FOREIGN SERVICE OF THE PHILIPPINES

1REVISED 23 JANUARY 2008 (USA)

MEDICAL EXAMINATION OF VISA APPLICANT

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

PLACE	DATE
CITY	COUNTRY

APPLICANT'S PHOTOGRAPH
2 in. x 2 in.

1. Picture taken within the past 6 months
2. Front View
3. Without eyeglasses
4. Name and Signature on front of photograph

Staple or paste photo here

I CERTIFY THAT ON THE ABOVE DATE I EXAMINED

NAME		
AGE	SEX ☐ MALE ☐ FEMALE	CITIZENSHIP

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

CLASS A	**DANGEROUS CONTAGIOUS DISEASES** **Chancroid, Gonorrhea, Granulome, Inguinale, Leprosy (Infectious), Lymphogranuluma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active), and AIDS** **SERIOUS MENTAL DISORDERS** **Mental Retardation (mental deficiency), Insanity, Antisocial Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism**
CLASS B	**IF NOT CLASS A** **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**
CLASS C	**MINOR CONDITIONS**

MEDICAL CONDITIONS

1. **Pertinent medical history:**
2. **Significant physical examination:**
3. **Chest X-ray report: (For ages 11 yrs. and above)**
   - Present X-ray film (14 x 17 inches)
4. **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:**
5. **Not physically and mentally defective or diseased**

Examining Physician (Print Full Name)

Address and Telephone Number(s)

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Signature of Examining Physician