

Physical Examination Certificate

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

of Academic Year 2024

*To be completed by the examining physician.*

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*PLEASE FILL OUT IN ENGLISH ALL INQUIRIES*

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*This physical examination stores the applicant’s personal data and related information for the application*

*which would be used and collected for grant allocation’s consideration,*

*in accordance with the Privacy Protection Policy of Khon Kaen University.*

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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 the applicant’s symptoms. (e.g., hemoptysis, hemosputum, lingering cough, prolonged fever, terrible vomiting, 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 the X-ray examination the of applicant’s chest x-ray (X-ray taken more than 6 months prior to the certification is NOT valid).  Chest X-ray findings 🞏 nothing 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 the disease below.*  ……………………………………………………………………………………………………………………………………………………………………  ……………………………………………………………………………………………………………………………………………………………………  …………………………………………………………………………………………………………………………………………………………………… |

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| 1. **Past history** |
| Please indicate with + or – and fill in the date of recovery (dd/mm/yyyy):  (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 diseases……. (……/……/……) |

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| 1. **Laboratory tests** |
| Please indicate with + or – and fill in the date of recovery (dd/mm/yyyy):  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 that 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:…………………………………………………………………………………………………………… |