



MEDICAL EXAMINATION FOR IMMIGRANT VISA APPLICANT

Date of report
(day-month-year)

Foreign Service Post: BERNE GENEVA

MEDICAL EXAMINATION FOR IMMIGRANT VISA APPLICANT

At the request of the _____, I certify that on _____ (date of examination) at _____ (place of examination), I examined _____ (full name) _____ years old (age), male female, and that under the Philippine Immigration Regulations, the applicant should be classified as follows (check the appropriate class):

<input type="checkbox"/> CLASS A	<u>DANGEROUS AND OR CONTAGIOUS DISEASES</u> Chancroid, Gonorrhoea, Grelome Inguinale, Leprosy (infectious), Lymphogranuloms Venerum, Syphilis (infectious stage), Tuberculosis (active) and AIDS.
	<u>SERIOUS MENTAL DISORDER</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 and chronic alcoholism.
<input type="checkbox"/> CLASS B	Persons having diseases or defects that will impair their ability to earn a living as to make them likely to be a public charge.
<input type="checkbox"/> CLASS C	Persons having diseases or defects that do not come under Class A or B.
<input type="checkbox"/> CLASS D	No physical or mental defects/disability.

MEDICAL RECORD

1. Pertinent Health Information (History):
2. Significant findings on Physical examination:
3. Laboratory examinations (ATTACH LABORATORY REPORTS): <ul style="list-style-type: none"> ➤ Stool (OVA and Parasite) ➤ Urinalysis ➤ Blood Serology: RPR/VDRL ➤ Other Examination(s), if necessary
4. CHEST X-RAY REPORT
5. REMARKS

(NAME OF EXAMINING PHYSICIAN)

(CLINIC/HOSPITAL)