

FOREIGN SERVICE OF THE PHILIPPINES

MEDICAL CERTIFICATE OF VISA APPLICANT

Place		Date	PHOTO 1 ½ x 1 ½
At the request of the Philippine Embassy at	City : Muscat Country : Oman		
I certify that on the above date, I examined: Name: _____ Age: ____ Sex: ____ Citizenship: _____			
And that under the Philippine Immigration Regulations, the applicant should be classified as follows: (Encircle the appropriate class)			
CLASS A	<u>DANGEROUS CONTAGIOUS DISEASES</u> Chancroid, Gonorrhea, Granuloma, Inguinale, Leprosy (infectious), Lymphogranuloma Venereum, Syphilis (infectious stage), and Tuberculosis (active). <u>SERIOUS MENTAL DISORDERS</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, Chronic Alcoholism		
CLASS B	IF NOT CLASS A Person having physical defect, disease or disability serious in degree or permanent in nature that will impair his ability to earn a living, as to make him likely to be a public charge		
CLASS C	Minor Conditions		
MEDICAL RECORDS 1. Pertinent Medical History 2. Significant Physical Examination 3. Chest X-Ray report (for ages 11 years and above) 4. Laboratory Examination <div style="text-align: right;">(Attach Laboratory Reports)</div> <div style="margin-left: 40px;"> 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 </div> <div style="margin-left: 40px;">() Not physically and mentally defective or diseased</div> <div style="margin-top: 20px;"> Examining Physician(s) _____ Address _____ </div>			