Examining Physician

1 11 0 1 0

		\$. % X & T . ***	/ 2"
MEDICAL	EXAMINATION	OF VISA APPLICANTS	
Place	*.	Date	
At the request of the Ph	ilippine	City	
Consul at		Country	i
I certify	that on the	a above date I examined	
Name		Age Sex Citizenship	7 1
And that under the Philip classified as follows: (En	pine Immigr circle the	ration Regulations the applicant sho appropriate class)	uld be
CLASS A	Char Lepr Syph (Act SERI Ment Prev insa Epil addi IF NOT CLA Pers	on having physical defect, disease o pility serious in degrade or permanen re that will impair their ability ng as to make them likely to be	osis insunity, is of defects, tic dru r tly in to earn
CLASS C	Minor	Conditions	
Pertinent medical histor Significant physical exa Chest X-ray report(For a (Present X-ray fill Laboratory Examination:(a. Blood serology:(Age b. Urine: (Age c. Stool: (Age d. Other examination)(mination: ges ll yrs, n (14x17 in Attach labo es 15 years es l year a es l year a s) if necess	and above) ches) ratory reports) and above) nd above) nd above) sary:	

Address

EMBASSY'S AUTHORIZED PHYSICIAN

DR S. K. VOHRA 62 KHAN MARKET NEW DELHI

> (TIMINGS: 10:00 to 1:00P.M. 4:30 P.M. to 7:00 P.M.

(MONDAY TO SATURDAY)

TEL.NOS.4618593 & 4690239