

Physical Examination, Lab & Vaccination Report

Name _____ / / _____ **Thailand**
 (Mr./Miss) Candidate Name (First / Middle/ Last) Birth date (Day/Month/Year) Age Home Country

1. Additional Vaccinations

Day /Month/Year Day /Month/Year Day /Month/Year Day /Month/Year Day /Month/Year

Vaccine names	1 st	2 nd	3 rd	4 th	5 th
dT / DPaT/ DtaP /dTpa/..... (booster shot)					
Hepatitis A					
Chickenpox (Varicella)					
others	1.				
	2.				
	3.				
	4.				

Remark : _____

2. Examining doctor's findings

2.1 Cardiovascular system

Normal Abnormal → Give details ...

Record any evidence of heart murmurs, cardiac failure, other heart abnormality, irregularity or rhythm, or abnormality of peripheral pulses. _____

2.2 Blood pressure Systolic Diastolic

(required for all persons 15 years of over)

2.3 Physical examination / General appearance

Normal Abnormal → Give details _____

2.4 Respiratory System

Normal Abnormal → Give details _____
