[Clinic/Hospital Letterhead]

**FAO:**  Admissions Office

Bangkok Patana School

**School Medical Certificate**

The undersigned Doctor in medicine, certifies that he/she has examined

**Master /Miss :**

**DOB :**

**On this date :**

And has found him/her to be in good health and able to attend regular school, including taking part in all activities.

The doctor also certifies that this child’s vaccination record is up – to – date.

Signature of Doctor:[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_] Date: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_]

[Doctor’s Name in Print]

Clinic/Hospital Stamp