Student ID .....

Medical Examination Report

For Candidates to Study in Thammasat University (Bachelor's Degree) 2024

English/International programmes Thaprachan, Rangsit, Lampang, Pattaya

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Please read the instruction carefully before completing this form.

All incoming students, who have passed the final selection process and have received the announcement, are required to undertake a medical physical examinations at any public hospital, private hospital or clinic. The Medical Examination Report form must be filled out by the responsible doctor with an official hospital logo stamp along with the doctor's signature. It is important that all sections are completed including medical history and the physical examination.

Part 1 For Candidate

Name ☐ Mr. ☐ Miss .....

Date of Birth ..... Age.....years

Personal identification number/Passport number..... Issued by (country)..... Expiry date.....

Health Data Underlying disease ☐ No ☐ Yes (Specify).....

Smoking ☐ No ☐ Yes O often O everyday.....cigarette(s)/day O willing to quit smoking

Drinking (Alcohol) ☐ No ☐ yes O often O everyday.....drink(s)/day

Part 2 For Physician

1. Name of Hospital.....

Address .....Street.....Sub-district.....District.....

Province..... (H.N.) .....Date of examination (Day/Month/Year) .....

2. Chest X-ray result ☐ Normal ☐ Abnormal (Specify) .....

3. Physical examination result

I am (Name)..... Medical license number ..... Issued at (DD/MM/YYYY) .....

Has examined Mr./Miss.....on date (DD/MM/YYYY) ..... Results as descriptions below.

Vital signs: Pulse ...../min Blood pressure ..... mmHg Weight..... kg. Height..... cm.

This is to certify that (patient's name) Mr./Miss ..... He/she is not suffering from following;

3.1 Leprosy
3.2 Advanced Pulmonary Tuberculosis
3.3 Drug Addiction
3.4 Chronic Alcoholism
3.5 Active unacceptable skin lesions

4. Results ☐ The student is appropriate to study in the university

☐ The student is not appropriate to study in the university Specify.....

(Signature).....M.D.

(.....)

Medical Licence No.....

Physician (Hospital logo stamp Here)