

**Human Resource Development Program in Biotechnology  
National Center for Genetic Engineering and Biotechnology**

---

**Medical Check Sheet**

**Important notice:**

**Medical insurance WILL NOT BE PROVIDED during the training period in Thailand.** If you have a chronic disease, you should bring your medicine with you when you come to Thailand. You are responsible for expenses for any medical treatments you will undertake during your training period in Thailand. Should you like to purchase medical insurance policy, BIOTEC International Cooperation staff will be happy to facilitate.

<b>1. Name (first name, middle name, last name)</b>			
<b>2. Date of birth</b>	<b>3. Nationality</b>	<b>4. Sex</b> ( ) Male ( ) Female	
<b>5. Please indicate "Yes" or "No" if you had ever had any of the following during the last 5 years. If you answer Yes to any of the items, also circle the applicable condition.</b>		<b>Yes</b>	<b>No</b>
a) Asthma, emphysema, or other lung conditions			
b) Tuberculosis, or live with anyone who has tuberculosis			
c) High blood pressure, heart disease, irregular heartbeat			
d) Stomach ulcer, hepatitis, inflammation of the gallbladder, gallstones, pancreatitis			
e) Kidney or bladder trouble, stones or blood in urine			
f) Diabetes, gout			
g) Depression, neurosis			
h) Tumor, malignant tumor, cancer			
i) Bleeding disorder, blood disease			
j) Lumbago			
k) Cataract, glaucoma			
l) Other serious illnesses (Please specify)			
m) Malaria, cholera, small pox or epidemic disease			
<b>6. Medical history</b>			
a) Have you had any significant or serious illness or injury? (If hospitalized or had operation, give places & dates.) Detail: _____			
b) Do you currently use any drugs for treatment of a medical condition? (Give name & dosage.) Detail: _____			

I certify that I have read the above instructions and answered all questions truly and completely to the best of my knowledge.

---

Date

---

Applicant's Signature

- If you answered [Yes] to any one of the items listed above in 1 or 2, please see a doctor for an up-to-date medical examination.

**For doctor use**

Please answer the following questions concerning the items in 1 or 2, which the trainee answered [Yes].

1. Please write the results of the medical examination specifically.

---

---

---

---

2. Please select the most appropriate one from below and circle it, concerning the physical condition of the trainee.

- a) There is no problem with the trainee traveling overseas and participating in a training program in Thailand.
- b) If the trainee takes the appropriate drugs, there is no problem with the trainee neither traveling overseas nor participating in a training program in Thailand.
- c) There is a problem with the trainee traveling overseas and participating in a training program in Thailand under his/her current physical condition.

Name of hospital: \_\_\_\_\_ Date of diagnosis: \_\_\_\_\_

Address: \_\_\_\_\_

---

Name of the doctor in print: \_\_\_\_\_ Signature: \_\_\_\_\_