

HEALTH INFORMATION FORM

FOR EWHA WOMANS UNIVERSITY HEAT SCHOLARSHIP APPLICANTS

The purpose of this form is to enable Ewha Womans University to be aware of any health related issues and provide appropriate assistance should the need arise during your duration of study. This form must be completed by the applicant. All information provided will be kept confidential and disclosed to appropriate individuals only should the need arise and assistance is required. Ewha Womans University shall not be responsible for the applicant's failure to provide complete and accurate information.

Applicant Name:	
Date of Birth:	

Please let us know of your general health condition:			
Excellent	Good	Fair	Poor
Are you currently under any medical treatment from a healthcare professional (for either physical or mental health condition)?			
Yes (please specify below)		No	
Are you taking any medications that you will need to take during your study period?			
Yes (please specify below)		No	
Did you suffer from any major injuries, diseases, or ailments within the past five years?			
Yes (please specify below)		No	
Please list below any additional information that would be helpful for the university to be aware of.			

I hereby confirm that the information provided on this form is true and correct. I understand that this information will be disbursed only should need arise and authorize release of information in that case.

Signature: _____ **Date:** _____