KINGDOM OF CAMBODIA
NATION RELIGION KING

MINISTRY OF HEALTH

HOPITAL Calmette

N°...219....HC/20

MEDICAL CERTIFICATE

A. Name of applicant.....SENG CHANRAKSNEY.....
Sex:.....F.....age:....27.....yrs....date of birth:..03.05.1993.....
Present address:.....
.....Sangkat CHROY CHANGVA.....
.....Khan.....CHROY CHANGVA.....
Height:..155.....cm. Weight:..43.....kg

B. Life styles:
Do you smoke? ☑ no. ☐ yes.....cigarettes/ d
Do you drink (alcohol) regularly? ☑ no. ☐ yes. Quantity?.....

C. Past medical history:
Have you ever been treated for (tick in the box yes or no)

	yes	no		yes	no
Tuberculosis	☐	☑	Kidney diseases	☐	☑
Malaria	☐	☑	Diabetes	☐	☑
Rheumatic fever	☐	☑	Asthma	☐	☑
Epilepsy	☐	☑	Heart diseases	☐	☑
Allergy	☐	☑	Communicable diseases	☐	☑

.....
Have you ever had any accidents? ☑ no. ☐ yes. when?.....
Have you been hospitalized? ☑ no. ☐ yes. when?.....

D. Declaration:
I certify that the statement made by me in answer to the foregoing questions are true, complete and correct to the best of my knowledge and belief. I understand that any misrepresentation or material omission made on the above questionnaires requested renders a staff member liable to termination or dismissal.

Date:..28.04.2020.....Signature of applicant:.....

No 3, Monivong Blvd, Phnom Penh, Cambodia, Tel: 023 426 948, Fax: 023 724 892, E-mail: hospital@calmette.gov.kh, www.calmette.gov.kh, P.B. 807.

Name of applicant.....SENG CHANRAKSMEY.....

E. Present condition: (to be filled by examiner)

Blood Pressure: 104/74 mmHg Pouils rate: 75 bpm, regular ☐ yes ☐ no

	Normal	Abnormal		Normal	Abnormal
ENT:	☐	☐	Eyes	☐	☐
Respiratory system:	☐	☐	Cardiovascular system:	☐	☐
Digestive system:	☐	☐	Genito-urinary system:	☐	☐
CNS	☐	☐	Endocrinology system:	☐	☐
Locomotor system:	☐	☐	Skin:	☐	☐
Teeth	☐	☐	.....		

Remark of abnormality:.....
.....

F. Paraclinic evaluation:

Hb:...12.7....g/dL Ht:..38.3...% ESR:.....mm/first hour
WBC...5.720../mm3 Blood type ..O..... Rh:+.....
Urinalysis: albumin ☐ positive ☒ negative, Sugar ☐ positive ☒ negative,
Serology: Ab HBs: ☐ positive ☐ negative, Ab HCV ☐ positive ☒ negative,
AgHBs: ☐ positive ☒ negative, Ab HIV: ☐ positive ☒ negative
Remark: Syphilis RPR and TPHA Negative
.....
Chest X ray:..ID...894.101.....27.04.2020.....
.....Bilateral...micronodular...opacity.....
Stool exam. (if indicated):.....

G. Conclusion: .....She is in good health.....
.....

I certify that I have examined the applicant and the statement made by me in the above certificate are true to the best of my knowledge and belief.

Prof. Ass. CHHOR NARETH
Tel: (555) 12 930229

See and approve
Director General of Hospital
DEPUTY TECHNICAL OFFICE

Prof. OR WANDA

Name of examining doctor:
Signature:.....
Title:.....
Address:.....

Medical Check-ups
Calmette Hospital, Phnom Penh, Cambodia
No. 3, Monivong Boulevard

Date of examination. 28...Apr...2020