**MEDICAL CERTIFICATE OF VISA APPLICANT**

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| **PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED (IF NOT APPLICABLE WRITE (N/A)** |
| PLACE | DATE | APPLICANT’S PHOTOGRAPH2 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 past photo here |
| CITY | COUNTRY |
| **I CERTIFY THAT ON THE ABOVE DATE I EXAMINED** |
| NAME |
| AGE | SEX c MALE c FEMALE | CITIZENSHIP |
| **And that under Philippine Immigration Regulations the applicant should be classified as follows:****(check the appropriate class** |
|  |
| **c CLASS A** | **DANGEROUS AND/OR CONTAGIOUS DISEASE** Chancroid, Gonorrhea, Grenolome Inguinale, Leprosy (Infectious), Lymphogranuloms Venerum, Syphilis (infectious stage), Tuberculosis (active) and AIDS |
| **SERIOUS MENTAL DISORDER** Mental retardation (mental deficiency), insanity, previous occurrence of one or more attacks of insanity, antisocial personality, mental defects, Epilepsy, sexual deviation, narcotic drug addiction and chronic alcoholism |
| **c CLASS B** | Persons having diseases or defects that will impair their ability to earn a living as to make them likely to be a public charge. |
| **c CLASS C** | Persons having diseases or defects that do not come under Class A or B. |
| **c CLASS D** | No physical or mental defects/disability. |
| **MEDICAL CONDITIONS**1. **Pertinent medical history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Significant physical examination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Chest X-ray report: (For ages 11 years and above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Present X-ray film (14x17 inches) or CD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. **Laboratory Examination: (Attach laboratory reports):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Blood serology: (Ages 15 years and above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Urine: (Ages 1 year and above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Stool: (Ages 1 year and above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
5. **Other examination(s) if necessary:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
6. **Not physically nor mentally defective or diseased:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
 |
| Examining Physician (Print Full Name):Address and Telephone Number/s:Signature of Examining Physician |