

FOREIGN SERVICE OF THE PHILIPPINES

MEDICAL CERTIFICATE OF VISA APPLICANT

Place		Date	PHOTO 1 ½ x 1 ½
At the request of the Philippine Consul at	City : Melbourne 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	<u>DANGEROUS CONTAGIOUS DISEASES</u> Chancroid, Gonorrhea, Granuloma, Inguinale, Leprosy (infectious), Lymphogranuloma Venereum, Syphilis (infectious stage), and Tuberculosis (active). <u>SERIOUS MENTAL DISORDERS</u> 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		
CLASS B	IF NOT CLASS A 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		
CLASS C	Minor Conditions		
MEDICAL RECORDS 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) 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 () Not physically and mentally defective or diseased			
Examining Physician(s)		Address	