



A Medical Clearance Form for the Doctor of Dental Surgery Program (International Program), Faculty of Dentistry, Mahidol University for Academic Year 2026

Part 1 Eligible Applicant Information

HN: .....

Name: ..... Medical Examination Date: .....

Identification No. / Passport No.: ..... Application No.: .....

Address: .....

.....

Mobile No.: ..... E-mail: .....

Emergency contact: ..... Mobile No.: .....

To show the medical clearance results for admission to the Doctor of Dental Surgery Program (International Program), Faculty of Dentistry, Mahidol University for academic year 2026, I hereby certify that the above information is true.

I ..... hereby to confirm that now I do not have the following conditions.

- Psychosis, Communicable diseases, Non-communicable diseases, Physical deformities, Hearing impairment, Visual impairment, Total color blindness, Alcoholism, Epilepsy, Drug Addiction, Leprosy, Other illnesses or disabilities

Applicant's Signature..... (.....)

Part 2 Physician Information

Name: ..... Medical Examination Date: .....

Medical License Code: .....

Hospital Address: .....

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Have taken a physical examination to Mr. / Miss..... on..... with the results of the examination as follows.

Note: Misinformation and fraudulent examination will result in the cessation of students.



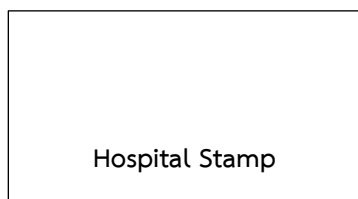
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Name: ..... Medical Examination Date: .....

Form with 7 main sections: 1. Gender, 2. Eye exam, 3. Hearing, 4. General appearance, 5. CXR, 6. Blood tests, 7. Audiometry. Includes checkboxes for normal/abnormal and a box for eye test attachments.

Physician's conclusion of opinion and recommendations

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Physician's Signature ..... (.....) Medical License Code ..... Hospital .....

Note: \*Please attach the examination results: CXR (report and Film or CD), Blood exam, Eye exam, Audiogram and other)