

NATIONWIDE HEALTH SYSTEMS AUX, INC.

2nd 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

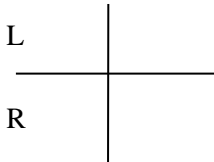
USE PASSPORT INFORMATION

Family Name: _____ Date of Birth (DD/MM/YY): ___/___/___
Given Name : _____ Gender: Male/Female Age : _____
Middle Name: _____ Civil Status: _____ Occupation: _____
Address: _____
Contact details: Landline _____ Mobile phone No. _____
Email Address _____

FOR NHSI STAFF ONLY (BELOW THIS POINT)

Height (cm) _____ Weight (kg) _____ H.C. (cm) _____

Pertinent Medical & Physical Findings:



BP (mmHg) _____

PH GLASSES

Recommendations/Comments:

GRADING: A B

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

MD