

Medical Examination Result

This Medical Examination Result is to confirm that the applicant has a suitable state of health to participate in the scholarship program for 17 months (36 month for Doctoral Degree program) in Korea without health-related problems that may interfere his/her study.

※ DO NOT WRITE IN CURSIVE.

(Name) Miss Khingphet VORLADETH		(Sex) <input type="checkbox"/> M <input checked="" type="checkbox"/> F	(Photo) 3 cm × 4 cm
(Passport Number): P 3205167		(Date of Birth) (14/08/1993)	
Address	Dongnasok Village, Sikhottabong District, Vientiane Capital, Laos		
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1. Laboratory Examination

(Please attach evidential documents which prove that the result of the following examinations is true and correct ; otherwise, it is not valid.)

	Test Result	Remarks
Hepatitis B	HBsAg <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	
	anti-HBs <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	
Syphilis test	Treponemal test <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	Please check test modality
	Non-Treponemal test <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive (ex. FTA-ABS, TPPA, TP-EIA, CIA)
HIV	1. HIV-1/2 Immunoassay <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	Please explain test results if positive:
	2. HIV-1/HIV-2 antibody differentiation immunoassay if no.1 positive <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	
	3. Other method <input type="checkbox"/> Negative <input type="checkbox"/> Positive	
Blood hemoglobin130..... g/dl or.....mmol/L	
Alanine transaminase (ALT)37..... IU/L or..... ukat/L	
Fasting Plasma Glucose90.....mg/dl or..... mmol/L	
Urine (Dipstick)	Protein <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	Please if positive:
	Glucose <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	
	Blood <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	
Pregnancy test (Women Only)	Urine HCG <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	
Tuberculosis	PPD <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	Please explain if other tests were taken additionally:
Chest X-ray(PA)	Chest X-ray <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive	

2. Physical Examination

Blood Pressure: Systolic _____ 120 _____ Diastolic _____ 80 _____ mmHg

Vision: Right _____ 6/6 _____ / 20 Left _____ 6/6 _____ / 20 Color Vision _____

Corrected: Right _____ /20 Left _____ / 20

Clinical Evaluation:

Classification	Normal	Abnormal	Classification	Normal	Abnormal
Skin	Normal		Heart		
Head & Face	Normal		Abdomen		
Eyes	Normal		Rectum		
Ears	Normal		Genitalia		
Mouth & Throat	Normal		Extremities		
Nose & Sinuses	Normal		Back & Spine		
Neck	Normal		Neurological		
Chest & Lungs	Normal		Mental health		
			Other		

3. If any symptoms below, please mark (if nothing found, please mark ‘NONE’)

- ☐ Fever over 37.5°c ☐ Feeling heat ☐ Taking fever reducer ☐ Chill ☐ Fatigue ☐ Cough
- ☐ Runny nose ☐ Sputum ☐ Breathing problem ☐ Sore throat ☐ Muscle pain ☐ lose your taste or smell of sense ☐ Digestive symptoms (nausea, abdominal pain, diarrhea)
- ☐ etc... (_____) OR ☒ NONE

4. Write a list of all medications he/she is currently taking, including International Nonproprietary Name, dosage and frequency.

(None)

5. Are there any suspected findings of infectious diseases or endemic diseases? (COVID-19, MERS, Ebola virus, Zika virus, etc.)

- ☐ Yes (If ‘Yes’, please provide details.) _____
- ☒ No

6. Are there anything in the person ’s medical history that would make him/her unfit to participate in the training course?

- ☐ Yes (If ‘Yes’, please provide details.) _____
- ☒ No

7. Write your opinion on whether he/she has any medical conditions that will require frequent or long periods of treatment, or would otherwise affect his/her ability to carry out role given to him /her in participating in intensive training course away from home for 17 months (36 month for Doctoral Degree program).

None, she has healthy.

1. Immunizations

Required	Dates Given (Month/Day/Year)	Requirements
Measles-Mumps-Rubella (MMR) If administered separately or positive titers obtained, record below	#1 <u>20 / 06 / 1994</u> #2 <u>25 / 01 / 1995</u> month day year month day year	Two doses at age ≥ 12 months, at least 28 days apart. History of disease is not acceptable
Measles (Rubeola)	Date #1 <u> / / </u> #2 <u> / / </u> OR Positive titer <u> </u> Date: <u> / / </u>	Two doses or positive titer

※ Only residents with their 2nd dose of MMR or Measles vaccination will be admitted to the Gwanak Residence Halls.

2. Tuberculosis Screening

PPD or chest X-ray (CXR) must be done **within six months** prior to your official dormitory move-in date. History of BCG vaccination does not prevent Tuberculosis screening.

SNU Gwanak Residence Halls accepts either PPD or Chest X-ray as valid tests for tuberculosis screening. Only one of the two tests needs to be initially performed.

Chest X-ray: Date 15 / 04 / 2025 Result: ☒ Normal ☐ Abnormal → Finding: _____
If the Chest x-ray is found to be Abnormal, a PPD test is REQUIRED. *Please attach chest X-ray report in English*

PPD: Date placed / / Date read / / # of mm induration ☐ Negative ☐ Positive
If PPD results are 10mm or more, a chest X-ray is REQUIRED.

If both PPD test is/was positive and CXR is abnormal, did student complete a course of antibiotic therapy?

☐ YES _____
Drug, Dose, Frequency, Duration and Dates

Please attach a document of a follow up tuberculosis screening completed after the antibiotic therapy that shows either a negative PPD or normal CXR result.

I certify that I answered all questions truthfully and completely to the best of my knowledge.

Date of Examination	15.04.2025 (DD/MM/YY)	Medical Institution Stamp (Stamp)
Name of Medical Institution	Luckxay Hospital	
Name of Physician	Dr. Sonephet	
Physician Signature		
Contact Information of Physician	(E-mail) Info.luckxayhospital@gmail.com (Phone Number) +856-20-9664-6488	