

THAILAND BAPTIST THEOLOGICAL SEMINARY
433 Soi Sathon 3, Thung Maha Mek, Sathon, Bangkok 10120, Thailand

HEALTH CERTIFICATE

Applicant's Name _____ Date Examined _____
Sex _____ Weight _____ Height _____ Temperature _____
Blood Pressure _____ Pulse _____ Hemoglobin _____
Heart and Circulation _____ Blood Type _____
General Appearance _____
Emotional Status _____
Instability _____

At any time has there been contact with active TB where applicant lived or worked? _____

If yes, explain. _____

Has applicant undergone any surgery? () Yes () No If yes, state when and type of surgery _____

Check if applicant has ever received treatment for: () Allergy () TB () Typhoid Fever () Hepa A () Hepa B
() Nervous Disorder () Others. Please state _____

If yes, state date and place treatment was done: _____

X-RAY OF CHEST REQUIRED (Please attached report of findings): I recommend _____

URINALYSIS REQUIRED (Please attach report of findings): I recommend _____

FECALYSIS REQUIRED (Please attach report of findings): I recommend _____

The applicant has the following abnormal conditions not mentioned above: _____

PLEASE CHECK:

() I believe () do not believe applicant to be physically qualified to do part-time physical work.
() I recommend () do not recommend applicant for admission.

Please add any further information that would be helpful to the seminary physician: _____

How long, and in what capacity, have you known the applicant? _____

Examining Physician: _____ Date: _____

Address: _____