

Physical Examination, Lab & Vaccination Report

CANDIDATE NAME
MS./MISTER _____

HOME COUNTRY
THAILAND

1. Additional Vaccinations

Day /Month/Year Day /Month/Year Day /Month/Year Day /Month/Year Day /Month/Year

Vaccine names (for example Influenza vaccine)	1 st	2 nd	3 rd	4 th	5 th
1.					
2.					
3.					

Remark : _____

2. Examining doctor's finding

2.1 Cardiovascular system Normal Abnormal → Give details _____

Record any evidence of heart murmurs, cardiac failure, other heart abnormality, irregularity or rhythm, or abnormality of peripheral pulses. _____

2.2 Blood pressure Systolic Diastolic

(required for all persons 15 years of over)

2.3 Physical examination / General appearance Normal Abnormal → Give details _____

2.4 Respiratory System Normal Abnormal → Give details _____

2.5 Nervous system / mental state / intelligence Normal Abnormal → Give details _____

2.6 Gastrointestinal system Normal Abnormal → Give details _____

2.7 Locomotor system /physical build (information on mobility must be included)

Normal Abnormal → Give details _____

2.8 Skin and lymph nodes Normal Abnormal → Give details _____