



FA Form 2-A _____

FOREIGN SERVICE OF THE PHILIPPINES
(Field for Embassy/Consulate General Address and contact nos.)

Photo 2" x 2"

APPLICATION FOR NON-IMMIGRANT VISA TO THE PHILIPPINES

CLASSIFICATION _____ No. _____ 20____

Surname / Family Name / Last Name _____ Citizenship _____

First Name / Given Name _____ Middle Name (mother's maiden surname / if married, maiden surname) _____

Civil Status
 Single Married
 Widowed Divorced
 Separated
Occupation _____ Employer _____
Address of Employer _____

Date of Birth(mm/dd/yy) _____ Place of Birth _____ Sex Male Female

Current Address in the US (Apartment No., Street, City) _____ State _____ Phone Number _____
Zip Code _____

Name of Spouse _____ Address of Spouse _____ Reference in the Philippines, if any. Name, Address _____
Purpose of Visit Business Pleasure Next Port of Destination _____

Financial means of support and proof _____ Length and Dates of intended stay _____

Passport Country _____ Issued By _____ Expiry Date (mm/dd/yy) _____

Passport Number _____ Issued on (mm/dd/yy) _____

The following people are accompanying me to the Philippines _____ Have you ever been convicted of a crime? If yes please provide details _____

SUBSCRIBED AND SWORN to before me this ____ day of _____ I solemnly swear that the foregoing statements are true to the best of my knowledge and belief.
OFFICER AUTHORIZED TO ADMINISTER OATH **SIGNATURE OF APPLICANT**
FOR OFFICIAL USE ONLY

Passport Visa No. _____ Granted _____ as non-immigrant under section 9() _____ of the Philippine Immigration Act of 1940, as amended,
Multiple entry until _____ Visa Includes: _____

CONSUL OF THE REPUBLIC OF THE PHILIPPINES

PRINT NAME AND SIGNATURE _____ DATE RELEASED: _____



1 REVISED 23 JANUARY 2008 (USA)

MEDICAL EXAMINATION OF VISA APPLICANT

PLEASE TYPE OR PRINT ANSWERS LEGIBLY IN THE SPACES PROVIDED (IF NOT APPLICABLE WRITE (N/A))

PLACE		DATE	APPLICANT'S PHOTOGRAPH 2 in. x 2 in. 1. Picture taken within the past 6 months 2. Front View 3. Without eyeglasses 4. Name and Signature on front of photograph Staple or paste photo here
CITY		COUNTRY	
I CERTIFY THAT ON THE ABOVE DATE I EXAMINED			
NAME			
AGE	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	CITIZENSHIP	

And that under Philippine Immigration Regulations the applicant should be classified as follows:
 (encircle the appropriate class)

CLASS A	<u>DANGEROUS CONTAGIOUS DISEASES</u> Chancroid, Gonorrhoea, Granulome, Inguinale, Leprosy (Infectious), Lymphogranuloma Venerum, Syphilis (Infectious Stage), Tuberculosis (Active), and AIDS <u>SERIOUS MENTAL DISORDERS</u> Mental Retardation (mental deficiency), Insanity, Antisocial Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drug Addiction, Chronic Alcoholism
CLASS B	<u>IF NOT CLASS A</u> Person having physical defects, disease or disability serious in degree or permanent in nature that will impair his or her ability to earn a living as to make them likely to be a public charge
CLASS C	<u>MINOR CONDITIONS</u>

MEDICAL CONDITIONS

1. Pertinent medical history:
2. Significant physical examination:
3. Chest X-ray report: (For ages 11 yrs. and above)
 - Present X-ray film (14 x 17 inches)
4. Laboratory Examination : (Attach laboratory reports)
 - A: Blood serology: (Ages 15 years and above)
 - B: Urine: (Ages 1 year and above)
 - C: Stool: (Ages 1 year and above)
 - D: Other examination(s) if necessary:
5. Not physically and mentally defective or diseased

Examining Physician (Print Full Name)

Address and Telephone Number(s)

 Signature of Examining Physician

PERSONAL HISTORY STATEMENT

(To be accomplished completely and submitted by the applicant foreign student in six (6) original copies to the college or university he/she is seeking admission to)

1.0 PERSONAL DATA

- 1.1 Name: _____
(Last Name) (First Name) (Middle Name)
- 1.2 Name in Native Language Character: _____
- 1.3 If Married Woman : Maiden Name: _____
If Married Man: Name of Spouse: _____
- 1.4 Address: (Permanent Abroad): _____

Philippines: _____

- 1.5 Age: ____ 1.6 Date of Birth: _____ 1.7 Place of Birth: _____
- 1.8 Citizenship: _____ 1.8 Religion: _____

2.0 PHYSICAL DESCRIPTION

- 2.1 Sex: _____ 2.2 Height: _____ 2.3 Weight: _____
- 2.4 Eyes: _____ 2.5 Hair: _____ 2.6 Complexion: _____
- 2.7 Built: _____ 2.8 Other distinguishing features: _____
- 2.9 Physical Handicap or Disability (if any): _____

3.0 FAMILY DATA

- 3.1 Name of Father: _____
- 3.2 Name of Mother: _____
- 3.3 Address: _____
Tel. No.: _____

4.0 EDUCATIONAL BACKGROUND

- | | <u>Name of School</u> | <u>Date of Attendance</u> | <u>Course Finished</u> |
|--------------------|-----------------------|---------------------------|------------------------|
| 4.1 Elementary: | _____ | _____ | _____ |
| 4.2 High School: | _____ | _____ | _____ |
| 4.3 College: | _____ | _____ | _____ |
| 4.4 Post Graduate: | _____ | _____ | _____ |

5.0 GENERAL QUALIFICATION

5.1 Language

Grade Proficiency (Oral or Written)

5.2 Hobbies: _____

5.3 Sports: _____

6.0 COURSE APPLIED FOR: _____

Semester: () First () Second

School Year: _____

Trimester: () First () Second () Third

School Year: _____

I CERTIFY THAT THE FOREGOING ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signed at: _____

Date: _____

(Signature of Applicant)

