

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
-------	-----	-----	-------------

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

CLASS A

DANGEROUS CONTAGIOUS DISEASES

Chancroid, Gonorrhoea, 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 film 11" x 17"

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 signature