

**1 ✓ PLEASE FILL UP DOTTED BOXED AREAS ONLY**

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

Name: \_\_\_\_\_  
Family Name Given Name

IME/UMI/HAP/NZER: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

LMP: \_\_\_\_\_  
if applicable

Contact No.: \_\_\_\_\_/\_\_\_\_\_

Email Address: \_\_\_\_\_

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

Relationship to applicant: \_\_\_\_\_ (Father/Mother/Grandmother/Grandfather/Uncle/Aunt/Guardian)

Address (Philippines): \_\_\_\_\_

Initial interview: \_\_\_\_\_ Appt: \_\_\_\_\_ Consent: \_\_\_\_\_ Picture/Scan: \_\_\_\_\_ Pre-exam: \_\_\_\_\_

**NATIONWIDE HEALTH SYSTEMS BAGUIO, INC**

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

**PLEASE FILL UP DOTTED BOXED AREAS ONLY**

IME/UMI/HAP/NZER: \_\_\_\_\_

**TIME DWELL**

INITIAL/REQ \_\_\_\_\_/\_\_\_\_\_

PIC/SCAN \_\_\_\_\_/\_\_\_\_\_

PRE EXAM \_\_\_\_\_/\_\_\_\_\_

CASHIER \_\_\_\_\_/\_\_\_\_\_

LAB \_\_\_\_\_/\_\_\_\_\_

CXR \_\_\_\_\_/\_\_\_\_\_

MD EXAM \_\_\_\_\_/\_\_\_\_\_

EXIT \_\_\_\_\_/\_\_\_\_\_

**Referreb by:**

1. Self (family/friend/internet)
2. Organization:
  - a. Embassy information
  - b. Immigration consultant
  - c. Company / Recruiter
3. Other: \_\_\_\_\_

**2 ✓ CLIENT INFORMATION**

LastName: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ LMP: \_\_\_\_\_  
if applicable

First Name: \_\_\_\_\_ Birth date (YR/MM/DD): \_\_\_\_/\_\_\_\_/\_\_\_\_

Middle Name: \_\_\_\_\_ Civil Status: \_\_\_\_\_ Occupation: \_\_\_\_\_

Embassy: \_\_\_\_\_ (Canada/Australia/New Zealand) \_\_\_\_\_  
Intended Occupation / Activity / Study (Course)

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

Other ID: \_\_\_\_\_

**PREFERRED PHILIPPINE CONTACT NUMBERS AND ADDRESS:**

Cellphone: \_\_\_\_\_/\_\_\_\_\_ Phil. Landline(area code): (\_\_\_\_) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

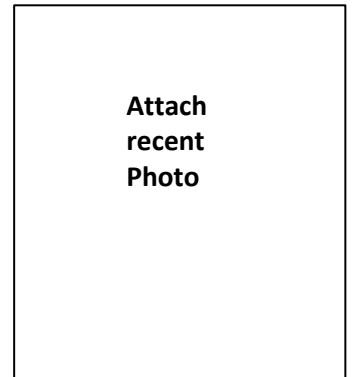
**3 ✓**

- a. Countries in which you have lived in the last 5 years \_\_\_\_\_
- b. 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**
- c. Is this your or your family's first visa related medical examination? Please encircle **YES NO**
- d. Has your or your family's application for a visa ever rejected before? Please encircle **YES NO**
- e. Do you intend to work or study to be a Physician/Nurse/Dentist/Paramedics? Please encircle **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)**



**FOR NHSBI STAFF ONLY**

**Pertinent Laboratory Findings:**

**circle/add required tests**    UA   RPR   HIV   HBSAG   ANTI-HCV   CXR   CREA   FCBC   HAIC   . . . . .

(MARK (N) NORMAL RESULTS)

**Blood Pressure**

Initial: \_\_\_\_/\_\_\_\_

Repeat: \_\_\_\_/\_\_\_\_

Height in cm: \_\_\_\_\_ BMI: \_\_\_\_\_

Weight in kg: \_\_\_\_\_ Head Circumference: \_\_\_\_\_

**Uncorrected    Corrected**

OS/L

OD/R

- PH
- GLASSES
- CONTACT LENS

**PERTINENT HISTORY OR PHYSICAL EXAMINATION: Recommendations/Comments/Notes**

**GRADING**  
**A                  B**

MD: \_\_\_\_\_

DATE OF TRANSMITTAL  
 2018