

# KAIST Dormitory Medical Confirmation

Name :	Date of Birth : . . .	Student Number :
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**According to the results of a chest X-ray at the hospital,**

**We confirm that there's no medical opinion  
regarding active pulmonary tuberculosis and  
its infectiousness for the person above.**

Day of checkup :	. . .
Day of issue :	. . .
Name of the Doctor :	(Seal)
License number :	

KAIST Clinic

- ※ Test : Chest X-ray
- ※ Document required : KAIST Dormitory Medical Confirmation or Chest X-ray examination results sheet, doctor's note, confirmation letter, notification letter (Hospital's own form can be submitted)
- ※ Chest X-ray validity dates : examination 6 months within the date of moving in
- ※ Only English and Korean versions of documents can be submitted.
- ※ Only Normal findings (no tuberculosis or infectious diseases) check-up confirmation can be approved normally.