

FOREIGN SERVICE OF THE PHILIPPINES

Medical Examination of Visa Applicant

At the request of the Philippine Consul / Consul General in TEHRAN, Islamic Republic of Iran		PASTE PASSPORT-SIZE PHOTO
I certify that I have examined		
1)		
Name of Visa Applicant		
2) Date of Birth:	3) Place of Birth	
4) Gender	5) Nationality	
[ ] Male	6) Age	
[ ] Female		

(Physician should ENCIRCLE appropriate class)  
And that under the classification for Philippine Immigration requirements, recommend the applicant to be classified under:

<b>CLASS A</b>	<b>DANGEROUS CONTAGIOUS DISEASE</b>
	Chancroid / Gonorrhoea / Granuloma Inguinale Tuberculosis (active) / Leprosy (infectious) Lymphogranuloma Venereum / Syphilis (infectious stage) Acquired Immuno-Deficiency Syndrome (AIDS)
	<b>SERIOUS MENTAL DISORDER</b>
	Mental retardation (mental deficiency) / insanity. Previous occurrence of one or more attacks of insanity, antisocial personality. Mental defects. Epilepsy. Sexual deviation. Narcotic drug addiction. Chronic alcoholism.
<b>CLASS B</b>	<b>IF NOT CLASS A</b>
	Person having physical defect, 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 a public charge.
<b>CLASS C</b>	<b>MINOR CONDITIONS</b>

MEDICAL RECORDS for SUBMISSION

1. Pertinent medical history				
2. Significant physical examination				
3. Chest x-ray report (for ages 11 years old and above). Include x-ray film / 14 x 17 inches				
4. Laboratory Examinations (attach laboratory results) for the following:				
a) Blood serology (for 15 yrs old above)	b) Urine (for 7 year old and above)	c) Stool (for 7 years old and above)	d) Others (if necessary)	e) Medical clearance against AIDS

FINDINGS

[ ] Not physically and mentally defective or diseased      [ ] Physically and mentally defective or diseased

Name and Signature of Examining Doctor/Physician:	
Name of Hospital / Clinic:	
Address of Hospital / Clinic:	
Telephone / Email:	
Date of Examination	