

Attachment

MEDICAL REPORT

Name of Nominee	Age :	Sex :
Country.....		

Physical Examination (To be filled in by physician)

Height Cms. Weightkgs. 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	☐	☐	
Skin, Scalp	☐	☐	
Lymph nodes	☐	☐	
Eyes	☐	☐	
Ears	☐	☐	
Otoscopic Exam			
Nose	☐	☐	
Pharynx & tonsils	☐	☐	
Teeth	☐	☐	
Thyroid gland	☐	☐	
Lungs	☐	☐	
Heart	☐	☐	
Abdomen	☐	☐	
Liver	☐	☐	
Spleen	☐	☐	
Hernia	☐	☐	
External genitalia	☐	☐	
Rectal exam	☐	☐	
Vertebrae	☐	☐	
Locomotor	☐	☐	
Reflejes	☐	☐	
Mental health status	☐	☐	

LABORATORY EXAMINATIONS

Blood group Blood film for malaria Hb gm%

WBC Cells/cu.mm.

Differential PMN % Lymp % Mono % Eos %

Baso % Band % Blast %

Urinalysis : Colour Sp. Gr pH Sugar

Alb Blood Ketones Blie.....

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

Casts/HPD., Others

Stool examination for parasite & Ova

Chest X – Ray report

Urine pregnancy test

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

Is the nominee 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 fellowship period?

Does the nominee have any condition or defect which might require treatment during the fellowship period?

I certify that the applicant is medically fit to undertake a course in Thailand.

Full name and address of Physician signatureM.D.

Examining physician (printed) (.....)

Date.....

Telephone:

(printed)

E-mail: