



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 : _____ 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 :

Please also check and comment on the following :

HBsAg _____

HBsAb _____

Stool Test _____

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

COMMENTS : _____

Signature of Medical Physician

_____/_____/_____

Medical License : _____

*** circle accordingly**

- Remark :**
1. You must use only the medical examination form provided by the College and have your medical examination at the hospital only. (You must refrain from drinking water six hours prior to your examination.)
 2. You must submit documents / evidence together with the medical examination form completed by the registered physician on the date of your application.