International Dhammadayada Ordination Program

Medical Examination Record

1. **Personal History:** Fill in the blank using clear blocks letters

   Full Name (underline surname) …… Present Age ……..

   Date of Birth …… Nationality ……..

2. **Medical History:** Mark x in the☐ in front of symptoms that you have before or sill have.

   ☐ Gastric Ulcer ☐ Epilepsy ☐ Hypertension ☐ Jaundice ☐ Stress

   ☐ Heart Disease ☐ Hepatitis ☐ Psychosis ☐ Kidney Disease ☐ Allergy

   ☐ Diabetic Mellitus ☐ Asthma ☐ Difficulty Urination ☐ Tubercle

   ☐ Other diseases (please indicate) ……

   Mark x in the☐ yes or☐ no. If yes, please indicate as requested.

   Drug allergy ☐ No ☐ Yes (Which kind) ……

   Family illness ☐ No ☐ Yes (Which kind) ……

   Blood donation ☐ No ☐ Yes (Last time) ……

   Tattoo ☐ No ☐ Yes (Which part of the body) ……

   Drug addiction ☐ No ☐ Yes (Which kind) ……

   Alcohol ☐ No ☐ Yes (Last time) ……

   Smoking ☐ No ☐ Yes (Last time) ……

3. **Doctor's Examination:**

   Height: …… cm. Weight: …… Kg. Pulse Rate: …..... /min Blood Pressure: …… mm / Hg Blood type: ……

   VDRL: …… Urinalysis: Alb……. Sugar: …… Micro:…… Stool:……..

   HIV-IgC: ……. Hepatitis B: …….. Blood Sugar:……. CBC:……..... Creatinine:……

   BUN (Kidney function):…… SGOT (Liver function) …….. SGPT (Liver function)……

   ALK PHOSPHATASE (Liver function): …… Others: ……..

Eyes	☐ Normal	☐ Abnormal	Arteries	☐ Normal	☐ Abnormal
Color blindness	☐ No	☐ Yes	Varicus Veins	☐ No	☐ Yes
Ears	☐ Normal	☐ Abnormal	Skin/Lymph Nodes	☐ Normal	☐ Abnormal
Nose & Throat	☐ Normal	☐ Abnormal	Hernia	☐ No	☐ Yes
Lungs	☐ Normal	☐ Abnormal	Joints & Muscles	☐ Normal	☐ Abnormal
Chest X-Ray	☐ Normal	☐ Abnormal	Rectal	☐ Normal	☐ Abnormal
Heart	☐ Normal	☐ Abnormal	Urogenital	☐ Normal	☐ Abnormal
Abdomen	☐ Normal	☐ Abnormal	Neurologic	☐ Normal	☐ Abnormal
Extremities	☐ Normal	☐ Abnormal	Mental Status	☐ Normal	☐ Abnormal

   Conclusion:……..

   Suggestion:……..

   Physician's Signature …… Contact address…….....