Attachment

MEDICAL REPORT		
Name of Candidate…… Country…….……	Age: ……	Gender: ……

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	○	○	……
Skin, Scalp	○	○	……
Lymph nodes	○	○	……
Eyes	○	○	……
Ears	○	○	……
Orthoscopic 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 …… %

: 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 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: …….