

Official Medical Examination

1. Personal Information

Full Name:
Candidate Number:

Date of Birth:
Nationality:

2. Drug Test

MA, Methamphetamine () COC, Cocaine () OPI, Opium () THC, Tetrahydrocannabinol ()

3. Chest X-ray Examination

. Date taken: _____
. Findings: _____

4. Laboratory Examination

Urine: Specific Gravity _____ Sugar _____ Microalbumin _____
Hemoglobin: _____ Gm/dl Hepatitis B: _____
Other: _____

5. Physical Examination

Blood Pressure: Systolic _____ Diastolic _____ mmHg
Corrected Vision: Right _____/15 Left _____/15 Color Vision _____
Clinical Evaluation:

Classification	Normal	Abnormal	Classification	Normal	Abnormal
Eyes			Back & Spine		
Ears			Neurological		
Heart			Mental Health		
Extremities			Other		

If abnormal, please specify: _____

In my opinion his/her health condition is Excellent Good Fair Poor
for a long term study abroad.

This is to certify that the above named applicant has gone through a general medical examination and the findings indicated here are true to the best of my knowledge.

Date		Hospital and Contact Information
M.D		
Signature		