

MEDICAL REPORT			
Name of Candidate.....	Age: .....	Gender: .....	
Country.....			
Physical Examination (To be filled in by physician)			
Height .....	Cms.	Weight .....	kgs.
Blood Pressure .....	mm.Hg.	Pulse .....	/min.
Vision Right .....	Left .....	Eyes .....	With glasses / Without glasses
Check each item in appropriate column			
Items	Normal	Abnormal	Additional Comments
General	<input type="radio"/>	<input type="radio"/>	.....
Skin, Scalp	<input type="radio"/>	<input type="radio"/>	.....
Lymph nodes	<input type="radio"/>	<input type="radio"/>	.....
Eyes	<input type="radio"/>	<input type="radio"/>	.....
Ears	<input type="radio"/>	<input type="radio"/>	.....
<b>Orthoscopic Exam</b>			
Nose	<input type="radio"/>	<input type="radio"/>	.....
Pharynx & tonsils	<input type="radio"/>	<input type="radio"/>	.....
Teeth	<input type="radio"/>	<input type="radio"/>	.....
Thyroid gland	<input type="radio"/>	<input type="radio"/>	.....
Lungs	<input type="radio"/>	<input type="radio"/>	.....
Heart	<input type="radio"/>	<input type="radio"/>	.....
Abdomen	<input type="radio"/>	<input type="radio"/>	.....
Liver	<input type="radio"/>	<input type="radio"/>	.....
Spleen	<input type="radio"/>	<input type="radio"/>	.....
Hernia	<input type="radio"/>	<input type="radio"/>	.....
External genitalia	<input type="radio"/>	<input type="radio"/>	.....
Rectal exam	<input type="radio"/>	<input type="radio"/>	.....
Vertebrae	<input type="radio"/>	<input type="radio"/>	.....
Locomotor	<input type="radio"/>	<input type="radio"/>	.....
Reflejes	<input type="radio"/>	<input type="radio"/>	.....
Mental health status	<input type="radio"/>	<input type="radio"/>	.....

**LABORATORY EXAMINATIONS**

Blood group ..... Blood film for malaria ..... Hb ..... gm%

WBC ..... Cells/cu.mm.

Differential PMN ..... % Lymph ..... % Mono ..... % Eos ..... %

Baso ..... % Band ..... % Blast ..... %

: Colour ..... Sp. Gr ..... pH .....

Sugar .....

Alb ..... Blood ..... Ketones ..... Bile .....

Micro : WBC ...../HPF, RBC ...../HPF, Epethelial...../HPF.

Casts ...../HPD, Others .....

Stool examination for parasite & Ova .....

Chest X - Ray report .....

Urine pregnancy test .....

Is the person examined at present in good health and able to work full time?  
.....

Is the candidate able physically and mentally to carry on intensive study away from home?  
.....

Is the candidate free from infectious diseases (such as tuberculosis, leprosy, syphilis and filariasis) and other conditions (such as psychosis and drug addiction) which could present risks for anyone during the scholarship period?  
.....

(For female candidate) Is the person examined pregnant?  
.....

Does the candidate have any condition or defect which might require treatment during the scholarship period?  
.....

I certify that the candidate is medically fit to undertake the scholarship in Thailand.  
.....

Physician signature (with stamp) .....M.D.  
(.....)  
Full name and address of Examining physician (printed)

Place and Date.....

Telephone: .....  
(printed)

E-mail: .....