LE CORDON BLEU
SOOKMYUNG ACADEMY

▸ **Providing personal information to 3rd party**

[Academy Liability Insurance Claims and Accidental Medical Insurance Compensation]

The academy has subscribed to liability insurance for compensation of medical expenses for any accidents that may occur during the curriculum, and would like to obtain consent from students to provide personal information to the insurance company as follows to claim medical expenses for future accidents.

Collector of Information	Samsung Fire & Marine Insurance Co., Ltd
Purpose in use of personal information by the collector	Compensation for actual expenses for liability insurance accidents (limited to cases where compensation cases occur)
Offer criteria	Name, course information, date of birth, phone number
Retention and Use Period	Up to 5 years after completion of the compensation process
Right to refuse consent and restrictions on refusal of consent	Whilst you have the right to refuse providing personal information to the 3rd party, your service to liability insurance will be subject to restriction.

☞ **I agree, of my own free will, to the collection and utilisation of personal information as above.**

Yes		**No**	

I have fully understood the contents of this document and I agree to the terms and conditions.

Date: 2024 / 1 / 1

Name: (Signature)

LE CORDON BLEU-SOOKMYUNG ACADEMY
7F., Center for Continuing Education, Sookmyung Women's University, Cheonpa-ro 47 gil 100, Yongsan-gu, Seoul, Korea
TEL: 02-719-6961~2 / EMAIL: seoul_admissions@cordonbleu.edu

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Medial History Questionnaire

This document is used to prevent unexpected accidents which may occur to students before or during classes to ensure a safe environment for everyone, and is not disclosed or used for any other purposes without your consent.
The academy does not take any responsibilities for accidents caused by uninformed medical or health history. Therefore, please provide your answers as accurately as possible.

1. Have you ever contracted a contagious disease in the past and if so, are you currently receiving treatments? ☐ Yes ☐ No

※ If you said yes, please list any illnesses diagnosed by doctors below.

Name of illness	Period	Current condition	
		Fully recovered	Under treatment
( ) ( ) ( )			

2. Have you been diagnosed by your doctor within the last three months? And if so, have you been treated, hospitalised, operated, or medicated as a result?

① Yes (Name of illness:)
② No

3. Please write down in detail any medical problems or disabilities which our academy staffs should be aware of. (e.g. food allergies, stroke, aneurysm, etc.)
Please write down first-aid tips for your specific issue(s):

To prevent from affecting the classes here at the academy, all students are obliged to take good care of their health and personal hygiene.

※ Please fill in without any blanks as submission of this document is a must for all applicants.

I agree that providing information or documentation that is not genuine and/or correct will result in admission being denied under internal academy rules.

Date: 2024 / 1 / 1

Name: (Signature)

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