



Udon Thani Hospital
 33 Phonyom Rd. Tambon Makkhang Mueang Udon Thani 41000, THAILAND
 Tel. +66 42 215 100

MEDICAL CERTIFICATION

Date :/...../.....

To Whom It May Concern ;

This is to certify that MS. / MRS. / MR. Age Y/O Sex
 Date of Birth/...../..... HN AN has been examine and treated at
 the hospital as an Out-Patient on
 In-Patient between And

Presenting Symptoms and Duration :

Diagnosis :

Treatment :

Recommendation(s) :

- Follow Up visit
- Bed Rest at Home for
- Light Duty for
- To be hospitalized for
- Other

Fit to Fly on : By : Any Class Business Class First Class Stretcher

Special Request :

Signature : _____ , M.D.
 (.....)

Medical License No.

The Attending Physician,

Medicine Department,