Letter head	Korean **Registration Form**

For Office Use Only:
Place Sticker Here

For Office Use Only:
Screening:
HBsAg and HBsAb

Amount Paid:

Personal Information

❒남 Male ❒여 Female

이름 **Name**: _____ _____
성 Last/Family 명 First/Given

생년월일 **Date of Birth**: _____ 나이 Age: _____
월/일/년도 MM/DD/YYYY

태어난 나라 **Place of Birth**: _____ _____
주/도State/Province 국가Country

전화번호 **Contact Telephone**: ( ) _____ - _____

주소 **Home Address**:

_____
Street Apartment #

_____ _____ - _____
도시 City 주 State 우편 번호 Zip-code - 4 digit code

B 형 간염 판정 받은적 있습니까?
Have you ever been diagnosed with hepatitis B? ❒ 예 Yes ❒아니요 No ❒모르겠습니다 Don't Know

B 형 간염 예방 받은적 있습니까?
Have you ever been vaccinated against hepatitis B? ❒ 예 Yes ❒아니요 No ❒모르겠습니다 Don't Know

가족중 B형간염이 있는 사람이 있습니까?
Does anyone in your family have hepatitis B? ❒ 예 Yes ❒아니요 No ❒모르겠습니다 Don't Know

가족분들 중 간암에 걸리신 분이 있습니까?
Does anyone in your family have liver cancer? ❒ 예 Yes ❒아니요 No ❒모르겠습니다 Don't Know

자녀가 있습니까?
Do you have children? ❒ 예 Yes ❒아니요 No

아이들이 있다면, 예방접종을 하셨습니까?
If yes, are your children vaccinated against hepatitis B? ❒ 예 Yes ❒아니요 No ❒모르겠습니다 Don't Know