



CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES
 Generalkonsulat der Republik der Philippinen
 Frankfurt

MEDICAL EXAMINATION FOR VISA APPLICANT

At the request of the Philippine Consulate General, Frankfurt, I certify that on _____, at _____,
date of examination *place of examination*

I examined _____,
full name of patient / visa applicant
 _____ years old, male / female, _____,
age *citizenship*

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 CONTAGEOUS DISEASE</u> Chancroid, Gonorrhea, Grenolome 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

Pertinent Health Information (Medical History):
Significant findings on physical examination:
Laboratory examinations (Attach laboratory reports): <ul style="list-style-type: none"> • Stool (OVA and Parasite) • Urinalysis • Blood Serology: RPR/VDRL • Other examinations, if necessary
Chest X-ray report
Remarks:

 NAME AND SIGNATURE OF
 EXAMINING PHYSICIAN

 CLINIC/HOSPITAL