



Walailak University

Health Certificate

(The 2nd Walailak University Cultural Camp)

At

Date..... Month..... Year.....

I, (Full name)
am a medical doctor, holding a medical practice license number.....
place of practice (Name of hospital)
Hospital's address

I undertook a medical examination of Mr/Mrs/Miss
Nationality Passport No.
On date month..... year.....

I hereby certify that Mr/Mrs/Miss
 is is not a disabled person who is not capable of working
 suffers does not suffer from mental disorder/sickness/retardation
 shows does not show symptoms of drug addiction
 is is not a chronic alcoholic
 presents does not present symptoms of contagious leprosy
 suffers does not suffer from contagious tuberculosis
 shows does not show symptoms of elephantiasis
Comment and recommendation

I hereby certify that Mr/Mrs/Miss
is in good physical and mental health and able to attend the 2nd Walailak University Cultural
Camp in Thailand.

Signed.....(Medical Doctor)

On date month year

Official stamp of the hospital is required.

Important

- (1) This certificate has to be signed by a registered medical doctor and sealed by an official stamp of the hospital.
- (2) Examination must be undertaken at a hospital only.