

Requirement for Tuberculosis (TB) Test Certificate Submission In Accordance with Visa & Residence Guidelines for TB Patients

Visa & Residence Division

1. Legal Basis

- Article 11, 46 (1) and 89 (1) of the Immigration Control Act, Article 9-2 of the Enforcement Rule of the Act, etc.

2. Who Submits the Certificate

- 1) **(Visa application to a diplomatic mission)** When the nationals of the high TB-burden countries live in one of the countries and apply for a long-term visa (stay period of 91 days or longer) at a diplomatic mission
e.g.) Nationals of China (high TB-burden country) who live in China (high TB-burden country) or Thailand (high TB-burden country) are required to submit the TB test certificate while Chinese nationals living in the U.S. are not.
- 2) **(Change of status of stay)** When the nationals of the high TB-burden countries with a short-term status change it to a long-term status, or when they change their long-term status to another long-term status for the first time
- 3) **(Extension of period of stay)** When the nationals of the high TB-burden countries have already completed alien registration before the effective date of the requirement herein and apply for the extension of stay period for the first time after the effective date.

[Note] Exceptions

- Diplomat (A-1), Foreign Government Official (A-2), and International Agreement (A-3) status holders
- Persons who have already submitted a health certificate including TB test result as a supporting document for visa application such as a spouse of Korean nationals (F-6), and a spouse of Permanent Resident status holders (F-2-3)

(High TB-burden countries)

① Nepal ② East Timor ③ Russia ④ Malaysia ⑤ Mongol ⑥ Myanmar ⑦ Bangladesh ⑧ Vietnam ⑨ Sri Lanka ⑩ Uzbekistan ⑪ India ⑫ Indonesia ⑬ China ⑭ Cambodia ⑮ Kyrgyzstan ⑯ Thailand ⑰ Pakistan ⑱ Philippines

3. What to Submit

- 1) **(Visa application to a diplomatic mission)** A “Certificate of Health” including TB test result (Attachment 1, valid for one year) issued by a hospital designated by Korean diplomatic missions
*A certificate of health issued by a designated hospital that includes at least one of the following tests result: chest X-ray, sputum test, tuberculin skin test, blood test, etc.
- 2) **(Change of status of stay)** A certificate of confirmation issued by a Korean public health center (Attachment 2)
- 3) **(Extension of period of stay)** A certificate of confirmation issued by a Korean public health center (Attachment 2)

4. When to Submit

- 1) **(Visa application to a diplomatic mission)** When applying for a visa at a diplomatic mission
Note: The same applies to visa applicants with Visa Issuance Confirmation; e-visa applicants attach the certificate as a supporting document when applying for the e-visa.
- 2) **(Change of status of stay)** When applying for the change of status
- 3) **(Extension of period of stay)** When applying for the extension of stay period

5. Effective Date: March 2, 2016

【Attachment 1】Certificate of Health

健康诊断书 Certificate of Health		照片 (Photo) 3cm×4cm ※钢印或骑缝章
姓名(Name)	性别(Sex) <input type="checkbox"/> M(男) <input type="checkbox"/> F(女)	
出生日期(Date of Birth)	电话号码(PHONE NUMBER)	
护照号码(Passport Number)	地址(Address)	

检 查 内 容 Physical examination and Chest X-ray or ooooo		
身高(Height)	体重(Weight)	血压(Blood Pressure)
_____ cm	_____ Kg	_____ / _____ mmHg

胸部X射线检查日(Date of Chest X-ray or ooooo) ____/____/____

I. 结果(1) (Result):

1. 非特异所见(Non-specific) ☐
2. 非活动性结核(Inactive TB) ☐
3. 活动性结核 (Active TB) ☐
 - 3-1. 传染性(Infected) ☐, 非传染性(Non-infected) ☐
 - 3-2. 感受性结核(Drug-sensitive TB) ☐, 多耐药性结核(MDR TB) ☐

II. 治疗结果(2) (Treatment Outcomes) - For person who has TB history

1. 治疗中(Under treatment) ☐,
2. 完治(Cured) ☐
3. 完了(Completed Treatment) ☐
4. 治疗失败 (Failed) ☐
5. 治疗漏落 (Defaulted) ☐

对上述项目进行了检查。

The examination was performed as above.

执照号码(License No.): _____ / 医生姓名(Name of Physician): _____ (签章)

检 查 结 果 (Summary of the examination)	
对受检者停留的意见 (Remarks about examinee's domestic stay)	
仔细检查的必要性 (Additional close examination)	* 若必要时补充医生的意见书 (Attach doctor's opinion letter, if needed)

以上是对受检者健康状态的结果与评估。

We hereby certify that the examinee's health status is assessed as above.

dd.mm.yyyy.

○○○○医院院长 (印章)

(○○○○ Chief of Hospital) (signature)

【Attachment2】 A certificate of confirmation issued by a Korean public health center

결핵검진 확인서		사진 (Photo) 3cm×4cm
성명(Name)	성별(Sex) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> M(남) <input type="checkbox"/> F(여) </div>	
출생일(Date of Birth)	전화번호(Phone Number)	
여권번호(Passport Number)	한국 내 주소(Address in KOREA)	

1. 검사일시 / /

2. 검사 결과

정상 ☐, 비활동성결핵 ☐, 활동성결핵 ☐,

기타 □ : _____)

3. 객담검사 결과

(1) 객담도말검사 : 음성 ☐, 양성 ☐

(2) 객담 Xpert MTB/RIF 검사

- 음성 ☐, 감수성결핵 ☐, RIF내성결핵 ☐

※ 결핵환자 : 흉부X전검사 결과 ‘활동성결핵’, 재담도말검사 결과 ‘양성’,
재담 Xpert MTB/RIF 검사 결과 ‘감수성결핵’ 및 ‘RIF내성결핵’
중 하나라도 표시된 자.

위와 같이 검사하였습니다.

년 월 일
 ○ ○ ○ ○ 보건소장 (직인)