



REVISED 23 MAY 2025 (CANADA)

### MEDICAL EXAMINATION OF VISA APPLICANT

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

PLACE		DATE	<p>APPLICANT'S PHOTOGRAPH 2 in. x 2 in.</p> <p>1. Picture taken within the past 6 months 2. Front View 3. Without eyeglasses 4. Name and Signature on front of photograph</p> <p>Staple or paste photo here</p>
CITY		COUNTRY	
I CERTIFY THAT ON THE ABOVE DATE I EXAMINED			
NAME			
AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITIZENSHIP	

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

<b>CLASS A</b>	<p><b><u>DANGEROUS CONTAGIOUS DISEASES</u></b> Chancroid, Gonorrhea, Granuloma, Inguinale, Leprosy (Infectious), Lymphogranuloma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active), and AIDS</p> <p><b><u>SERIOUS MENTAL DISORDERS</u></b> Mental Retardation (mental deficiency), Insanity, Antisocial Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism</p>
<b>CLASS B</b>	<p><b><u>IF NOT CLASS A</u></b> 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</p>
<b>CLASS C</b>	<p><b><u>MINOR CONDITIONS</u></b></p>

#### 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