



DEC 2018

MEDICAL CERTIFICATE 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. Write name at front bottom 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, Gonorrhoea, Greuloms, Inguinale, Leprosy (Infectious) Lymphogranulums 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 permanently in nature that will impair their ability to learn 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 nor mentally defective or diseased _____

Examining Physical (Print Full Name)

Address and Telephone Number(s)

 Signature of Examining Physician