

宿舍 入宿前 健康状况 问卷调查

* 请阅读以下问题并根据实际情况进行填写.

基本个人事项			
姓名		学号	
国籍		手机号码 (联系方式)	
入境韩国日期 (海外入境者请填写)			

确认事项			
感染 门诊	最近一周以内 是否有以下症状 (可以重复 √) <input type="checkbox"/> 发热 <input type="checkbox"/> 发冷 <input type="checkbox"/> 头痛 <input type="checkbox"/> 咽喉痛 <input type="checkbox"/> 流鼻涕或鼻塞 <input type="checkbox"/> 咳嗽 <input type="checkbox"/> 呼吸困难 <input type="checkbox"/> 呕吐 <input type="checkbox"/> 嗅觉丧失 <input type="checkbox"/> 味觉丧失 <input type="checkbox"/> 其他症状 ()		
有疑似 症状时	在发现症状时, 是否有去医院接受治疗?	<input type="checkbox"/> 是	<input type="checkbox"/> 否
	最近是否进行过新冠病毒检查?	<input type="checkbox"/> 是	<input type="checkbox"/> 否
结核 门诊	家人或周围亲近的人中 最近两年内是否有人患过结核病?	<input type="checkbox"/> 是	<input type="checkbox"/> 否
	本人是否曾经患过结核病? 最近有咳血过吗?	<input type="checkbox"/> 是	<input type="checkbox"/> 否

填写人如实填写了上述健康问卷调查, 如因虚假填写, 出现任何问题由填写人全权负责。

姓名 (签名)

个人信息收集 · 使用同意书	
输入的个人信息项目	姓名、学号、国籍、联系方式、入境记录
个人信息的收集及使用目的	用于掌握传染病(新型冠状病毒等)及肺结核等疑似患者。
个人信息的保存及使用期限	自收集之日起一年
拒绝提供个人信息的权利及同意 因拒绝而产生的不利内容或限制事项	符合校内学生共同居住设施所需的最低限度信息, 如本人不同意上述事项, 将无法或可能延迟办理入宿手续。

根据「个人信息保护法」等有关法规, 本人对上述事项充分已知,

如上所述, 同意收集及使用个人信息。

同意 不同意

填写日 年 月 日

填写人 (签名)

又松大学

Health Questionnaire Before Check-in the Dormitory

* Please read, verify and record the questions below.

Personal Information			
Full name		Student ID	
Nationality		Contact info (Phone)	
Date of entry into Korea (List of Foreigners)			

Checklist			
Infectious diseases	Have you had any of the following symptoms within the past week? (please check all that apply) <input type="checkbox"/> Fever <input type="checkbox"/> Cold <input type="checkbox"/> Headache <input type="checkbox"/> Sore throat <input type="checkbox"/> Runny or stuffy nose <input type="checkbox"/> Cough <input type="checkbox"/> Dyspnea (difficulty in breathing) <input type="checkbox"/> Vomiting <input type="checkbox"/> Loss of smell <input type="checkbox"/> Loss of taste <input type="checkbox"/> Other symptoms ()		
Suspected infections	If you have symptoms have you seen a doctor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you been tested for Corona virus recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Tuberculosis	Has anyone in your family or around you have tuberculosis in the last 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Have you had tuberculosis in the past? Have you had hemoptysis recently?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The author verifies that the above health questionnaires have been prepared as true and that he is responsible for any problems caused by false information.

Full name (Sign)

Personal Information Collection and Use Agreement	
List of personal information collected	Name, Student ID, Nationality, Contact Info, Entry record
Purpose of collecting and using personal information	For identifying infectious diseases (such as the COVID-19 virus) and suspected cases such as pulmonary tuberculosis.
Personal information Retention and Usage Period	1 year from the date of collection
Right to refuse and to consent to provision personal information Disadvantages or Limitations of Rejection	This is the minimum amount of information required for on-campus student housing, so if you do not agree to the above, you may not be able to attend the dormitory or be delayed.

Under the relevant laws such as the 「Personal Information Protection Act」 ,

I am fully responsible for the above matters.

I have read and agree to the collection and use of personal information.

Agree Disagree

Date: 20 . .

Applicant: (Sign)

Woosong University