



**EMBASSY OF THE REPUBLIC OF THE PHILIPPINES**

Oslo

Visiting Address: Nedre Vollgate 4, 0158 Oslo, Norway  
www.philembassy.no

Applicant's recent picture, front view, without glasses (passport size)

Do not attach scanned pictures.

Signature on front of picture

**MEDICAL EXAMINATION OF VISA APPLICANT**  
At the request of the Embassy of the Republic of the Philippines, Oslo, NORWAY

*Please fill in the blanks completely and correctly and all entries must be in CAPITAL LETTERS. This form should be filled out in duplicate, the original to be given to the applicant and the duplicate copy to be filed at the Consulate.*

Place _____ <small>(Hospital/Clinic/Institution)</small>	Date of Examination
Address:	

**I certify that the above date I examined**

NAME: _____		
Last Name	First Name	Middle Name
AGE: _____	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	CITIZENSHIP: _____

And that under the Philippine Immigration Regulations the applicant should be classified as follows:  
(Encircle the appropriate class)

<b>CLASS A</b>	<p><b>DANGEROUS CONTAGIOUS DISEASE</b> Chancroid, Gonorrhea, Grenolome Inguinate, Leprosy (Infectiuos) Lympho-Granuloms Venereum, Syphilis (Infectious Stage), Tuberculosis (Active), and AIDS *</p> <p><b>SERIOUS MENTAL DISORDERS</b> 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</p>
<b>CLASS B</b>	<p><b>IF NOT CLASS A</b> 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.</p>
<b>CLASS C</b>	<b>Minor Conditions</b>

- MEDICAL RECORDS**
1. Pertinent medical history:
  2. Significant physical examination:
  3. Chest X-ray report: (for ages 4 yrs. and above)  
(negative, standard size, or in CD (preferable), to be presented to the Embassy and hand carried to the Philippines.)
  4. Laboratory Examination: (Attach laboratory reports)
    - i. Blood serology : (Ages 15 years and above)
    - ii. Urine : (Ages 1 year and above)
    - iii. Stool : (Ages 1 year and above)
  5. Not physically and mentally defective or diseased

<p><b>Examining Physician</b></p> <p>_____</p> <p align="center">Signature</p> <p>_____</p> <p align="center">Full Printed Name</p>	<p><b>Address</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
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