

FOREIGN SERVICE OF THE PHILIPPINES

MEDICAL CERTIFICATE OF VISA APPLICANT

Place		Date	PHOTO 1 ½ x 1 ½
At the request of the Philippine Consul 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: (Encircle the appropriate class)			
CLASS A	<b>DANGEROUS CONTAGIOUS DISEASES</b> Chancroid, Gonorrhea, Granuloma, Inguinale, Leprosy (infectious), Lymphogranuloma Venereum, Syphilis (infectious stage), and Tuberculosis (active) <b>SERIOUS MENTAL DISORDERS</b> 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		
CLASS B	<b>IF NOT CLASS A</b> Person having physical defect, disease or disability serious in degree or permanent in nature that will impair his ability to earn a living, as to make him likely to be a public charge		
CLASS C	Minor Conditions		
<p align="center"><b>MEDICAL RECORDS</b></p> 1. Pertinent medical history 2. Significant physical examination 3. Chest X-ray report: (for ages 11 years 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  ( ) Not physically and mentally defective or diseased ( ) AIDS Test			
Examining Physicians		Address	