# Health Condition Report Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Sex</th>
<th>Date of Birth (MM/DD/YYYY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td></td>
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<tr>
<td>Nationality</td>
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<td>Passport No.</td>
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<tr>
<td>Address in Home Country</td>
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<tr>
<td>Address in Korea</td>
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</tbody>
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Please list all cities you have stayed within 30 days prior to application.

1)  
2)  
3)  
4)  
5)  

Have you visited or stayed in Hubei or Wuhan, China within 14 days prior to application?

[ ] Yes  [ ] No

Please mark any of the following symptoms you currently have or have experienced in the last 14 days:

- [ ] Fever
- [ ] Chills
- [ ] Headache
- [ ] Sore throat
- [ ] Runny nose
- [ ] Cough
- [ ] Shortness of breath
- [ ] Vomiting
- [ ] Abdominal pain or Diarrhea
- [ ] Jaundice
- [ ] Loss of consciousness
- [ ] Bloody mucus
- [ ] Eyes, nose, mouth, etc.
- [ ] Other symptoms

If you marked any of the above symptoms, please mark all of the following that apply:

- [ ] Medication for symptoms
- [ ] Undergone diagnosis or medical care

If none of the symptoms apply, please mark the "No Symptoms" box.

Making false statements concerning your health or failing to fill out the form may result in a denial of visa, entry into or permission of stay in the ROK in accordance with the Immigration Act of the Republic of Korea.

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

Date (MM/DD/YYYY)

Applicant (Signature)