

FOREIGN SERVICE OF THE PHILIPPINES
Philippine Consulate General
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 Tel. no. (415) 433-6666 or 69 Fax no. (415)421-2641
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MEDICAL EXAMINATION OF VISA APPLICANTS

Place	Date	PHOTO
At the request of the Philippine Consulate General, 30 N. Michigan Avenue, Suite 2100, Chicago, Illinois U.S.A.	City	
	Country	

I certify that on the above date, I examined

Name	Age	Sex	Citizenship
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and that under the Philippine Immigration Regulations, I found the applicant to be under the following classification: (Encircle the appropriate class)

CLASS A	Idiots, insane persons, person who had been insane, persons afflicted with epilepsy or loathsome or dangerous contagious diseases as: tuberculosis, venereal disease, trachoma, ringworm, scalp, nail or beard, actinomycosis, favus blastomycosis mycetoma, leprosy, yaws, amebiasis, leishmaniasis, filiarisis, schistosomiasis, parago nomiasis.
CLASS B	If not Class A: Persons having diseases or defects that will impair their ability to earn a living as to make them likely to be a public charge.
CLASS C	Persons having diseases or defects that do not come under Class A or B
CLASS D	IN GOOD PHYSICAL AND MENTAL CONDITION

MEDICAL RECORDS / EVALUATIONS

1. Pertinent medical history
2. Significant physical examination
3. Chest X-ray report: (for ages 11 yrs. and above
pls. attach X-ray film, 14 X 17 inches)
4. Laboratory Examination: (pls. attach ff. laboratory reports)
 - a. Blood serology (for ages 15 years and above)
 - b. Urine (for ages 1 year and above)
 - c. Stool (for Ages 1 year and above)
 - d. Other examination(s), if necessary
5. Remarks

Examining Physician (Print Full Name)	Address
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Signature of Examining Physician

Medical examination form should be notarized if examining physician is not accredited with this Consulate General