



MEDICAL EXAMINATION OF VISA APPLICANT

PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED (IF NOT APPLICABLE WRITE (N/A))

PLACE		DATE	<p>APPLICANT'S PHOTOGRAPH 2 in. x 2 in.</p> <ol style="list-style-type: none"> Picture taken within the past 6 months Front View Without eyeglasses Name and Signature on front of photograph <p>Staple or paste photo here</p>
CITY		COUNTRY	
I CERTIFY THAT ON THE ABOVE DATE I EXAMINED			
NAME			
AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITIZENSHIP	

**And that under Philippine Immigration Regulations the applicant should be classified as follows:
(encircle the appropriate class)**

CLASS A	<p><u>DANGEROUS CONTAGIOUS DISEASES</u> Chancroid, Gonorrhoea, Granulome, Inguinale, Leprosy (Infectious), Lymphogranuloma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active), and AIDS</p> <p><u>SERIOUS MENTAL DISORDERS</u> Mental Retardation (mental deficiency), Insanity, Antisocial Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism</p>
CLASS B	<p><u>IF NOT CLASS A</u> Person having physical defects, disease or disability serious in degree or permanent in nature that will impair his or her ability to earn a living as to make them likely to be a public charge</p>
CLASS C	<p><u>MINOR CONDITIONS</u></p>

MEDICAL CONDITIONS

- Pertinent medical history:
- Significant physical examination:
- Chest X-ray report: (For ages 11 yrs. and above)
- Present X-ray film (14 x 17 inches)
- Laboratory Examination : (Attach laboratory reports)
 - A: Blood serology: (Ages 15 years and above)
 - B: Urine: (Ages 1 year and above)
 - C: Stool: (Ages 1 year and above)
 - D: Other examination(s) if necessary:
- Not physically and mentally defective or diseased

Examining Physician (Print Full Name)

Address and Telephone Number(s)

Signature of Examining Physician