

E-2 Applicant's Health Statement

This form is to check the E-2 Visa Applicant's Health. Please fill in the blanks accurately and truthfully. Please keep in mind that if you fill in the blanks with incorrect information, you would face disadvantages such as visa disapproval, cancellation of stay permit, deportation, etc.

1) NAME IN FULL(As in Passport)	2) DATE OF BIRTH	
3) NATIONALITY	4) SEX	5) PASSPORT NUMBER

6) Have you ever caught infectious diseases that threaten Public Health before?
 Yes (Infectious Disease name: _____), No

7) Have you ever taken any Narcotic (Drug) OR Have you ever been addicted to alcohol?
 Yes (Narcotic name: _____), No

8) Have you ever received treatment for Mental/ Neurotic/ Emotional Disorder?
 Yes (Disorder name: _____), No

9) Are OR were you HIV (AIDS) positive?
 Yes , No

10) Have you had any serious Diseases OR Injuries for the last 5 years?
 Yes (name & recent situation: _____), No

NOTICE :

You MUST make Alien Registration at your District Immigration Office (OR Branch Office) within 90 days after your arrival in Korea. And, when you register, You MUST submit your Health Certificate obtained from the hospital which has been designated by the Korean Government.

Date: _____

Applicant's Signature: _____