1 ✓ **PLEASE FILL UP DOTTED BOXED AREAS ONLY** NO:_____ IME/UMI/HAP ID/NZER:_____

Name: _____ Age: _____ Gender: _____

        Family Name   Given Name

Contact No.: _____/_____ Date of Birth: _____/_____/_____

                                                         Day   Month   Year

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

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

Email Address: _____

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: _____

2 ✓ **USE PASSPORT INFORMATION**

LastName: _____ Embassy: _____ (Canada/Australia/New Zealand)

First Name: _____ _____

Middle Name: _____ Intended Occupation / Activity / Study (Course)

Birth date (YR/MM/DD): _____/_____/_____ Civil Status: _____ Age: _____ Male/Female: _____ LMP: _____

                                                                                            (if applicable)

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

Other ID: _____

PREFERRED PHILIPPINE CONTACT NUMBERS AND ADDRESS:

Cellphone: _____/_____ Philippine 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 witn 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**

Attach recent Photo
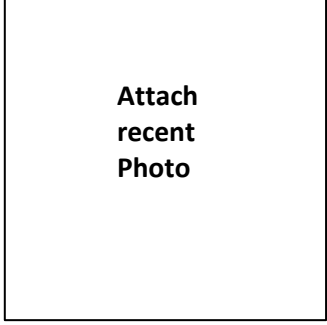
4 ✓ **DECLARATION BY EXAMINEE (OR PARENT GUARDIAN IF UNDER 16 YRS OF AGE)**

_____ I declare that the information given above are **TRUE and CORRECT**.

_____

Print and Sign (Examinee or Parent/Guardian if under 16 yrs of age)

FOR NHSBI STAFF ONLY

Pertinent Laboratory Findings:

circle if abnormal   UA RPR HIV HBSAG ANTI-HCV CXR CREA FCBC HAIC .____ .____ .____ .____ .____ .____

(MARK **(N)** NORMAL RESULTS)

		Uncorrected	Corrected	

Height in cm: _____   BMI: _____   OS/L _____|_____   ☐ PH

Weight in Kg: _____   Head Circumference: _____   OD/R | ☐ GLASSES

Blood Pressure	**PERTINENT HISTORY OR PHYSICAL EXAMINATION: Recommendations/Comments/Notes**	**GRADING**
		A **B**
Initial: _____/_____		
Repeat: _____/_____		MD: _____
		_____
		DATE OF TRANSMITTAL