

KOREAN VISA REQUIREMENTS

For Short Term Employment (Entertainers, Teachers, Athletes)

1. Application Form
2. 1 piece of Passport size colored picture (should be attached on the application form)
3. Original Passport (should be valid for more than 6months)
4. Photocopy of Passport Bio-page (page 2)
5. Original & Photocopy of valid visa/s and arrival stamps to OECD member countries for the past 5 years (If applicable)
6. Invitation Letter from Korean Organization
7. Guarantee Letter from Korean Organization
8. Photocopy of Korean Organization's Business Permit
9. Additional Documents
 - for Entertainers: Employment Contract, Recommendation from Korea Media Rating Board
 - for Athletes: Condition of the Game, Recommendation from Ministry of Culture, Sports & Tourism
 - for English Camp Teachers: Apostilled Diploma, Apostilled Police Record, Copy of Lifelong Education Registration of Korean Company, English Camp Schedule)

Processing Time:

- 3 working days (for those who have been to OECD member countries within 5 years as tourist)
- 5 working days (for those who have not been to OECD member countries within 5 years)

Visa Fee: PHP2,700.00

Starting from July 1, 2016, all applicants of long-term student visa (91 days above) with the below nationalities will be required to submit medical exam on tuberculosis issued from hospitals designated by the embassy.

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

- Picture of the applicant should be attached at the medical exam form. The picture should bear the dry seal of the hospital or the signature of the doctor in-charge. If result of examination is positive the visa application is automatically denied.

【Designated Hospitals for Medical Exam on Tuberculosis】

No.	City	Hospital Name	Address	Contact Number	Cost of test	Remarks
1	Manila	St Luke's Medical Center - Global City	Room 1002 Medical Arts Building, St. Luke's Medical Center - Global City Bonifacio Global City Taguig	+63 : 국가코드 (02) 723 0101	Purified Protein Derivative(PPD) -635.00 php Mantoux Test -635.00	
2	Manila	St Luke's Medical Center - Quezon City	Kalusugan. New Manila, Quezon city	(02) 727-0419	Php.1,210.00	New
3	Manila	Makati Medical Center	No.2 Amorsolo Street, Legaspi Village, Makati City, Philippines 1229	(02) 817 6790	Purified Protein Derivative(PPD) -1000.00 php Mantoux Test -1000.00 php	
4	Manila	Manila Doctors Hospital	United Nation Ave, Ermita, Manila	(02) 524-3011 (02) 524-7376	Php. 560.00	New
5	Manila	The Medical City	Ortigas Ave, Pasig City	(02) 635-6789	Php. 585.00	New
6	Manila	Lung Center of the Philippines	Quezon Ave., Diliman Quezon City	(02) 924-6101	Php. 385.00	New
7	Cebu	Cebu Doctors Hospital	Osmena Boulevard, Capitol Site Cebu City, Cebu 6000	(032) 255-5555 (032) 253-7511 to 34	Purified Protein Derivative(PPD) -3000.00 php Mantoux Test -1500.00 php	
8	Davao	Southern Philippines medical center	Dumanlas Rd. Bajada, Davao	(082) 221-6574	Php.2,500-4,000.00	New
9	Baguio	Baguio Medical Center	Kenon Road, Baguio city 2,600 Baguio city.	(074) 442-3338	X-ray Php.200-300.00	New

※ International Organisation for Migration Health Center (Excluded)

Certificate of Health

Name	Sex <input type="checkbox"/> M(male) <input type="checkbox"/> F(female)	(Photo) 3cm×4cm
Date of Birth	Phone Number	
Passport Number	Address	

Physical examination and Chest X-ray

Height _____	Weight _____	Blood Pressure _____
cm	Kg	/ mmHg

Date of Chest X-ray ____ / ____ / ____

I. Result :

- 1. Non-specific
- 2. Inactive TB
- 3. Active TB
 - 3-1. Infective , Non-infective
 - 3-2. Drug-sensitive TB , MDR TB

II. Treatment Outcomes - For person who has TB history

- 1. Under treatment ,
- 2. Cured
- 3. Completed Treatment
- 4. Failed
- 5. Defaulted

The examination was performed as above.

License No. : _____ **/ Name of Physician :** _____ **(signature)**

Summary of the examination	
Remarks about examinee's domestic stay	
Additional close examination	Attach doctor's opinion letter, if needed

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

Date . . .

(Hospital name) **Chief of Hospital** **(signature)**