(מרומרערשי

F-MED-003 Rev.04



(3) this certificate is the result of initial examination.

This form is approved by resolution of The Medical Council of Thailand meeting No. 4/2018 on 19 April 2018.

## Medication Certificate

Part 1: for the patient who requests for the medic	cal fitness certificate
1, Mr./Mrs./Miss Aurassaya Palamee	
residing at address 23 Sukhumvit Rd.,	Pranet, Pranet, Bangkok 10250
	100-000
national identification number / passport number	AB 23 8 5 6 4 4
would like to request for the medical fitness certifica	te. Below is my health history.
	☐ Yes (please specify)
2. Accident and operation   ✓ No	☐ Yes (please specify)
3. Hospital admission	☐ Yes (please specify)
4. Other important history	
	A
Signature	Aurassama date 16 month
If the patient is a child who	o cannot certify his own health history, the guardian may sign on this document on behalf of the child
Part 2 : for the physician	
	PRAWET BANGKOK 10250
	2020
on date	
	essure98/50mmHg, pulse82.00beats per minute
	ease specify)
	ith no symptom of psychosis, delusion, mental retardation, drug
addiction, and alcohol use disorder. Also, there is no	sign and symptom of the following diseases:
(1) Leprosy at the infective stage or the stage	with apparent symptoms that may be disgusted by society;
(2) Tuberculosis at the dangerous period;	
(3) Elephantiasis at the stage with apparent sy	Imptoms that may be disgusted by society and
(4) Other (specify)	1. 1. 1/4
2) Physician's opinion and recommendation	patient is healthy in general
	No. 10 (10 (10 (10 (10 (10 (10 (10 (10 (10
	Signature
	( NAPAT CHAROENPITAKWONE )
	17(190) 15
Note (1) must be the physician who owns the medical license;	
(2) describe the patient's fitness. This certificate will be valid for one n	nonth since the date of examination;