



Medical Examination Form

For Student Admission in Bachelor of Engineering Program Faculty of Engineering,
Mahidol University

Name - Surname (Mr./Mrs./Ms.) Age.....

Citizen ID: Address.....

Tel. Applied for Bachelor of Engineering Program, Faculty of Engineering,
Mahidol University (please choose the program).

- | | |
|---|---|
| <input type="checkbox"/> B.Eng. (Mechanical Engineering) | <input type="checkbox"/> B.Eng. (Chemical Engineering) |
| <input type="checkbox"/> B.Eng. (Industrial Engineering) | <input type="checkbox"/> B.Eng. (Electrical Engineering) |
| <input type="checkbox"/> B.Eng. (Computer Engineering) | <input type="checkbox"/> B.Eng. (Civil Engineering) |
| <input type="checkbox"/> B.Eng. (Biomedical Engineering IP) | <input type="checkbox"/> B.Eng. (Chemical Engineering IP) |
| <input type="checkbox"/> B.Eng. (Industrial Engineering IP) | |

Examination results:

1. The physical examination results: Weight.....kg. Height.....cm. BP.....mmHg.

Healthy Abnormality found:

2. Lungs X-ray: Normal Abnormal:

3. Color Perception: Normal Abnormal:

Other, please specify:

Medical examination results by Dr. License Number:.....

Hospital..... Address.....

..... Tel.....

Signature
(.....)

Medical Examiner

Date...../...../.....

Note: The medical examination must be conducted by a government hospital or private hospital no more than 6 months before the interview date. Please ensure that the hospital stamp is affixed to the signature of the medical examiner, and bring the certificate with you on the day of the interview.