	MEDICAL EXAMINATION FOR SRRV APPLICANTS	SRRV APPLICATION NO.: _____
	Republic of the Philippines DEPARTMENT OF TOURISM **PHILIPPINE RETIREMENT AUTHORITY** 29/F Citibank Tower, Paseo de Roxas, Makati City, 1227 Philippines Tel. No.: +632 8481412, FAX: +632 8481411, Email: inquiry@pra.gov.ph; Website: www.pra.gov.ph	Place passport size photo here not taken more than 6 months ago
PLACE:	DATE	
As requested by the Philippine Retirement Authority		

I certify that I was examined on the date stated above

Name:	Age:	Gender:	Nationality:

Under the Philippine Immigration Regulation, the applicant should be classified as follows:
(*Encircle the appropriate class)*

Class A	DANGEROUS AND CONTAGIOUS DISEASE
	Chancroid, Gonorrhea, Granuloma Inquinale, Leprosy (Infectious), Lymphogranuloma Venareum, Syphilis (Infectious Stage), and Tuberculosis (Active)
	SERIOUS MENTAL DISORDER
	Mental Retardation (Mental Deficiency), Insanity, Previous Occurrence of one or more attacks of Isanity, Anti-Social Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism
Class B	PHYSICAL DEFECTS AND DISORDER
	Physical defects, disease or disability serious in degree or permanent in nature that impairs the ability to earn a living as to make them likely to be a public charge
Class C	MINOR CONDITIONS

MEDICAL RECORD

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) : (Ages: 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: _____

MEDICAL CERTIFICATE FOR SRRV APPLICANTS