



Dusit Thani College

MEDICAL FORM

All students must undergo a medical examination for their own safety. Please have this form completed by a registered physician and return it to Dusit Thani College.

Student's Name / Surname : _____

Programme : ____Front Office Operations____ Age : _____ * Male / Female

Date of Examination : _____ Height : _____ cm.

Weight : _____ kg. Blood Pressure : _____

Pulse rate : _____ / min .

(Please comment, if unusual)

Eyes _____

Nose/Throat/Ears _____

Thyroid _____

Cardiovascular System _____

Lungs _____

Abdomen/Liver/Spleen _____

Please circle if student has a personal history or is currently suffering from any of the following:
(give comments if needed)

Tuberculosis Yes No _____

Epilepsy Yes No _____

Diabetes Yes No _____

Asthma Yes No _____

Leprosy Yes No _____

Brain/nervous disease Yes No _____

Remark : Students who suffer or have suffered from these illnesses will be deemed unfit for study at Dusit Thani College.

Has the student had any past serious illnesses, injuries or/and operations? If yes, please give details:

For Hospitality Access Programme in Western – Thai Culinary and Food & Beverage Service and Bartending

As this programme will require preparing food for other people, please also check and comment on the following :

HBsAg _____

Stool Test _____

I certify that * Mr./Ms./Mrs. _____ has been examined by me and is certified * fit/unfit to undertake hotel studies.

COMMENTS : _____

Signature of Medical Physician
_____/_____/_____

*** circle accordingly**

- หมายเหตุ : 1. ใช้แบบฟอร์มของวิทยาลัยและตรวจร่างกายที่โรงพยาบาลเท่านั้น (งดน้ำงดอาหารก่อนตรวจร่างกาย 6 ชั่วโมง)
2. ขึ้นเอกสาร / หลักฐานในการสมัครพร้อมแบบฟอร์มใบรับรองแพทย์ในวันสมัคร