



Srinagarind Hospital, Khon Kaen University

Health Certificate

Out Patient Department

Date \_\_\_\_\_

My name is \_\_\_\_\_ Position \_\_\_\_\_

with a license to practice medicine number \_\_\_\_\_. I have examined health of \_\_\_\_\_

\_\_\_\_\_ born \_\_\_\_\_ at \_\_\_\_\_

passport number \_\_\_\_\_. I have examined him and found that he

\_\_\_\_\_

\_\_\_\_\_

(Signature of Physician)