



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	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
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	<u>DANGEROUS CONTAGIOUS DISEASES</u> Chancroid, Gonorrhea, Granuloma Inguinale, Leprosy (Infectious), Lymphogranuloma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active), and AIDS <u>SERIOUS MENTAL DISORDERS</u> Mental Retardation (mental deficiency), Insanity, Antisocial Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism
CLASS B	<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
CLASS C	<u>MINOR CONDITIONS</u>

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)

 Signature of Examining Physician