

FOREIGN SERVICE OF THE PHILIPPINES**MEDICAL EXAMINATION OF VISA APPLICANTS****PHOTO**

PLACE

DATE

At the request of the Philippine

Embassy at _____ City _____

Country _____

I certify that on the above date I examined

NAME

AGE

SEX

CITIZENSHIP

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

CLASS A**DANGEROUS CONTAGIOUS DISEASES**

Chancroid, Gonorrhea, Granuloma, Inguinale, Leprosy (Infectious), Lymphogranuloma Venereum, Syphilis (Infectious State, and Tuberculosis (Active)

SERIOUS MENTAL DISORDERS

Mental Retardation (mental deficiency) Insanity, previous occurrence of one or more attacks of insanity, antisocial personality, Mental defect, 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 permanently in nature that will impair their ability to earn a living as to make them likely to be public charge.

CLASS C

Minor Conditions

MEDICAL RECORDS

1. Pertinent medical history;
2. Significant physical examination;
3. Chest X-ray report (for ages 11 yrs and above)

Present X-ray file (14x17 inches or CD)

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 examinations if necessary

5. HIV/AIDS examination/Test

EXAMINING PHYSICIAN (Please Print)

SIGNATURE

NAME OF CLINIC OR HOSPITAL

ADDRESS

NOTE: PLEASE PREPARE SEPARATE AIDS TEST REPORT