

วิธีการกรอกแบบฟอร์ม Medical Certificate / Mental Health Examination

กรอกเอกสารชุดนี้จำนวน 2 ชุด โดยกรอกเฉพาะบริเวณที่กำหนด ดังนี้

หน้า 1

MEDICAL CERTIFICATE

Place of Examination:
Date of Examination:

I certify that the above date I examined

Name: Age: Sex M F
Date of Birth: Marital Status M S
Home Address:

I examined specifically for evidence of any of the following items:

A. ~~PHYSICAL DISORDERS~~

Have you ever in your life, including childhood, any of the following-
Yes No

Yes	No
.....	Asthma
.....	Hypertension
.....	Hemoptysis
.....	Heart diseases
.....	Diabetes mellitus
.....	Jaundice
.....	Epilepsy
.....	Edema
.....	Otorrhea
.....	Hernia
.....	Hemorrhoid
.....	Accidents
.....	Fracture
.....	Surgical operation
.....	Alcohol consumption

Your L.M.P.

I certify that the above answers are true and complete, I am aware that any falsification or omission of fact result in my immediate discharge from the scholarship program.

(.....) Examinee

1. ตีรูปถ่าย

2. กรอกข้อมูลในบริเวณนี้เป็นภาษาอังกฤษ (ที่อยู่ ใช้ที่อยู่ติดต่อได้)

3. เซ็นชื่อ (ไทยหรืออังกฤษก็ได้) และลงชื่อกำกับเป็นภาษาอังกฤษ

หน้า 2, 3, 4 ไม่ต้องกรอก

4. กรอก ชื่อ-สกุล ด้วยตัวบรรจง เป็นภาษาอังกฤษ (ใส่คำนำหน้าชื่อด้วย)

หน้า 5

Mental Health Examination

Examinee's Name: Mr.

Date of Examination:

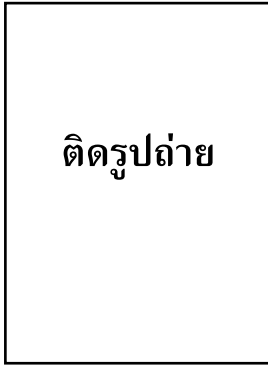
Summary of Results:

I hereby certify that the examinee has no current evidence of psychiatric disturbance that interfere with the ability to study.

(Signature).....
(Psychologist)

(Date).....
(Affiliation).....

MEDICAL CERTIFICATE



Place of Examination:

Date of Examination:

I certify that the above date I examined

Name:.....Age.....Sex M F

Date of Birth:.....Marital Status M S

Home Address:

.....

I examined specifically for evidence of any of the following items:

A. MEDICAL HISTORY

Have you ever in your life, including childhood, had any of the following:-

<u>Yes</u>	<u>No</u>	<u>detailed information</u>
----	----	Asthma
----	----	Hypertension
----	----	Hemoptysis
----	----	Heart diseases
----	----	Diabetes mellitus
----	----	Jaundice
----	----	Epilepsy
----	----	Edema
----	----	Otorrhea
----	----	Hernia
----	----	Hemorrhoid
----	----	Accidents
----	----	Fracture
----	----	Surgical operation.....
----	----	Alcohol consumption.....

Your L.M.P.

I certify that the above answers are true and complete, I am aware that any falsification or omission of fact result in my immediate discharge from the scholarship programme.

.....
(.....) Examinee

B. PHYSICAL EXAMINATION

(to be filled in by physician)

HEIGHT **cm**
WEIGHT **kg**
BLOOD PRESSURE/.....**mmHg**
PULSE RATE **per min**

	Normal	Abnormal	Detected Abnormalities
GENERAL APPEARANCE	_____	_____
SKIN	_____	_____
SCALP	_____	_____
LYMPH NODES	_____	_____
EYES			
VISION -WITH GLASSES			
RIGHT EYE	_____	_____
LEFT EYE	_____	_____
COLOR BLINDNESS	_____	_____
TRACHOMA	_____	_____
EARS	_____	_____
OTOSCOPIC EXAM.	_____	_____
NOSE	_____	_____
PHARYNX & TONSILS	_____	_____
TEETH	_____	_____
THYROID GLAND	_____	_____
LUNGS	_____	_____
HEART	_____	_____
ABDOMEN	_____	_____
LIVER/SPLEEN	_____	_____
HERNIA	_____	_____
EXTERNAL GENITALIA	_____	_____
ULCER	_____	_____
ANUS	_____	_____
SPINE	_____	_____
LOCOMOTOR/SENSATION	_____	_____
REFLEXES	_____	_____
OTHERS

.....**Examiner**

C. LABORATORY EXAMINATION

1. BLOOD EXAMINATION

BLOOD GROUP

HEMOGLOBIN Gm%

HEMATOCRIT %

BLOOD FILM

MALARIA _____NEGATIVE _____POSITIVE

MICROFILARIA _____NEGATIVE _____POSITIVE

(For clinical Suspected case only)

WBC % CELLS/cu.mm.

PMN %

LYMPH %

MONO %

EOS %

BASO %

OTHERS %

2. SEROLOGICAL TEST

VDRL _____NEGATIVE _____ POSITIVE

3. URINE/URETHRAL EXAMINATION

URINALYSIS

COLOR

SP. GRAVITY

pH

SUGAR

ALBUMIN

BLOOD

BACTERIA

OTHERS

MICROSCOPIC EXAM.

URINE PREGNANCY TEST

(FOR FEMALE ONLY) _____NEGATIVE _____ POSITIVE

URINE EMIT TEST (opiate, amphetamine, marijuana)

_____NEGATIVE _____ POSITIVE

URETHRAL DISCHARGE SWAB MICROSCOPIC EXAM.

(FOR CLINICAL SUSPECTED CASE ONLY)

FINDINGS

4. BIOCHEMICAL ANALYSIS

CREATININE
FBS
CHOLESTEROL
TRIGLYCERIDE

5. STOOL EXAMINATION

PARASITES

E. HISTOLYTICA ____NEGATIVE ____ POSITIVE
OTHERS

6. CHEST X-RAY

FINDINGS
.....

7. OTHER EXAMINATION

(SUGGESTED BY CLINICAL EXAM PHYSICIAN)

.....
.....
.....



PLACE OF EXAMINATION:

DATE OF EXAMINATION:

EXAMINER'S NAME :

EXAMINEE'S NAME

I hereby certify that the examinee is

_____ physically ready for study abroad.

_____ physically not ready for study abroad.

.....
SIGNATURE OF MEDICAL
COMMITTEE

.....
TITLE

.....
DATE

Mental Health Examination

Examinee's Name:

Date of Examination:

Summary of Results:

I hereby certify that the examinee has no current evidence of psychiatric disturbance that interferes with the ability to study.

(Signature).....

()

Psychologist

(Date).....

(Affiliation).....