

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 <input type="checkbox"/> (Infectious Disease name: Cholera, Viral hepatitis A, Tuberculosis, AIDS, etc), No <input type="checkbox"/>
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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/or Emotional Disorders? Yes <input type="checkbox"/> (Disorder name:), No <input type="checkbox"/>

9) 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 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)