

TIME DWELL

IME/ UMI/ HAP/ NZER: _____

INITIAL/REQ _____ / _____
PIC/SCAN _____ / _____ CXR _____ / _____
PRE EXAM _____ / _____ HT & WT _____ / _____
CASHIER _____ / _____ MD EXAM _____ / _____
LAB _____ / _____ EXIT _____ / _____

Referred by:

- a. Self (family/friend/internet)
- b. Embassy information
- c. Immigration consultant
- d. Company / Recruiter

NEW MED

REMEDICAL: _____

PLEASE FILL UP DOTTED BOXED AREA ONLY

Name: _____ Age: _____ Gender: _____ Civil Status: _____
Family Name Given Name

Date of Birth: _____ / _____ / _____ Occupation: _____ Last Menstrual Period: _____
Day Month Year if applicable

Name of Accompanying Parent / Guardian: _____ (if applicant is under 16 years of age)

Relationship to applicant (Please encircle): Father / Mother / Grandmother / Grandfather / Uncle / Aunt / Guardian / Brother / Sister

PREFERRED PHILIPPINE CONTACT NUMBERS AND ADDRESS:

Cellphone: _____ / _____ Email Address: _____

Address: _____

Passport Number: _____ Date of expiration: _____ in 6 months? (YES / NO)

Other ID: _____

Intended Occupation / Activity / Course (Study) : _____

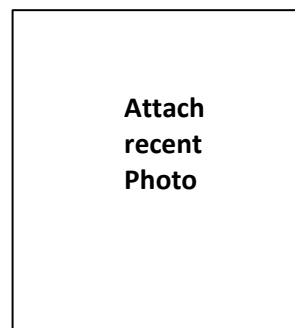
- a. Is this your or your family's first visa related medical examination? Please encircle **YES** **NO**
- b. Has your or your family's application for a visa ever rejected before? Please encircle **YES** **NO**
- c. **NEW ZEALAND APPLICANTS** Please encircle VISA CATEGORY? **WORK TO RESIDENCE** (Worker / Family Worker)
RESIDENCE (Skilled - Business / Pacific Categories / Family / Humanitarian UNHCR / Humanitarian - other)
TEMPORARY (Visitor / Student / Work with job offer / Work without job offer)
Please encircle INTENDED LENGTH OF STAY? **Less than 6 mos** / **6 - 12 mos** / **12 - 24 mos** / **more than 24 mos**

- d. **AUSTRALIA APPLICANTS** If you are applying for a Temporary visa, do you intend to apply for a permanent stay in Australia with in the next 6 -12 months? Please encircle **YES** **NO**
Would you like your health to be assessed "upfront" for a permanent stay in Australia? Please encircle **YES** **NO**
Do you intend to work or study to be a Nurse / Physician / Dentist / Paramedics? Please encircle **YES** **NO**

- e. **CANADA APPLICANTS** if **UPFRONT MEDICAL**, your VISA CATEGORY? **VISITOR** **STUDENT** **WORKER**
Did you receive a letter that your application is under review based on the new public policy effective **1 July 2018**? **YES** **NO**

DECLARATION BY EXAMINEE (OR PARENT GUARDIAN IF UNDER 16 YRS OF AGE)

I declare that the information given above are TRUE and CORRECT. _____
Print Name and Sign (Examinee or Parent/Guardian if under 16 yrs of age)



Attach recent Photo

FOR NHSBI STAFF ONLY

Pertinent Laboratory Findings: circle/highlight/add required tests (MARK "N" for NORMAL RESULTS)
UA RPR HIV HBSAG ANTI-HCV CXR CREA FCBC HAIC ECG RPT UA EGFR LFT LGBP FBS FLIPID _____

Blood Pressure Initial: _____ / _____ Repeat: _____ / _____	Body Temp: _____ Height in cm: _____ BMI: _____ Weight in kg: _____ Head Circumference: _____	Uncorrected / Corrected OS/L / _____ OD/R / _____	<input type="checkbox"/> PH <input type="checkbox"/> GLASSES <input type="checkbox"/> CONTACT LENS
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PERTINENT HISTORY OR PHYSICAL EXAMINATION: Recommendations/Comments/Notes

GRADING
A **B**
MD: _____
SUBMITTED: _____