

(뒷면)

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 willfully fill in the blanks with incorrect information, you will face consequences such as visa denial, visa cancellation, and/or deportation, etc.

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

6) Have you ever had any infectious diseases that threatened the Public health before?
Yes (Infectious Disease name: Cholera, Viral hepatitis A, Tuberculosis, AIDS, etc), No

7) Have you taken any Narcotic (Drug) or have you ever been addicted to alcohol in the last 5 years?
Yes (Narcotic name: _____), No

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

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

NOTICE :

You must apply for Alien Registration card at your District Immigration Office (or Branch Office) within 90 days after your arrival in Korea. At the time of registration, You MUST submit your Health Certificate obtained from the hospital which has been designated by the Korean Government.

Date: _____
Applicant's Signature: _____

TO : CHIEF, ○○ IMMIGRATION OFFICE(BRANCH OFFICE)