

FOREIGN SERVICE OF THE PHILIPPINES

MEDICAL EXAMINATION OF VISA APPLICANTS

PHOTO
1 1/2 X 1 1/2
INCHES

Place	Date
-------	------

At the request of the Philippine Consul at	City
---	------

Country

I certify that the above date I examined

Name	Age	Sex	Citizenship
------	-----	-----	-------------

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

CLASS A	<p><u>DANGEROUS CONTAGIOUS DISEASES</u></p> <p>Chancroid, Gonorrhoea, Granuloma Inguinale, Leprosy (infectious) Lymphogranuloma Venereum, Syphilis (Infectious Stage), Tuberculosis (Active), and AIDS *</p> <p><u>SERIOUS MENTAL DISORDERS</u></p> <p>Mental retardation (mental deficiency), Insanity, Previous occurrence of one or more attacks of insanity, Antisocial personality, Mental defects, Epilepsy, Sexual deviation, Narcotic drug addiction, Chronic Alcoholism</p>
CLASS B	<p><u>IF NOT CLASS A</u></p> <p>Person having physical defect, disease or disability serious in degree or permanently in nature that will impair their ability to earn a living as to make them likely to be a public charge.</p>
CLASS C	<p>Minor Conditions</p>

MEDICAL RECORDS

1. Pertinent medical history :
2. Significant physical examination :
3. Chest X-ray report : (for ages 4 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)



Examining Physician	Address
---------------------	---------