

(translation)

Medical Certificate

Book No.

No.

Part 1 for the patient who requests for the medical fitness certificate

I, Mr./Mrs./Miss
residing at address

national identification number ----

would like to request for the medical fitness certificate. Below is my health history.

- 1. chronic health condition/disease No Yes (please specify).....
- 2. accident and operation No Yes (please specify).....
- 3. hospital admission No Yes (please specify).....
- 4. other important history

signature datemonth.....year.....
If the patient is a child who cannot certify his/own health history, the guardian may sign on this document on behalf of the child.

Part 2 for the physician

Place of examinationdatemonth.....year.....

- (1) I, Dr., medical license No.
- location of medical practice
- examined Mr./Mrs./Miss
- on datemonth.....year..... Details are as follows:
- weight kg, height cm, blood pressure mmHg, pulsebeats per minute
- general health condition normal abnormal (please specify)

I certify that the person is fit to work and free from disability with no symptom of psychosis, delusion, mental retardation, drug addiction, and alcohol use disorder. Also, there is no sign and symptom of the following diseases:

- (1) leprosy at the infective stage or the stage with apparent symptoms that may be disgusted by society;
- (2) tuberculosis at the dangerous period;
- (3) elephantiasis at the stage with apparent symptoms that may be disgusted by society and
- (4) other (if any)

- (2) Physician's opinion and recommendation
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signaturePhysician

Note: (1) must be the physician who owns the medical license;
(2) describe the patient's fitness. This certificate will be valid for one month since the date of examination;
(3) this certificate is the result of initial examination.

This form is approved by resolution of The Medical Council of Thailand meeting No. 4/2018 on 19 April 2018.