

의료진단서 (건강, 병원 진단서) (Medical Certificate)

Photo
(3.5×4.5cm)

신청인 성명(Applicant's Full Name)	성별(Sex) <input type="checkbox"/> 남(M) <input type="checkbox"/> 여(女)	(affix hospital seal)
생년월일(Date of Birth) (DD/MM/YYYY)	국적(Nationality)	

검사일시 (Time of examination) (AM/PM hh:mm) :

검사날짜 (Date of examination) (DD/MM/YYYY) :

해당하는 증상이 있는 경우에는 아래 항목 중 해당란에 "√" 표시를 하십시오.

Mark √, if there **is** any of the below symptoms

[] 발열(Fever)	[] 오한(Chills)	[] 두통(Headache)	[] 기타 증상 (Other symptoms)
[] 기침(Cough)	[] 폐렴(Pneumonia)	[] 근육통(Muscle pain)	

해당 증상이 없는 경우에는 "증상 없음"란에 "√" 표시를 하고 측정 체온을 기재하십시오.

If there **is not** any of the symptoms, please mark the "No Symptoms" box, and specify the measured body temperature.

[] 증상 없음 (No Symptoms)	[°C] 측정 체온 (Measured body temperature)
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본인은 이 확인서를 사실대로 작성하였음을 확인합니다.

I confirm that the information provided above is true and correct.

Date

(DD/MM/YYYY)

Doctor's information	Hospital(medical institution) information
Doctor's name : Doctor license number : Doctor's signature :	Hospital name: Hospital address: Telephone: Official Seal of Hospital:

* NOTE : This medical certificate is valid, for visa application, within 48 hours from the medical examination.

* If there remain any blanks not filled out, this certificate will not be regarded valid by the Korean embassy.