



**Chulabhorn International College of Medicine, Thammasat University**  
**Health Check Report**

Name:..... Date:..... Number:.....

Citizen Identity Number:..... Registration Number : .....

**I. Physical Examination (By M.D.)**

Height .....cm.                      Blood Pressure ..... / ..... mm.Hg.

Weight ..... kg.                      Pulse Rate ..... per min.

HEENT             Normal    Abnormal .....

Chest             Normal    Abnormal .....

Abdomen         Normal    Abnormal .....

Back             Normal    Abnormal .....

Skin              Normal    Abnormal .....

Neuro            Normal    Abnormal .....

.....  
.....

**II. Laboratory Examination**

CBC             .....

FBS             .....

BUN             .....

Creatinine     .....

Urine Analysis .....

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**III. Chest X-Ray**

Normal  Abnormal

Findings.....  
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**IV. Visual Acuity Test**

Right Eye..... Left Eye.....  
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**V. Color Blind Test**

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**VI. Hearing Test**

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**VII. Summary / Recommendation**

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Physician's Signature ..... M.D.  
(.....)