

E-2 Applicant's Health Statement

※ This form is for E-2 Visa Applicants to report their health conditions by self-checking the questions below. You must fill in the blanks accurately and truthfully. Please keep in mind that if you willfully fill in the blanks with incorrect information, you may be subject to visa denial, visa cancellation, and/or deportation, etc.

※ For choice-type questions, please check [] that apply.

1. Full name

2. Date of Birth

3. Nationality

4. Sex [] Male [] Female

5. Passport No.

6. Have you ever had any Infectious Disease that threatens the public health?

Yes [] (Infectious Disease name: Cholera, Viral hepatitis A, Tuberculosis, AIDS, etc) No []

7. Have you taken any Illegal Substances (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 []

Date (year / month / day)

Applicant : _____ (Signature or seal)

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

Notice

You must apply for Alien Registration Certificate 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 issued by a hospital designated by the Korean Government.