Medical Certificate (Driving license)

Re	gistration Number		
F	Part 1 To be filled by applicant		
Na	Name (Mr./Mrs./Miss) Residential address with postal code		
Re			
lde	Identification number		
l de	do apply for medical certificate with my health history as follows		
1.	My personal specific disease	☐ No ☐ Yes (please specify)	
2	Accident or Surgery	☐ No ☐ Yes (please specify)	
3.	Hospital Admission	☐ No ☐ Yes (please specify)	
*4.	Seizure	□ No □ Yes (please specify)	
5. (Other relevant		
		Signature	
		Date(D/M/Y)	
*Se	izure: treatment history produced by doctor in	charge must be accompanied to certify that no attack experienced within 1 (one) year.	
	Part 2 To be filled by doctor		
(1) Place of examination (Hospital / Clinic) with postal code			
	•		
I had examined(Mr./Mrs./Miss)on datemonthyear and revealed as follows bodyweightkgs. Heightcms. Blood pressure			
		monthyearyear	
		kgs. HeightmmHg,	
-	se rate/min	П AI (/ / .)	
Ge	•	Abnormal (please specify)person is capable to work, no mental disability or mental retardation	
noı	r showing of any symptom of drug addiction nor chronic alcoholism and no sign and symptom of the followings:		
(1)			
(2)			
(3) (4)			
(2) Ph	ysician Conclusion / Advice		
		SignatureM.D.	
		Date(D/M/Y)	
N.B	6. (1) This form must be certified only b		
	(2) Must conclude fitness of applicar		

This certification form had been approved by the Thai Medical Council at its 6/2021 meeting on May, 13, 2021

(4) This medical certification applies only for provisional diagnosis and covers only application for driving license and

(3) This certificate is valid within 1 month from the day of application.