

PASTE ONE RECENT
PASSPORT
PHOTO
SIGNED ON THE
BOTTOM FRONT

FOREIGN SERVICE OF THE PHILIPPINES MEDICAL EXAMINATION OF VISA APPLICANTS

Place	Date
At the request of the Philippine Embassy London, United Kingdom	City Country

I certify that on the above date I examined

Name:	Age	Sex	Citizenship
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And that under the Philippine Immigration Regulations the applicant should be classified as follows:
(*enclosed the appropriate class*)

CLASS A

DANGEROUS CONTAGIOUS DISEASES

Chancroid, Gonorrhea, Granuloma, Inguinale, Leprosy (*infectious*), Lymphogranuloma Venereum, Syphilis (*infectious state*), and Tuberculosis (*Active*).

SERIOUS MENTAL DISORDERS

Mental Retardation (*mental deficiency*), Insanity, previous occurrence of one or more Attacks of insanity, antisocial personality, Mental Defect, 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 permanent in nature that will impair their ability to earn a living as to make them likely to be public charge

CLASS C

Minor Conditions

MEDICAL RECORDS

Pertinent medical history:

Significant physical examination:

Chest X-ray report: (*For ages 11 years and above*)

Present X-ray in digital image (CD) format

Laboratory Examination (*Attach original laboratory reports*)

a) Blood serology (*Ages 15 years and above*)

- Full blood count
- Liver function test
- U and E's
- Blood serum VRDL

b) Urinalysis (*Ages 1 year and above*)

c) Routine stool examination for parasites (*Ages 1 year and above*)

d) Other examinations if necessary

Physician's Signature