MEDICAL CERTICATE

ติดรูปถ่าย

Place of Examinatio : .....

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. MEDICALHISTORY

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

Yes	No		detailed information
----	----	Asthma	.....
----	----	Hypertension	.....
----	----	Hemojptysis	.....
----	----	Heart diseases	.....
----	----	Diabetes mellitus	.....
----	----	Jjaundice	.....
----	----	Epilepsy	.....
----	----	Otorrhea	.....
----	----	Hemorrhold	.....
----	----	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 programe.

.....

(.....) Examinee

B. PHYSICALICALEXAMINATION

(to be filled in by physician)

HEIGHT	.....	**cm**
WEIGHT	.....	**kg**
BLOOD PRESSURE	.....	**mm Hg**
PULSERATE	.....	**Per min**

	Normal	Abnormal	Detectd Abnormalities
GENERAL APPERANCE	———	———	.....
SKIN	———	———	.....
SCALP	———	———	.....
LYMPH NODES	———	———	.....
EYES	———	———	.....
VISON WITH GLASSES			
RIGHT EYE	———	———	.....
LEFT EYE	———	———	.....
COLOR BLINDNESS	———	———	.....
TRACHOMA	———	———	.....
EARS	———	———	.....
OTOSCOPIC EXAM.	———	———	.....
NOSE	———	———	.....
PHSTYNX&TONSILS	———	———	.....
TEETH	———	———	.....
LUNGS	———	———	.....
HEART	———	———	.....
ABDOMEN	———	———	.....
LIVER/SPLEEN	———	———	.....
HERNIA	———	———	.....
EXTERNAL GENTALIA	———	———	.....
ULCER	———	———	.....
ANUS	———	———	.....
VERTEBRAE	———	———	.....
LOCOMOTOR/SENSATION	———	———	.....
RERLEXES	———	———	.....

OTHERS .....

.....**Examiner**

C. LABORATORY EXAMINATION

1. BLOOD EXAMINTION

BLOOD GROUP .....

HEMOGLOBIN ..... Gm %

HEMATOCRIT .....%

BLOOD FILM

MALARIA ——NEGATIVE ——POSITVE

MICROFILARIA ——NEGATIVE ——POSITVE

(For clinical Suspected case only)

WBC .....%

PMN .....%

LYMRH .....%

MONO .....%

EASO .....%

OTHERS .....

2. SEROLOGICAL TEST

VDRL ——NEGATIVE ——POSITVE

3. URINE/URETHRAL EXAMINATION

URINALYSIS

COLOR .....

SP. GRAVITY .....

PH .....

ALBUMIN .....

BLOOD .....

BACTERIA .....

OTHERS .....

.....

MICROSCOPIC EXAM. .....

URINE PREGNANCY TEST

(FOR FERMSLE ONLY) ——NEGATIVE ——POSITVE

URINE EMIT TEST (opiate, amphetamine, marijuana)

——NEGATIVE ——POSITVE

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 ——POSITVE

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

_____**physical ready for study abroad.** for study

_____**physical not ready for study abroad.**

....

SINGATURE OF MEDICAL COMMTTEE **TITLE** **DATE**

Mental Health Examination

Examinee ' s Name.....

Psychological Assessment

Results **1) MMPI**

☐ **Within Normal Range**

☐ **Highl score in**.....

.....

.....

2) RORSCHACH

☐ **Response within normal range**

☐ **Response indicate** .....

.....

.....

Comclusion :

I hereby certify that the examinee has

☐ **low risk of significant psychological problem.**

☐ **high risk of significant psychological problem.**

Clinical Psychologist's Name : .....

License Number : .....

Organizatio of Affiliation : .....

Signature : .....

Date : .....

PSYCHIATRIC EXAM8INATION

(เฉพาะกรณีที่ต้องได้รับการตรวจจากจิตแพทย์)

D. MENTAL CONDITION

PLACE OF EXAMINATION.....

DATE OF EXAMINATION .....

PSYCHIATRIST'S NAME .....

PSYCHOLOGIST'S NAME .....

ECAMINEE'S NAME .....

1. PSYCHIATRIC EXAMINATION (interviewed by psychiatrist)

FINDINGS : . .....

.....

.....

2. PSYCHOLOGICAL TESTING (administered and interpreted by psychologist)

NAME OF TESTS PERFORMED : .....

.....

FINDONGS : .....

.....

.....

My exa,omatopm om ,emta; cpmdotopm revealed :

——— **normal**

——— **abnormal as follows**

——— **MENTAL DISORDER (S)**

(PLEASE SPECIFY) .....

.....

.....

I hereby certify that the examinee is

——— **Mentally ready to study abroad.**

——— **Mentally <u>not</u> ready to study abroad.**

....

Signature of Phychiatrist **Date**

....

Signature of Phychologist **Date**