Medical Certificate

Applicant for Bachelor of Nursing Science Program (International program),

Faculty of Medicine Ramathibodi Hospital, Mahidol University, Academic Year 2023

Personal Information

Name of applicant Mr./Mrs./Miss..... Age.....

Passport Number..... Date of Birth (dd/mm/yyyy) .....

Current address.....

Country .....

Mobile phone number ..... Email address .....

Apply for Bachelor of Nursing Science Program (International program), Faculty of Medicine Ramathibodi Hospital, Mahidol University, Academic Year 2023

The results of the physical examination are as follows:

1. General physical examination

Weight ..... kg. Height ..... cm. BMI = ... Blood Pressure ..... MmHg

☐ Healthy

☐ Abnormal please specify .....

2. Pulmonary X-Ray result

☐ Normal

☐ Abnormal please specify .....

3. Color blindness test result

☐ No color blindness

☐ Color blindness please specify ..... Slight degree .....Moderate degree .....Severe degree.....

4. Urinalysis test result/Urine test result

☐ Normal

☐ Abnormal please specify .....

5. Audiogram test result/Hearing test result

☐ Normal

☐ Abnormal please specify .....

Physical examination results by .....

Medical License Number .....

Place of work .....

.....

Signature .....

(.....)

Examining physician

Date of examination .....

Remarks :

1. Please seal the hospital at the examining physician signature.

2. The medical certificate is valid 1 month after examination.