FOREIGN SERVICE OF THE PHILIPPINES
Philippine Consulate General in Agana
ITC Building, Tamuning, Guam, USA

1REVISED 23 JANUARY 2008 (USA)

MEDICAL EXAMINATION OF VISA APPLICANT

PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED (IF NOT APPLICABLE WRITE (N/A)

PLACE	DATE
CITY	COUNTRY

APPLICANT'S PHOTOGRAPH
2 in. x 2 in.

1. Picture taken within the past 6 months
2. Front View
3. Without eyeglasses
4. Name and Signature on front of photograph

Staple or paste photo here

I CERTIFY THAT ON THE ABOVE DATE I EXAMINED

NAME		
AGE	SEX ☐ MALE ☐ FEMALE	CITIZENSHIP

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

CLASS A	**DANGEROUS CONTAGIOUS DISEASES** **Chancroid, Gonorrhea, Granulome, Inguinale, Leprosy (Infectious), Lymphogranuluma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active), and AIDS** **SERIOUS MENTAL DISORDERS** **Mental Retardation (mental deficiency), Insanity, Antisocial Personality, Mental Defects, 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 his or her ability to earn a living as to make them likely to be a public charge**
CLASS C	**MINOR CONDITIONS**

MEDICAL CONDITIONS

1. **Pertinent medical history:**
2. **Significant physical examination:**
3. **Chest X-ray report: (For ages 11 yrs. and above)**
   - Present X-ray film (14 x 17 inches)
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:**
5. **Not physically and mentally defective or diseased**

Examining Physician (Print Full Name)

Address and Telephone Number(s)

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Signature of Examining Physician