Nationwide Health Systems
BAGUIO, Inc

DATE:_____

CHILD / PWD / SENIOR : _____

NON-EDE/ XSD / EDE / APPT _____

Referred by:

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

IME/ UMI
HAP/ NZER: _____

NEW MED / REMEDICAL: _____

PLEASE FILL UP DOTTED BOXED AREA ONLY

PREFERRED PHILIPPINE CONTACT NUMBERS AND ADDRESS:

Cellphone: _____/_____

Email Address: _____

Address: _____

_____

Passport Number: _____ expire in 6 months? (YES/NO)

Other ID: _____

CLIENT INFORMATION:

Last Name: _____

First Name:_____

Middle Name: _____

Age: _____ Gender: _____ Civil Status: _____

Date of Birth: Day / Month / Year

If applicable

Last Menstrual Period: Date Started / Date Ended

Intended Occupation / Activity / Study (Course): _____

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** INTENDED LENGTH OF STAY? Please encircle **Less than 6 mos / 6 - 12 mos / 12 - 24 mos / more than 24 mos**

VISA CATEGORY Please encircle

I. **RESIDENCE** (Skilled - Business / Pacific Categories / Family / Humanitarian UNHCR / Humanitarian - other)
II. **TEMPORARY** (Visitor / Student / Work with job offer / Work without job offer)
III. **WORK TO RESIDENCE** (Worker / Family Worker)

d. **CANADA APPLICANTS** Did you receive a letter that your application is under review based on the new public policy effective **1 June 2018?** Please encircle YES NO

if **UPFRONT MEDICAL**, what is your VISA CATEGORY? Please encircle **VISITOR** **STUDENT** **WORKER (Express Entry)**

e. **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

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 Accompanying Parent/Guardian if 16 yrs old and below)

Father / Mother / Grandmother / Grandfather / Uncle / Aunt / Guardian / Brother / Sister

Attach recent Photo

FOR NHSBI STAFF ONLY

- ☐ **CPE, Urinalysis, RPR, HIV, Hbsag, Anti-Hcv, FCBC, HBA1C, eGFR, CXR**
- ☐ **CPE, Urinalysis, RPR, HIV, Hbsag, full CBC, Crea, LFT, CXR**
- ☐ **CPE, Urinalysis, HIV, Hbsag, Anti-HCV, CXR**
- ☐ **CPE, Urinalysis, RPR, HIV, CREA, CXR**
- ☐ **CPE, Urinalysis, HIV, CXR**
- ☐ **CPE, Urinalysis, CXR**
- ☐ **CPE, Urinalysis**
- ☐ **CPE Only**

NHSBI	METRO
Total Medical Fee	Total Cash Paid
Signature	Change
Add'l Fee	Add'l Fee
Add'l Fee	Add'l Fee
Total Add'l Fee	Total Cash Paid
Signature	Change
TOTAL MEDICAL FEE PAID	

OTHER TESTS

- ☐ UA-Dipstick
- ☐ UA-Microscopy
- ☐ PREG TEST
- ☐ HIV
- ☐ HBSAG
- ☐ ANTI-HCV
- ☐ FBS
- ☐ LIPID PROFILE
- ☐ S. CREA
- ☐ BUA
- ☐ AFP
- ☐ LFT
- ☐ SGPT
- ☐ FCBC
- ☐ EGFR
- ☐ TPPA
- ☐ UPC
- ☐ FERRITIN
- ☐ IGRA
- ☐ CALCIUM
- ☐ HBeAG
- ☐ HBV - DNA
- ☐ Liver Fibro Scan
- ☐ ECG
- ☐ CHEST UTZ
- ☐ LGBP UTZ
- ☐ CXR - PA
- ☐ CXR - APL
- ☐ CXR - APICO
- ☐ CXR - R LAT
- ☐ CXR - L LAT
- ☐ CXR - LOR
- ☐ CXR - R OBL
- ☐ CXR - L OBL
- ☐ CXR - SPOT

Others:_____

_____

	TIME IN	TIME OUT	INITIAL
INITIAL INTERVIEW:			
CONSENT:			
SCAN/PICTURE:			
PRE-EXAM:			
CASHIER: CASH/ADV DEPOSIT			
RECEIPT/LOGBOOK			
LABORATORY: URINALYSIS			
BLOOD TEST			
DOH			
ADD'L TEST			
CHEST X-RAY: PA VIEW			
ADD'L VIEW			
HEIGHT AND WEIGHT:			
PHYSICAL EXAM:			
REFERRAL:			
FINAL INTERVIEW: WAITING AREA (2ND FLOOR EXTENSION AREA)			

Pertinent Laboratory Findings: *circle/highlight/add required tests (MARK "N" for NORMAL RESULTS)*

UA RPR HIV HBSAG ANTI-HCV CXR EGFR FCBC HAIC RPT UA CREA ECG LFT LGBP FBS FLIPID _____ _____ _____ _____

Blood Pressure

Initial: _____/_____

Repeat: _____/_____

Body Temp: _____

BMI: _____ Height in cm: _____

Head Cir: _____ Weight in kg:_____

Uncorrected / Corrected

OS/L _____/_____

OD/R_____/_____

- ☐ PH
- ☐ GLASSES
- ☐ CONTACT LENS

PERTINENT HISTORY OR PHYSICAL EXAMINATION: Recommendations/Comments/Notes

GRADING

A B

SUBMITTED BY:

_____

JAN 2020

BARCODE