

**NATIONWIDE HEALTH SYSTEMS AUX, INC.**

2<sup>nd</sup> floor ZETA II Annex Bldg.  
191 Salcedo St. Legaspi Village, Makati City

**Instructions:** Print and fill out this form. This form will not be submitted to the embassy but it must contain all your contact information. There might be instances in which you may be required to repeat a laboratory examination, submit old medical records/certificates, or be referred to an accredited specialist. Applicants who would need to undergo Chest Specialist evaluation are referred to St. Luke's Extension Clinic. Payment made today does not include charges for additional or repeat laboratory tests and charges by specialists.

Date : \_\_\_\_\_

\_\_\_AE \_\_\_NZ VISA TYPE : \_\_\_Permanent \_\_\_Temporary

**USE PASSPORT INFORMATION**

Family Name: \_\_\_\_\_ Date of Birth (DD/MM/YY): \_\_\_/\_\_\_/\_\_\_  
Given Name : \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female Age : \_\_\_\_\_  
Middle Name: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email Address \_\_\_\_\_ Contact details: Landline \_\_\_\_\_ Mobile No. \_\_\_\_\_  
Passport Number \_\_\_\_\_ Expiration Date : \_\_\_\_\_

**PLEASE READ**

The Medical examination that you will undergo is an embassy-required medical examination which is part of your visa application to Australia, New Zealand or Cook Islands. This is **NOT** a pre-employment medical examination required by the Philippine Overseas Employment Agency (POEA) for Overseas Filipino Worker (OFW).

Ang medical examination na inyong gagawin ay para lamang sa inyong visa application mula sa Embahada ng Australia, New Zealand or Cook Islands. Ito ay **HINDI** pre-employment medical examination para sa mga Overseas Filipino worker (OFW) na bahagi ng inyong requirement sa Philippine Overseas Employment Agency (POEA)

\_\_\_\_\_  
Printed name and Signature

**FOR NHSI ONLY (BELOW THIS POINT)**

Height (cm) \_\_\_\_\_ Weight (kg) \_\_\_\_\_ H.C. (cm) \_\_\_\_\_ BP (mmHg) \_\_\_\_\_

L \_\_\_\_\_  
R \_\_\_\_\_

**Pertinent Medical & Physical Findings:**

PH  GLASSES

Recommendations/Comments:

GRADING: A B

- Repeat B/P \_\_\_\_\_
- Specialist Referral \_\_\_\_\_
- CXR
- PPD Test
- Others

\_\_\_\_\_  
Panel Physician

Acknowledge By: \_\_\_\_\_  
Printed name and Signature / Date