



Health Screening Form

For Ramathibodi- Thanarak Senoir Housing Reserve Candidates

Medical Certificate

No.....

Section 1 For a candidate (Please fill the form by yourself)

I, (Mr./Mrs./ Miss)Age.....year.....month

Citizen ID

Contact Address

.....

Tel (home)..... Mobile No. E-mail

I request for a medical certificate according to the following medical conditions:

1. Congenital disease No Yes (specify)
2. Accident & Surgery No Yes (specify)
3. Hospital Admission No Yes (specify)
4. Has been diagnosed with cognitive impairment No Since:
 Yes Since
By (specify hospital name)
5. Have you ever had these below thought or behaviour?
 - Self injury No Yes
 - Hurting Another No Yes
 - Violence No Yes
 - Suicide No Yes
6. Substance misuse (For example opioids cannabis morphine heroin or nicotine) No Yes (Specify)
7. Use of tobacco No Yes per day
8. Other important history

I hereby certify that this information is accurate to the best of my knowledge.



Signature of the candidate

Print Name.....

Date

Section 2 For the examine physician

Place of examination..... Date

I, Dr..... (1) medical license No.

.....(2) location of medical

practice.....

Examined Mr./ Mrs./ Miss.....

Citizen ID

on date month..... year. detail are as follows:

weightkg, height cm, blood pressure mm.Hg, pulse beats per minute

Items		Results	
General health condition		<input type="radio"/> Normal	<input type="radio"/> Abnormal (Specify)
Laboratory test Date.....	CBC	<input type="radio"/> Normal	<input type="radio"/> Abnormal (Specify)
	Fasting blood glucose	<input type="radio"/> Normal	<input type="radio"/> Abnormal (Specify).....
	Lipid profile	<input type="radio"/> Normal	<input type="radio"/> Abnormal (Specify)
	Serum creatinine	<input type="radio"/> Normal	<input type="radio"/> Abnormal (Specify)
Chest X-Ray date		<input type="radio"/> Normal	<input type="radio"/> Abnormal (Specify).....

Activity in daily living evaluation. (as in the attached forms)

- Completely independent living
- Partial independent living (Assisted requires for sometime)
- Less independent living or dependent

Migi- Cog Evaluation (as in the attached forms) Score.....points

I certify that the person is free from disability, no activity in daily living obstructed and no symptoms of psychosis, delusion, mental retardation, drug addiction, and alcohol use disorder. Also there is no sign and symptoms of the following diseases:

- (1) Leprosy at the infective stage or the stage of apparent symptoms that maybe disgusted by society.
- (2) Tuberculosis at the dangerous period.
- (3) Elephantiasis at the stage of apparent symptoms that maybe disgusted by society.

Physician's opinion and

recommendation.....

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Signature Physician

Note: (1) Must be the physician who owns the medical license
 (2) The Place of examine must be hospitals which include medical school hospital, public and private hospitals.

(3) Please attach Lab test result, x-ray explanation, IADL and Mini-cog test result with this medical certificateให้

