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| **MEDICAL REPORT** |

**Directions**

**1. Must not be older than the recent six months**

**2. Must be accomplished by an authorized physician**

**3. Must be STAMPED by the hospital of the authorized physician**

**4. Can be EXCLUDED from selection when the information below is not true**

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| **▣ Basic information** | | |
| **Name** | **Date of birth** | **Contact number (phone)** |
| **Name of affiliation** | **Name of training department** | **Training period** |

**▣ Please fill in all the items**

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| **[How to fill in the items]**  1) to 4) cases, Two times vaccinations are completed or those who are positive for IgG tests are recognized as having an immune system.  6) case, Only trainees between December 2019 and May 2020 are eligible and trainees should finish vaccinating at least two weeks before the start of training. |

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| Separation | 1)Mumps | 2)Measles | 3) Rubella | 4) Chicken pox | 5) Hepatitis B | 6) Influenza | 7) Latent  tuberculosis | 8) Active  tuberculosis |
| lgG or Vaccination | | | | HBs Ab  positive  or 3 times vaccination | Vaccination | TST or  IGRA implement | Check x-ray  In the last three months |
| Having immunity or not  (Having immunity: + mark, No immunity: - mark) | | | | | | ➀ Negative  ➁ Positive  (Having treatment)  ➂ Positive  (Not treatment) | Having:○  Not having:× |
| Test result | + | + | + | + | + | + | ➀ | × |
| Date of vaccination |  |  |  |  |  |  |  |  |

▣ Coronavirus-19 vaccination

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| Coronavirus-19 vaccination | Date of vaccination | Types of vaccines |
| 1 st. |  |  |
| 2 ed. |  |  |

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| If all of the above are true and differ from the facts, there may be restrictions on training and the legal responsibility for this must lie with you.  **\_\_\_\_\_\_\_\_\_ Y \_\_\_\_\_\_\_\_ M \_\_\_\_\_\_\_\_ D Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ( sign )** |