Monk Life Thailand Ordination Program

Medical Examination I

1. **Personal History:** Fill in the blank using clear blocks letters

Full Name (underline surname) …………………………………………………… Present Age ………………………..

Date of Birth ……………………… Nationality ………………………………………………..

2. **Medical History:** Mark x in the ☐ in front of symptoms that you have before or still have.

☐ Gastric Ulcer	☐ Epilepsy	☐ Hypertension	☐ Jaundice	☐ Neurosis
☐ Heart Disease	☐ Hepatitis	☐ Psychosis	☐ Kidney Disease	☐ Allergy
☐ Diabetic Mellitus	☐ Asthma	☐ Difficulty Urination		☐ Tuberculosis

☐ Other diseases (please indicate) ……………………………………………………………………………………

Mark x in the ☐ yes or ☐ no. If yes, please indicate as requested.

Drug allergy	☐ No	☐ Yes (Which kind) ………………………………………………………………………
Family illness	☐ No	☐ Yes (Which kind) ………………………………………………………………………
Blood donation	☐ No	☐ Yes (Last time) ………………………………………………………………………
Drug addiction	☐ No	☐ Yes (Which kind) ………………………………………………………………………
Alcohol	☐ No	☐ Yes (Frequency) ………………………………………………………………………
Smoking	☐ No	☐ Yes (Frequency) ………………………………………………………………………

3. **Doctor's Examination:**

Height: ……… cm. Weight: …… Kg. Pulse Rate: …...... /min Blood Pressure: ………… mm / Hg Blood type: ………

Laboratory Tests:

VDRL: ……………… Urinalysis: Alb………………. Sugar: ……………… Micro:………….. Urine drug test ……………………

HIV-IgC: ……………. Hepatitis B: ……………….. Blood Sugar:…………. CBC:………….... Creatinine:……………

Others: ……………………………..

Eyes	☐ Normal	☐ Abnormal	Arteries	☐ Normal	☐ Abnormal
Color blindness	☐ No	☐ Yes	Varicose Veins	☐ No	☐ Yes
Ears	☐ Normal	☐ Abnormal	Skin/Lymph Nodes	☐ Normal	☐ Abnormal
Nose & Throat	☐ Normal	☐ Abnormal	Hernia	☐ No	☐ Yes
Lungs	☐ Normal	☐ Abnormal	Joints & Muscles	☐ Normal	☐ Abnormal
Chest X-Ray	☐ Normal	☐ Abnormal	Rectal	☐ Normal	☐ Abnormal
Heart	☐ Normal	☐ Abnormal	Urogenital	☐ Normal	☐ Abnormal
Abdomen	☐ Normal	☐ Abnormal	Neurologic	☐ Normal	☐ Abnormal
Extremities	☐ Normal	☐ Abnormal	Mental Status	☐ Normal	☐ Abnormal

Conclusion:……..

Suggestion:……..

Physician's Signature ……………………………… Contact address…………………………..