# Urine Examination Form

1. **Sample collection date**: [Date] (ตัวอย่าง 23/01/2559)
2. **Examination date**: [Date] (ตัวอย่าง 27/01/2559)

3. **Urine examination results**
   - [ ] 0. Parasite negative
   - [ ] 1. Parasite positive

4. **Treatment prescribed**
   - [ ] 0. No
   - [ ] 1. Yes, Drug

Form completed by [Name] Date completed [Date]