

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 : Canberra 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>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</p>		
CLASS C	Minor Conditions		
<b>MEDICAL RECORDS</b>			
1. Pertinent Medical History 2. Significant Physical Examination 3. Chest X-Ray report (for ages 11 years and above) 4. Laboratory Examination			
		(Attach Laboratory Reports) (Ages 15 years and above) (Ages 1 year and above) (Ages 1 year and above)	
		a.) Blood Serology b.) Urine c.) Stool d.) Other examination(s) if necessary	
( ) Not physically and mentally defective or diseased			
Examining Physician(s)		Address	