

FOREIGN SERVICE OF THE PHILIPPINES
Consulate General of the Philippines, Honolulu, Hawai'i

MEDICAL EXAMINATION OF VISA APPLICANT

Place	Date	PHOTO
At the request of the Philippine Consulate General, 2433 Pali Highway, Honolulu HI, USA	City	
	Country	

I certify that on the above date, I examined

Name	Age	Sex	Citizenship
------	-----	-----	-------------

And that under 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, filariasis, 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
--	---------

Signature of Examining Physician