FOREIGN SERVICE OF THE PHILIPPINES  
CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES  
NEW YORK, NEW YORK

MEDICAL CERTIFICATE OF VISA APPLICANT

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

PLACE  DATE

CITY  COUNTRY

I CERTIFY THAT ON THE ABOVE DATE I EXAMINED

NAME

AGE  SEX  MALE  FEMALE  CITIZENSHIP

I CERTIFY THAT ON THE ABOVE DATE I EXAMINED

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

CLASS A

DANGEROUS CONTAGIOUS DISEASES
Chancroid, Gonorrhea, Greuloms, Inguinale, Leprosy (Infectious) Lymphogranulums 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 permanently in nature that will impair their ability to learn 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 nor mentally defective or diseased _______________________________

Examining Physical (Print Full Name)

Address and Telephone Number(s)

Signature of Examining Physician