Visa - Medical Certificate Form

REPUBLIC OF THE PHILIPPINES

PHILIPPINE EMBASSY IN SEOUL, SOUTH KOREA

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THIS APPLICATION FORM MAY BE REPRODUCED AND IS NOT FOR SALE. PLEASE FILL-OUT THE FORM IN ENGLISH.

MEDICAL CERTIFICATE FORM

PLACE	DATE	APPLICANT'S PHOTO
		1. 2x2 inches
CITY	COUNTRY	2. Picture taken within the past 6 months 3. Front View 4. Without eyeglasses
		5. Write name at front bottom of photograph

I CERTIFY THAT ON THE ABOVE DATE, I EXAMINED:		
LAST NAME	**FIRST NAME**	**MIDDLE NAME**
AGE	**SEX**	**CITIZENSHIP**
	[ ] MALE [ ] FEMALE	
DATE OF BIRTH	**PLACE OF BIRTH**	**CIVIL STATUS**
		[ ] SINGLE [ ] MARRIED [ ] WIDOWED [ ] ANNULLED

UNDER PHILIPPINE IMMIGRATION REGULATIONS THE APPLICANT SHOULD BE CLASSIFIED AS FOLLOWS: (ENCIRCLE THE APPROPRIATE CLASS)	
CLASS A	**DANGEROUS CONTAGIOUS DISEASE** Chancroid, Gonorrhea, Granuloma Inguinale, Leprosy (infectious), Lymphogranuloma Venecum, Syphilis (infectious stage), Tuberculosis **SERIOUS MENTAL DISORDER** Mental Retardation (Mental Deficiency), Insanity, Anti-Social Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism
CLASS B	**IF NOT CLASS A** The applicant has physical defects, disease, or disability serious in degree or permanent that will impair the Applicant's ability to earn a living and likely make him/her a public charge.
CLASS C	Applicant has a Minor Condition

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 serolory: (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:
 ● Not physically and mentally defective or diseased

NAME OF EXAMINING PHYSICIAN	
CONTACT NO.	
ADDRESS	
SIGNATURE	