

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 <input type="checkbox"/> (Infectious Disease name: _____), No <input type="checkbox"/>	
7) Have you taken any Narcotic (Drug) OR Have you ever been addicted to alcohol in the last 5 years? Yes <input type="checkbox"/> (Narcotic name: _____), No <input type="checkbox"/>	
8) Have you ever received treatment for Mental/ Neurotic/ Emotional Disorder? Yes <input type="checkbox"/> (Disorder name: _____), No <input type="checkbox"/>	
9) Are OR were you HIV (AIDS) positive? Yes <input type="checkbox"/> , No <input type="checkbox"/>	
10) Have you had any serious Diseases OR Injuries for the last 5 years? Yes <input type="checkbox"/> (name & recent situation: _____), No <input type="checkbox"/>	

**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: \_\_\_\_\_