

Document No. 1: Consent Form for Physicians to Disclose Student Illness and Medical History to Chiang Mai University for the Purpose of deferment of student status termination

Instructions:

1. This form is used for students at Chiang Mai University requesting the deferment of student status termination.
2. The illness and medical history information will be kept confidential and will be reviewed by a committee appointed by Chiang Mai University. This information will not be disclosed to the public.
3. Consent to Disclose Illness and Medical History by Physicians to Chiang Mai University
4. After consideration, all documents will be stored for a period of 1 year in accordance with confidential document storage guidelines, to be used for reference or other related processes by the Registration Office, Chiang Mai University, and will be destroyed after the 1-year period.

Consent to Disclose Illness and Medical History by Physicians to Chiang Mai University

Date: Month: Year:

I, Mr./Mrs./Ms. Age: Student ID:

A student in the program

Affiliated with the Faculty/College/Institute Chiang Mai University

I consent to the physician in charge of my treatment to disclose my information according to the documents of Chiang Mai University (Document No. 2) and I consent to Chiang Mai University using this information for considering the deferment of student status termination.

Signature:..... Student
(.....)

Document No. 2: Form for Student Illness Information of Chiang Mai University Provided by the Attending Physician

Instructions:

1. This form requests the attending physician of the student to kindly provide information related to the student’s illness.
2. The patient has authorized the disclosure of their information.
3. The information provided will be reviewed by a committee appointed by Chiang Mai University and will not be disclosed to the public.
4. The information provided will benefit the patient by allowing Chiang Mai University to provide appropriate support and care.
5. The patient will not know the information provided; only the committee appointed by Chiang Mai University will know the information in this document.
6. After completing the information, please place it in a sealed envelope so that the student being treated does not see the information provided in this form.

Chiang Mai University thanks you for providing invaluable information that is beneficial to both the patient and the University.

Important Information:

Date: Month: Year:

I, Dr. Medical License No.:, have treated
 Mr./Ms. Age: Patient Registration No.: on Date:
 Month: Year: at (Health Facility Name)
 located in District: Province: Country:
 Tel. e-mail

Diagnosis of the patient:

Estimated treatment duration (approximate):

Physician's Opinion: Please mark the box that corresponds with the patient's illness symptoms:

1. Current Symptoms (within the past 6 months):

- Affects the following aspects of learning (can select more than one):
 - Travel and access to the learning place
 - Classroom learning / Research / Practical training
 - Academic literature and research document review/ research location
 - Writing articles/research papers
 - Interaction with others
 - Presentation of work (e.g. oral presentation, poster presentation)
 - Others (specify)
- Does not significantly affect the patient's learning

2. Medications and treatments necessary for the patient (e.g., continuous physical therapy, close follow-up treatment) within the past 6 months:

- Affects the following aspects of learning (can select more than one):
 - Travel and access to the learning place
 - Classroom learning / Research / Practical training
 - Academic literature and research document review/ research location
 - Writing articles/research papers
 - Interaction with others
 - Presentation of work (e.g. oral presentation, poster presentation)
 - Others (specify)
- Does not significantly affect the patient's learning

3. Other opinions that may be beneficial for Chiang Mai University in caring for the patient (if any):

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Signature:

(.....)

(Attending Physician)