



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

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Citizen Identify 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 (Please present a laboratory report together)**

CBC \_\_\_\_\_

FBS \_\_\_\_\_

BUN \_\_\_\_\_

Creatinine \_\_\_\_\_

Urine Analysis \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**III. Chest X-Ray (Please present an X-Ray report and film together)**

Normal    Abnormal

Findings \_\_\_\_\_  
\_\_\_\_\_

**IV. Visual Acuity Test (Please present a report together)**

Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**V. Color Blind Test (Please present a report together)**

\_\_\_\_\_  
\_\_\_\_\_

**VI. Hearing Test & Audiogram (Please present a report together)**

\_\_\_\_\_  
\_\_\_\_\_

**VII. Summary / Recommendation**

\_\_\_\_\_  
\_\_\_\_\_

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