KOREA UNIVERSITY
College of Medicine

Visiting Student Immunization Form

PART 1 must be completed by the student.

Student Name		Date of Birth	
Home Institution			
E-mail			

PART 2 must be completed by a licensed healthcare provider. Choose only one option.

		Option A			Option B		Copy attached
		Vaccination			Antibody Test		
		1st dose date	2nd dose date	3rd dose date	Date (dd/mm/yyyy)	Result	
MMR option1	MMR						☐
MMR option2	Measles						☐
	Mumps						☐
	Rubella						☐
Varicella							☐
Tdap							☐
Hepatitis A							☐
Hepatitis B							☐
Influenza (only fall)							☐

Tuberculosis Test

	Date (dd/mm/yyyy)	Result
Chest X-ray		

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PART 3 must be completed by the same person who confirms that PART 2 is a true and accurate record of the student mentioned in PART 1.

Name (printed)	
Title	
Signature	
Date (dd/mm/yyyy)	
Medical Facility Name	
Medical Facility Address	

Medical Facility Stamp

(if available)