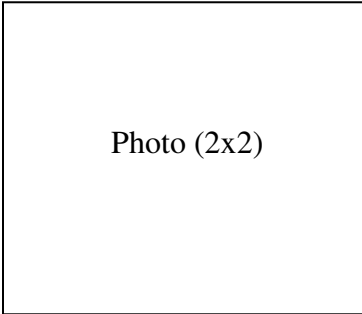


**FOREIGN SERVICE OF THE PHILIPPINES
MEDICAL EXAMINATION OF VISA APPLICANTS**



Place	Date
At the request of the Philippine Consul at the Philippine Consulate General in Toronto	City TORONTO
	Country CANADA

Passport No.: _____ *I certify that on the above date I was examined*

Passport Name	Age	Sex	Citizenship
Surname	First Name	Middle Name	

*and then under the Philippine Immigration Regulations the applicant
should be classified as follows: (Encircle the appropriate class)*

BUREAU OF QUARANTINE Alien Status _____ Date of Arrival _____ Conveyance _____ Date Examined _____ Medical Officer _____ Supervisor _____ Philippine Address: _____ _____ Foreign Home Address: _____ _____ Contact No.: _____	Class	<i>DANGEROUS CONTAGIOUS DISEASE</i>	
	A	Chancroid, Gonorrhoea, Granuloma Inguinale, Leprosy (Infectious), Lymphogranuloma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active)	
		<i>SERIOUS MENTAL DISORDER</i>	
			Mental Retardation (Mental Deficiency), Insanity, Previous Occurrence of one or more attacks of Insanity, Anti-Social Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism
			<i>If not Class A</i>
B	Persons having physical defects, 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		
C		<i>MINOR CONDITIONS</i>	

MEDICAL RECORDS

1. Pertinent Medical History:
2. Significant Medical Examination:
3. Chest X-ray original Report: (Age 11 yrs. and above)
Present recent x-ray film (14x17 inches) or C.D.
4. Laboratory Examinations: (Attach original laboratory reports)
 - a. Blood Serology: RPR/VDRL (Ages: 15 yrs and above)
 - b. Urinalysis: (Age: 1 yr and above)
 - c. Stool (Ova and Parasite): (Age: 1 yr and above)
 - d. Other examination(s) if necessary:
 Not physically and mentally defective or diseased

QUARANTINE MEDICAL OFFICER

BOQ ADDRESS

Receipt no.: _____