



Health Certificate

Songklanagarind Hospital

Date.....

I, Dr....., Medical License No.....

have examined Mr./Miss. /Mrs.....

address

Identification Card No. (specify type).....

on the day.....and certify that

Mr. / Miss. /Mrs.....

Is not disabled, and has no signs of psychiatric disorder, mental

retardation, drug addiction, chronic alcoholism, and no symptoms and signs

of the following disease:

1. Leprosy-contagious stage

2. Active tuberculosis

3. Elephantiasis

4.

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Conclusion and comment.....

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(M.D.)

Attending physician