



**Medical Examination Report**  
**For Candidates to Study in the Doctor of Medicine (English Program)**  
**And the Doctor of Dental Surgery (Bilingual Program)**  
**Chulabhorn International College of Medicine, Thammasat University**

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All eligible candidates for the examinations and interviews to study at Chulabhorn International College of Medicine are required to undertake a medical physical examinations and chest x-rays at any public or private hospital. The Medical Examination Report Form must be filled out by the responsible physician with an official hospital logo stamp along with the physician's signature. It is important that all sections are completed including medical history and the physical examination.

This completed form must be submitted to CICM International Testing Center by the scheduled date and time. We reserve the right to reject the form if there is an evidence that false information are submitted in the Medical Examination Report Form or any supporting documents.

**Part 1: For Candidate**

Name-Surname  Mr.  Ms.  Mrs. ....  
Date of Birth (DD/MM/YY)..... Age.....years  
Personal identification number/Passport number.....  
Issued by (country)..... Expiry date .....

**Part 2: For Physician**

1. Physical Examination (By M.D.)

Height ..... cm.                      Blood Pressure ...../..... mm.Hg.  
Weight .....kg.                      Pulse Rate .....per min.

HEENT	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal .....
Chest	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal .....
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal .....
Back	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal .....
Skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal .....
Neuro	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal .....

2. Laboratory Examination (Please present a laboratory report together)

CBC .....  
FBS .....  
BUN .....  
Creatinine .....  
Urine Analysis .....

3. Chest X-Ray

Normal     Abnormal

Findings .....  
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4. Visual Acuity Test

Right Eye .....  
Left Eye .....

5. Color Blind Test

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6. Hearing Test & Audiogram

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7. Summary / Recommendation

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Physician's Signature .....

(.....)

Hospital Name .....