

Examination Consent Form

Full name

Date of consent.....

I completely acknowledge all details about the pre-enrollment physical, laboratory examination, and chest X-ray proceeded by KMITL medical center. I do hereby willingly authorize the members of KMITL medical personnel to do the pre-enrollment examination. I do have been assured that all the personal information will be totally confidential and can only be disclosed by my permission or by the state officer's order under the constitutional law. If there are any abnormalities detected in the examination, I authorize them to report the result directly to my faculty for the benefit of providing further healthcare.

Signature.....

(.....)

Examinee

Signature.....

(.....)

Parent/Witness