**DFA FORM NO. 11**

**MEDICAL EXAMINATION FOR VISA APPLICATION**

签证申请体检

Place 地点

Date 日期

APPLICANT'S PHOTOGRAPH

申请者照片

3.3cm x 4.8cm

1. Picture taken within the past 6 months

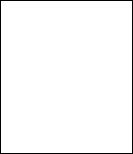
个月内拍摄的近照

2. Front View 正面

3. Without eyeglasses

无佩戴眼镜

4. White background 白底

At the request of the Philippine Consulate General in Xiamen, China, I certify that on the above date I examined

应菲律宾驻中国厦门总领事馆的要求，兹证明本人于上述日期为以下人员做过体检

(Name 姓名) (Age 年龄) (Sex 性别)

and that under the Philippine Immigration regulations, the applicant should be classified as follows

(check the appropriate class): 并根据菲律宾移民条例，申请者应分类如下（勾选适当的类别）:

|  |  |  |
| --- | --- | --- |
|  | **Class A A** 类 | **SERIOUS MENTAL DISORDERS:**  Mental retardation (mental deficiency); insanity; antisocial personality; mental defects;  epilepsy; sexual deviation; narcotic drug addiction; chronic alcoholism; and idiot. 严重精神疾病**:** 智力迟钝（智力缺陷）；精神错乱；反社会型人格障碍；心理缺陷；癫痫；性变态  ；麻醉药物成瘾；慢性酒精中毒；和弱智。  **DANGEROUS CONTAGIOUS DISEASES:**  Tuberculosis (active); venereal diseases; trachoma; ringworm of scalp, nail or beard; actinomycosis; favus;blastomycosis; mycetoma; leprosy (infectious); yaws; amoebiases; leishmaniasis; filariasis; schistosomiasis; paragonimiasis; chancroid; gonorrhea; greuloms; inguinale; lymphogranulums venerum; syphilis (infectious stage); and AIDS.  危险传染性疾病：  肺结核（活动性）；性病；颗粒性结膜炎；头皮、指甲或胡须癣；放射菌病；黄癣  ；芽生菌病；足分支菌病；麻风（传染性）；雅司病；阿米巴肠病；利什曼病；丝 虫病；血吸虫病；肺吸虫病；软下疳；淋病；腹股沟肉芽肿；性病淋巴肉芽肿；梅 毒（感染性阶段）；及艾滋病 |
|  | **Class B B** 类 | IF NOT CLASS A: Persons having diseases or defects that will impair their ability to earn a living and to make them likely to be a public charge.  如不属于A类：有严重或永久性身体缺陷、疾病或残疾，可能影响其谋生能力，使  其成为政府救济者的。 |
|  | **Class C C** 类 | Persons having diseases or defects that do not come under Class A or B.  患有不属于A、B类的疾病或者缺陷的。 |
|  | **Class D D** 类 | No physical or mental defect disease.  无身体或精神缺陷或疾病的 |

**Full Name and Signature of Examining Physician**

体检医师姓名和签名

Name of the Hospital (医院名称): Complete Address (详细地址): Telephone Number (电话号码):

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MEDICAL RECORD

医疗记录

1. Pertinent health information (history):

相关健康信息（历史）：

2. Significant findings on physical examination:

体检的重要发现：

3. Laboratory examinations (attach laboratory reports):

实验室检验项目（附实验室检验报告):

a. Stool

粪便

b. Urine

尿液

c. Blood

血液

d. Other examinations indicated

其他必要检查

4. Chest x-ray (attach x-ray report) :

胸部x光片（附x光报告）

5. Remarks:

意见

**Full Name and Signature of Examining Physician**

体检医师姓名和签名