



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	
<b>I CERTIFY THAT ON THE ABOVE DATE I EXAMINED</b>			
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)**

<b>CLASS A</b>	<u><b>DANGEROUS CONTAGIOUS DISEASES</b></u> Chancroid, Gonorrhoea, Granulome, Inguinale, Leprosy (Infectious), Lymphogranuloma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active), and AIDS  <u><b>SERIOUS MENTAL DISORDERS</b></u> Mental Retardation (mental deficiency), Insanity, Antisocial Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism
<b>CLASS B</b>	<u><b>IF NOT CLASS A</b></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
<b>CLASS C</b>	<u><b>MINOR CONDITIONS</b></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)

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 Signature of Examining Physician