

Name _____ **Thailand** _____

(Mr./Miss) Candidate Name (First / Middle/ Last) _____ Home Country _____

2.12 Eyes

Normal Abnormal → Give details _____

Visual acuity (preferably using Snellen's or equivalent)

Uncorrected Right Left

Corrected Right Left

2.13 Are there any physical or mental conditions which may affect this person's ability to earn a living, take care of himself /herself or adapt to a new environment now or in future adult life?

No Yes → Give details _____

2.14 Blood group / Rh Factor

2.15 TB Test which type (circle one) Mantoux or Tine Date : ____ / ____ / ____ Result (+ / -)

If positive, was chest x-ray done? Yes No Date : ____ / ____ / ____ Result (+ / -)

(The chest x-ray is required for student who is going to USA)

2.16 Hepatitis B antigen, antibody, blood test to be undertaken and results attached for:

HBsAg → Positive Negative

HBsAb → Positive Negative

Hepatitis B carrier Yes No

Doctor's comment _____

Examining doctor's signature _____

Date of examination ____ / ____ / ____ (Day / Month / Year)

Medical License No. _____

Full name (please print) _____

Hospital Name / Address _____