



Medical Examination Report

For Candidates to Study in Thammasat University 2019

English/International programmes Thaprachan, Rangsit, Lampang, Pattaya

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 and chest x-rays at any public or private hospital. 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.

Please ensure that this form is attached to the last page of the University Registration documents. This completed form must be submitted to the Office of the Registration (REG) by the 2018 Admission schedule. This document must be uploaded as a PDF file format (Adobe Portable Document Format) ONLY. We reserve the right to reject the form if there is an evidence that false information are submitted in the Medical Examination Report form or any supporting documents.

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.....
AddressStreet.....Sub-district.....District.....
Province.....(H.N.)Date of examination (Day/Month/Year)
2. Chest X-ray: [] Normal [] Abnormal (Specify)
3. Urinary analysis: (Amphetamine) [] Normal [] Abnormal (Specify)
4. Physical examination result
I am (Name)..... Medical license number Issued at (Day/Month/Year)
Has examined Mr./Miss.....on date (Day/Month/Year) 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;
4.1 Leprosy 4.2 Tuberculosis 4.4 Chronic Alcoholism 4.6 Deafness 4.8 Active unacceptable skin lesions
4.2 Tuberculosis 4.3 Drug Addiction 4.5 Color blindness 4.7 Syphilis with active skin lesions
5. Results [] 5.1 The student is appropriate to study in the university
[] 5.2 The student is not appropriate to study in the university Specify.....

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

Medical Licence No.....

Physician (Hospital logo stamp Here)