CONSULATE GENERAL OF THE REPUBLIC OF THE PHILIPPINES
OSAKA, JAPAN

DFA Form No. 11

MEDICAL EXAMINATION OF VISA APPLICANT

Please type or print. Answers must be in English, legibly in BLOCK letters. Use BLUE or BLACK PEN and write "N/A" if not applicable.

PLACE OF MEDICAL EXAMINATION		**DATE**
CITY	**COUNTRY**	Applicant's Passport-size Photograph taken within the last 6 months **DO NOT STAPLE**
I CERTIFY THAT ON THE ABOVE DATE I EXAMINED		
NAME		
AGE	**SEX** ☐MALE ☐FEMALE	**CITIZENSHIP**

AND THAT UNDER PHILIPPINE IMMIGRATION REGULATIONS, THE APPLICANT SHOULD BE CLASSIFIED AS FOLLOWS:
ENCIRCLE THE APPROPRIATE CLASS

CLASS A	**DANGEROUS CONTAGIOUS DISEASES** **Chancroid, Gonorrhea, Granuloma Inguinale, Infectious Leprosy, Lymphogranuloma Venereum, Syphilis (infectious stage), Active Tuberculosis, and AIDS** **SERIOUS MENTAL DISORDERS** **Mental retardation (mental deficiency), insanity, antisocial personality, mental defects, epilepsy, sexual deviation, narcotic drug addiction, chronic alcoholism**
CLASS B	**IF NOT CLASS A** **Person having physical defects, disease, or disability serious in degree or permanently in nature that will impair their ability to learn a living as to make them likely to be a public charge**
CLASS C	**MINOR CONDITIONS**

MEDICAL CONDITIONS

PERTINENT MEDICAL HISTORY

SIGNIFICANT PHYSICAL EXAMINATION

CHEST X-RAY REPORT

FOR AGES 11 YEARS OLD AND ABOVE: _____

PRESENT X-RAY FILM (14 X 17 INCHES): _____

LABORATORY EXAMINATION *(attach laboratory reports)*

A. Blood Serology (*ages 15 years old and above*): _____

B. Urine (*ages 1 year old and above*): _____

C. Stool (*ages 1 year old and above*): _____

D. Other examination(s) if necessary: _____

NOT PHYSICALLY NOR MENTALLY DEFECTIVE OR DISEASED

EXAMINING PHYSICIAN

FULL NAME _____
ADDRESS _____
_____
CONTACT NUMBER _____
EMAIL ADDRESS _____

_____
Signature over Printed Name