

Physical Examination Certificate

**Khon Kaen University Scholarship for ASEAN and GMS Countries’ Personnel**

of Academic Year 2020

*To be complete by the examining physician.*

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*PLEASE FILL OUT IN ENGLISH ALL INQUIRIES.*

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| **Family Name (last Name)** |  | **First Name (s)** |
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| **Date of birth (dd/mm/yyyy)** |  | **Place of birth** |  | **Nationality(ies)** |  | **Sex (F, M)** |
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| 1. **Subjective symptoms** |
| 🞏 Yes 🞏 No  *If “Yes”, please describe applicant’s symptoms. (e.g. hemoptysis, hemosputum, lingering cough, prolonged fever, terrible vomiting or diarrhea and so on)*  ……………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………… |

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| 1. **Physical examinations** |
| 1. Height ……………….. cm Weight …………………….. kg   RH  A B O   1. Blood pressure ………….. mm/Hg …………. M/Hg Blood type   Pulse rate ………………… /min 🞏 regular  🞏 irregular   1. Eyesight: without glasses right ……………….. left ………………..   With glasses or contact lenses right ……………….. left ………………..   1. Hearing: 🞏 normal 🞏 impaired 2. Speech: 🞏 normal 🞏 impaired |

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| 1. **Chest X-ray findings** |
| Please describe the result of X-ray examinations of applicant’s chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid.)  Chest X-ray findings 🞏 noting particular 🞏 irregular finding(s)  *Please describe below any irregular finding(s) in the applicants respiratory organs:*  ……………………………………………………………………………………………………………………………………………………………………...  ……………………………………………………………………………………………………………………………………………………………………...  ……………………………………………………………………………………………………………………………………………………………………... |

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| 1. **Disease treated at present** |
| 🞏 Yes 🞏 No  *If “Yes”, please describe disease below.*  ……………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………… |

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| 1. **Past history** |
| Please indicate with + or – and fill in the date of recovery (dd/mm/yy):  (1) Tuberculosis ………. (……/……/…….) (7) Malaria ………. (……/……/…….)  (2) Epilepsy ………. (……/……/…….) (9) Kidney disease ………. (……/……/…….)  (3) Heart disease ………. (……/……/…….) (9) Diabetes ………. (……/……/…….)  (4) Drug allergy ………. (……/……/…….) (10) Psychosis………. (……/……/…….)  (5) Functional disorder in extremities ………. (……/……/…….)  (6) Other communicable disease………. (……/……/…….) |

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| 1. **Laboratory tests** |
| Please indicate with + or – and fill in the date of recovery (dd/mm/yy):  Urinalysis: glucose ……………… , protein ……………… , occult blood ………………  ESR: ………………. Mm/Hr, WBC count: ........................./cmm anemia 🞏  Hemoglobin: ………………. gm/dl, GPT: ………………. U/L |

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| 1. **Applicant’s impression** |
| Please describe your impression of the applicant:  ……………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………… |

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| 1. **Confirmation** |
| In view of the applicant’s history and the above findings, is it your observation his/her health status is adequate to pursue studies at Khon Kaen University?  🞏 Yes 🞏 No  *Official stamp*  Signature: ………………………………………………………………………………………………..........  Physician’s name in print: ……………………………………………………………………………...  Name of Hospital: …………………………………………………………………………………………  Address: ………………………………………………………………………………………………….........  Date:……………………………………………………………………………………………………………… |