

Application for COVID-19 Tests

■ Personal Information

※ Please fill out the below, exactly based on your Passport Information.

Name in Full		Date of Birth	YY / MM / DD
Registration No. (Korea National Only)	-	Alien Registration No. (Alien Card Holder Only)	-
Gender	Male <input type="radio"/> Female <input type="radio"/>	Nationality	
Mobile Phone	(+)	Passport No.	
Address in Korea (Name of Accommodation)			
Destination (Country)		Date of Departure	YY / MM / DD
* Heading To China Passengers Only	<input type="checkbox"/> Regular Flight (PCR + Igm test required within 48 hours prior to departure)		
	<input type="checkbox"/> Extra or charter Flight (PCR test within 72 hours, PCR + Igm tests within 36 hours are required prior to departure)		

■ Select the check box if the following is applicable for you

Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever been in traveling overseas during last 14 days?		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	IF YES	Occupation	
Self-isolation Exempted(or Waiver) by KOR Health Authority			Diplomat <input type="checkbox"/>	Air or Sea Crew <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do you have any respiratory symptoms (cough, sore throat, ect)?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever visited the outbreak area of COVID-19 cases during last 14 days?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Have you ever diagnosed with pneumonia of unknown cause by a doctor?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical Staffs Only (If vital check needed)		Fever(above 37.5°C) (BT : °C) // BP : / mmhg // PR :		

Consent to Collection, Use and Provision of Personal Information

- | | |
|---|--|
| <input type="radio"/> (Purpose of Collection) COVID-19 Tests and Certificate Issuance
<input type="radio"/> (Items to Collection) name, passport number, mobile phone, date of birth, destination Etc.
<input type="radio"/> (Period of Retention) Within the range of retention period prescribed by the law
<input type="radio"/> (Right of Veto and Disadvantage) Due to the refusal to agree, you will not be disadvantaged in using the medical service provided by International St. Mary's Hospital. - In this case, the service which requires personal information, may be delayed or not available
<input type="radio"/> (In case of Positive Result) Your result will be informed to KOR Health Authority by the Law and test fee will not be refunded | [] I agree

[] I don't agree |
|---|--|

※ Medical Certificate only can be issued if the Test Result is Negative

Here, I am duly understand the contents written in above and I request for the COVID-19 Test(s)

Application date : 2021. . .

Applicant : _____ (signature)



CATHOLIC KWANDONG UNIVERSITY INTERNATIONAL ST. MARY'S HOSPITAL