

FOREIGN SERVICE OF THE PHILIPPINES

MEDICAL CERTIFICATE OF VISA APPLICANT

Place	Date	<b>PHOTO</b> 1 ½ x 1 ½
At the request of the Philippine Consul at	City : Sydney Country : Australia	
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	<p><b><u>DANGEROUS CONTAGIOUS DISEASES</u></b> Chancroid, Gonorrhoea, Granuloma, Inguinale, Leprosy (infectious), Lymphogranuloma Venereum, Syphilis (infectious stage), and Tuberculosis (active).</p> <p><b><u>SERIOUS MENTAL DISORDERS</u></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</p>	
CLASS B	<p><b><u>IF NOT CLASS A</u></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</p>	
CLASS C	Minor Conditions	
<b>MEDICAL RECORDS</b>		
<p>1. Pertinent Medical History</p> <p>2. Significant Physical Examination</p> <p>3. Chest X-Ray report (for ages 11 years and above)</p> <p>4. Laboratory Examination <span style="float: right;">(Attach Laboratory Reports)</span></p> <p style="padding-left: 20px;">a.) Blood Serology <span style="float: right;">(Ages 15 years and above)</span></p> <p style="padding-left: 20px;">b.) Urine <span style="float: right;">(Ages 1 year and above)</span></p> <p style="padding-left: 20px;">c.) Stool <span style="float: right;">(Ages 1 year and above)</span></p> <p style="padding-left: 20px;">d.) Other examination(s) if necessary</p> <p style="padding-left: 20px;">( ) Not physically and mentally defective or diseased</p>		
Examining Physician(s)	Address	