

Medical certificate (for driver's license)

Volume

No.

Of the applicant for a health certificate

I am Mr./ Mrs./ Miss.

Address (that can be contacted).

ID card number - - - -

I request a health certificate With the following health records

1. Personal disease None Yes (specify)

2. Accident and surgery None Yes (specify)

3. Have been hospitalized None Yes (specify)

4. Epilepsy * None Yes (specify)

5. Other important history None Yes (specify)

* In case of epilepsy Attach a medical history from the treating doctor that you are free from seizures for more than 1 year to al

Signed Date Month B.E.

Of a doctor

Examination location Date Month B.E. ..

(1) I am doctor / female doctor.

Medical professional license number Hospital name

Address

Have examined the body Mr. / Mrs. / Miss

And then on Month B.E. The details are as follows

Body weight Kg height Blood pressure centimeter Mm Hg Pulse Times / min

General physical condition is in the criteria normal abnormal (specify)

I certify that such person Not being physically disabled until unable to perform their duties No symptoms of psychosis

Or mad mind Or moron No symptoms of drug addiction appear to be harmful. And symptoms of alcoholism and not

The following signs and symptoms appear.

1. Leprosy in the contagious phase Or in the presence of symptoms that are offensive to society

2. Tuberculosis in dangerous stages

3. Lymphatic filariasis appears to be disgusting to society.

4. Others (if any)

(2) Summary of opinions and recommendations of doctors

Signed Medical examiner