

2011 Gangwon Provincial Government Invitation Program for Local Government Officials and University Students of Sisterhood Governments

[Yonsei University, Wonju Campus / Gangwon Provincial Government of KOREA]

APPLICATION FORM

☐ Personal Information

1. Name (Family)_____ (Given)_____

2. Date of Birth (mm)_____ (dd)_____ (yyyy)_____

3. Sex: M() F()

4. Nationality _____

5. Passport Number _____

6. Mailing Address _____

7. Tel. (Country_____) - (area_____) _____

8. E-Mail address _____

9. English Language Proficiency (o)

Beginner	Intermediate	Advanced	Fluent

10. Korean Language Proficiency (o)

* If you are beginner, Can you write Korean Alphabet? Yes (), No ()

Beginner	Intermediate	Advanced	Fluent

I apply to the 2011 Gangwon Provincial Government Invitation Program for Local Government Officials and University Students of Sisterhood Governments during July 11~July 29, 2011 at Yonsei University, Wonju Campus, Gangwon, R. O. Korea.

Date _____

Signature _____

Health Information FORM

This form must be signed by a health care provider. (Physician, Nurse or corresponding person)

1. Name (Family)_____ (Given)_____

2. Date of Birth (mm)_____(dd)_____(yyyy)_____

3. Sex: M() F()

4. Conuntry _____ Nationality _____

5. Height _____(cm) Weight _____(kg)

6. Address_____

7. Telephone Number _____

8. If you have any active medical problems at present, please explain:

9. If you are under a physician's care at present, please explain:

10. Do you have a history of high fever ($>38^{\circ}\text{C}$) in last 30 days? Yes (), No ()

If yes, please explain the cause and treatment:

11. If you have a history of any of the following, please explain:

▪ Heart condition

▪ Diabetes

▪ Allergies

▪ Bleeding

▪ Conditions

▪ Psychiatric Illnesses

Health Information FORM

This form must be signed by a health care provider. (Physician, Nurse or corresponding person)

11. If you have a history of any of the following, please explain:

▪ Operations

▪ Asthma

▪ Epilepsy

▪ Avian Influenza

12. Tropical Disease (Malaria, Bilharzia, Amebiasis, Leprosy, Filariasis. etc.)

13. Tuberculosis Screening

Do you have signs or symptoms of active tuberculosis disease? Yes (), No ()

If yes, Date of Chest X-ray_____ Result: Normal() Abnormal ()

List current medication

14. In the event of an emergency, please

notify_____

Address

Telephone

Relationship

I hereby certify that the above information is all true.

Date_____

Signature_____