Abnormal ()
 Psychiatric : Normal () Abnormal ()

6. LABORATORY FINDINGS :

Blood test	Result	Unit	normal value
Hb		g/dℓ	
Hct		%	
WBC		k/uL	
GOT		IU/ℓ	
GPT		IU/ℓ	
r-GTP		IU/ℓ	
glucose		mg/dℓ	

Urine analysis	normal	result
albumin	-	
glucose	-	
Serologic test	normal	result
VDRL	(-)	
AIDS	(-)	
Hepatitis B	Ag(-)	
	Ab(-)	

cholesterol		mg/dl		Hepatitis C	HCV(-)	
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7. List any abnormalities which are indicated by the chest X-ray:

8. SUMMARY OF THE EXAMINING PHYSICIAN :

◆ In my opinion, the applicant's health and physical conditions are : (Please check)

Excellent , Good , Fair , Poor

◆ In my opinion, the applicant is physically able to go abroad for study : (Please check)

Yes _____, No _____

NAME & TITLE OF PHYSICIAN(Please print) _____

SIGNATURE _____,

Date: _____.

Date (dd/mm/yyyy)

I certify that the above statements are true and correct. I understand that any misrepresentation herein may result in cancellation of my admission to KINS-KAIST International Nuclear and Radiation Safety Master's Degree Program.

Applicant's Signature

Date (dd/mm/yyyy)