

FA FORM NO. 11 Revised Under FSC 20-87			PHOTO 1 ½ X 1 ½ inches
FOREIGN SERVICE OF THE PHILIPPINES			
MEDICAL EXAMINATION OF VISA APPLICANTS			
Place	Date		
At the request of the Philippine Consul at	City		
	Country		
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> Chaneroid, Gonorrhea, Grenulome Inguinale, Leprosy, (infectious), Lymphogranuloms Venereum, Syphilis (Infectious Stage), and Tuberculosis (Active), 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, Chronic alcoholism.		
CLASS B	<u>IF NOT CLASS A</u> Person having physical defect, disease or disability serious in degree or permanently in nature that will impair their ability to earn a living as to make them 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 yrs. And above) Present X-ray film 14x17 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. Medical clearance against AIDS virus <input type="checkbox"/> not physically and mentally defective or diseased			
Examining Physician		Address	