

Medical Examination Form

For Student Admission in Bachelor of Engineering (International programs)

Faculty of Engineering, Mahidol University

Section 1 (For applicants)

	Name	– Surnai	me (Mr. / Miss)						
Citizen I	D / Pas	sport ID							
Address									
Tel			Applied for Bachelor of Engineering, Faculty of						
Enginee	ring, Ma	ahidol U	niversity (please choose the program.)						
	□ B.	Eng Chemical and Process engineering (International program)							
	□ B.	Eng Bion	omedical engineering (International program)						
	В.	Eng Indu	ustrial and Production engineering (International program)						
Have yo	u ever	had or	do you currently have any of the following diseases/conditions:						
	YES	NO							
			Asthma						
			Tuberculosis						
			Epilepsy						
			Hypertension						
			Diabetes						
			Bone fracture / Injury from accident						
			History of surgery						
	Psychiatric disorders								
			Other:						
	I decla	are that	to the best of my knowledge, the information I have supplied in this document is correct and						
complet	te. I ac	knowled	Ige that providing incorrect information or documentation relating may result in cancellation of any						
offer of	enrollr	ment by	Mahidol University.						
			()						
			Applicant' signature						
			Data /						

Note: The medical examination must be conducted at a public or private hospital no more than 6 months before the interview date.

Please ensure that the hospital stamp is affixed to the signature of the medical examiner, printed on both sides of a single sheet of paper and bring the certificate with you on the day of the interview.

Section 2 (For medical examiner)

1. The	physical	l examination results:						
	Weight	tkg.	Height	cm.	BPmmHg.			
		☐ Healthy						
		☐ Abnormality	y found					
2. Lung	s X-ray:	☐ Normal	Abnormal					
3. Colo	r Blindn	ness Test: (For applicants to B.Eng E	Biomedical engineeri	ing (Internation	nal program) only)			
		☐ No color b	olindness 🗖 Color k	olindness:	MildSevere			
	Medica	al examination results of Mr. / Mis	S					
Conduc	cted by	Dr		License number				
Hospita	ıl		Address	•••••				
TelOn (DD/MM/YYYY)								
Based o	on the e	examination results, the applicant	is found to be in g	ood health, no	ot suffering from any mental disorder o			
incapac	ity that	would prevent study. And shows	no signs or symptor	ms of the follow	wing diseases/conditions:			
		Tuberculosis						
		Psychiatric disorders						
		Color blindness (For applicants t	o B.Eng Biomedical	engineering on	aly)			
Conclu	ısion:							
	Fit to	to pursue university studies						
	Not fit	to pursue university studies due t						
		S	iignature					
			()			
				Medical E	xaminer			

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Date...../...../