

<b>PHILIPPINE EMBASSY STOCKHOLM, SWEDEN</b>		Attach applicant's signed 5 x 5 cm recent ID photograph
<b>MEDICAL EXAMINATION OF VISA APPLICANT</b>		
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)		
<b>CLASS A</b>	<b>DANGEROUS CONTAGIOUS DISEASES:</b>  Chancroid, Gonorrhoea, Granuloma, Inguinale, Leprosy (Infectious), Lymphogranuloma Venereum, Syphilis (Infectious Stage), and Tuberculosis (Active), AIDS.  <b>SERIOUS MENTAL DISORDERS:</b>  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.	
<b>CLASS B</b>	<b>IF NOT CLASS A:</b>  Person having physical defect, disease or disability serious in degree or permanent in nature that will impair his/her ability to earn a living as to likely make him/her a public charge.	
<b>CLASS C</b>	Minor Conditions	
<b>MEDICAL RECORDS</b>		
Pertinent medical history: Significant physical examination: Chest X-ray report: (For age 11 years and above) (Present X-ray film 14 x 17 inches) 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 :		
<input type="checkbox"/> Not physically and mentally defective or has diseases (s).		
Examining Physician:	Address:	