

Physical Examination Certificate

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

of Academic Year 2021

*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**
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| 🞏 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**
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| 1. Height ……………….. cm Weight …………………….. kg

RH A B O1. Blood pressure ………….. mm/Hg …………. M/Hg Blood type

Pulse rate ………………… /min 🞏 regular 🞏 irregular1. 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**
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| 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**
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| 🞏 Yes 🞏 No*If “Yes”, please describe disease below.* ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |

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| 1. **Past history**
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| 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**
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| 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**
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| Please describe your impression of the applicant:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………  |

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| 1. **Confirmation**
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| 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:……………………………………………………………………………………………………………… |