

Application Form for Recognition of Attendance due to the COVID-19 Vaccination

<KU GSIS>

Personal Information	Major	<input type="checkbox"/> International Studies <input type="checkbox"/> Korean Studies	Student ID Number	
	Degree	<input type="checkbox"/> Master <input type="checkbox"/> PhD	Full Name	
Class Information	Class Number		Title of Class	
	Name of Professor		Date of Vaccination	
Reason for the absence	<input type="checkbox"/> The day of vaccination (Need to submit the certificate of vaccination) <input type="checkbox"/> Abnormal symptoms within 1~2 days after the vaccination (Need to submit the certificate of vaccination) <input type="checkbox"/> Abnormal symptoms from 3 days after the vaccination (Need to submit a medical certificate)			

I apply for the attendance recognition as above.

20YY. MM. DD

Applicant:

(Signature)

[Notice]

1. Abnormal Symptoms: Pain or swelling of the injection part, fever, fatigue, headache, muscle pain, chills, nausea, abdominal pain, diarrhea, joint pain, allergic reaction, etc.
2. In case a student is absent the classes more than 7 days due to the abnormal symptoms, the applicant should submit the medical certificate which is issued by the KU Anam Hospital or other general hospital.

3. The same standard will be applied for each vaccination.

4. In principle, the application for recognition of attendance should be made in advance. However, only in case of unavoidable circumstances, the application should be submitted within 10 days after the end of reason with the required documents.

5. Please call 1339 or local public health center if the abnormal symptoms are suspected. And if a severe allergic reaction (anaphylaxis or etc.) occurs, immediately call 911 or visit the emergency room directly.

★This application form was originally written in Korean and translated into English. The Korean application version prevails the translated application form if any conflicts occur in the interpretation.