Attachment

MEDICAL REPORT		
Name of Nominee …… Country…….……	Age: ……	Sex: ……

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 :	○	○	
Otoscopic Exam Nose	○	○	
Pharynx & tonsils	○	○	
Teeth	○	○	
Thyroid gland	○	○	
Lungs	○	○	
Heart	○	○	
Abdomen	○	○	
Liver	○	○	
Spleen	○	○	
Hernia	○	○	
External genitalia	○	○	
Rectal exam.	○	○	
Vertebrae	○	○	
Locomotor	○	○	
Reflexes	○	○	
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

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

……

Is the nominee free from infectious diseases (such as AIDS, tuberculosis, trachoma, leprosy, syphillis, skin diseases, filariasis etc.) and other conditions (such as psychosis and drug addiction) which could present risks for anyone during the fellowship period?

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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 Examining physician (printed)

……

……

……

Telephone: ……..

(printed)

E-mail: ……..

Physician signature ……..M.D.

(……)

Date……