

	MEDICAL EXAMINATION FOR SRRV APPLICANTS	SRRV APPLICATION NO. _____
	Republic of the Philippines BOARD OF INVESTMENTS PHILIPPINE RETIREMENT AUTHORITY 29/F Citibank Tower, Paseo de Roxas, Makati City, 1227 Philippines Tel. No. +632.848.1412 Fax +632.864.0597 Email: inquiry@pra.gov.ph Website: www.pra.gov.ph	Place passport size photo here not taken more than 6 months ago ____ ____
PLACE:	DATE	
At the request of the Philippine Retirement Authority		

I certify that on the above date I examined

Name:	Age:	Sex:	Citizenship:
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And that under the Philippine Immigration Regulations the applicant should be classified as follows: *(Encircle the appropriate class)*

Class A	DANGEROUS CONTAGIOUS DISEASE
	Chancroid, Gonorrhea, Granuloma Inguinale, Leprosy (Infectious), Lymphogranuloma Venereum, Syphilis (Infectious Stage), and Tuberculosis (Active)
	SERIOUS MENTAL DISORDER
	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
Class B	IF NOT CLASS "A"
	Persons having physical defects, disease or disability serious in degree or permanent in nature that will impair their ability to earn a living as to make them likely to be a public charge
Class C	MINOR CONDITIONS

M E D I C A L R E C O R D S

1. Pertinent Medical History:
2. Significant Physical Examination:
3. Chest X-ray report: (for ages 11 years & above)
Present recent x-ray film (14x17 inches)
4. Laboratory examination: (attach laboratory reports)
 - a. Blood Serology : RPR/VDRL (Ages: 15 yrs. and above)
 - b. Urinalysis : (Age: 1 yr. and above)
 - c. Stool (Ova and Parasite) : (Age: 1 yr. and above)
 - d. Other examination(s), if necessary
 () Not physically and mentally defective or diseased

EXAMINING PHYSICIAN / License No.:	SIGNATURE	DATE
_____	_____	_____
NAME OF CLINIC or HOSPITAL:	ADDRESS:	
_____	_____	

