

NON-QUOTA IMMIGRANT VISA 13(A)

Requirements :

- Four (4) duly accomplished visa application form (FA Form No. 3) with original signatures
- One (1) original and three (3) photocopies Medical Examination Form (FA Form No. 1) to be signed by a physician, and X-ray film
- Eight (8) passport-size identification photographs for the application forms and medical certificates
- Original and four (4) photocopies of valid passport of applicant
- Original and three (3) photocopies of Marriage Contract or Report of Marriage from the Philippine Statistics Authority (PSA)
- Original and three (3) photocopies of Birth Certificate of Filipino spouse from the Philippine Statistics Authority (PSA)
- Four (4) photocopies of Philippine passport of spouse
- Original and three (3) photocopies of Police Clearance (*casier judiciaire*) with apostille (for apostille, log on to - <https://www.service-public.fr/particuliers/vosdroits/R47867>) or <https://www.cours-appel.justice.fr/paris/service-de-lapostille>)
- Official English translation of Police clearance (for official translators in France, log on to: <http://www.directory-sworn-translator.com/directory-sworn-translation>)
- Original and three (3) photocopies of proof of financial capacity (pay slips or current bank statement)
- Visa fee of 135 euros in cash or *cheque de banque* payable to *Ambassade des Philippines* (personal checks are not accepted)
- Self-addressed large return envelope with 10.00 euros worth of stamps and tracking number.

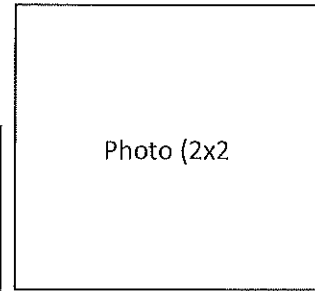
Upon completion of the forms and requirements, the applicant shall send the original documents, except the x-ray film, by mail to the Embassy.

The applicant shall also submit a printout of confirmed flight itinerary to the Philippines together with all the other requirements.

If all documents are in order, the Visa Section of the Embassy will convey, by email, the schedule of appointment for the applicant's interview.

FOREIGN SERVICE OF THE PHILIPPINES
Philippine Embassy, Paris, France

MEDICAL EXAMINATION FOR VISA APPLICANTS



Place	Date
At the request of the Philippine Consul at	City: PARIS
	Country: FRANCE

I certify that on the above date I examined

Name (Surname)	(First Name)	(Middle Name)	Age	Sex	Citizenship
				<input type="checkbox"/> Male	
				<input type="checkbox"/> Female	
Passport No.:					

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

BUREAU OF QUARANTINE Alien Status _____ Date of Arrival _____ Conveyance _____ Date Examined _____ Medical Officer _____ Supervisor _____ Philippine Address _____ _____ Foreign Home Address _____ _____ Contact No. _____	Class	DANGEROUS CONTAGIOUS DISEASE	
	A	Chancroid, Gonorrhea, Granuloma Inguinale, Leprosy (Infectious), Lymphogranuloma, Venereum, Syphilis (Infectious Stage), Tuberculosis (Active)	
		SERIOUS MENTAL DISORDER	
			Mental Retardation (Mental Deficiency), Insanity, Previous Occurrence of one or more Attacks of Insanity, Anti-Social Personality, Mental Defects, Epilepsy, Sexual Deviation, Narcotic Drugs Addiction, Chronic Alcoholism
			<i>If not class A</i>
B	Persons having physical defects, disease or disability serious in degree or permanent in nature that will impair their ability to earn a living as to make them likely to be a public charge		
C	MINOR CONDITIONS		
D	Not physically or mentally defective or diseased		

MEDICAL RECORDS

- Pertinent Medical History:
- Significant Physical Examination:
- Original Chest X-ray Report: (Age 11 years old and above)
Present recent x-ray film (14 x 17 inches) or C.D.
- Laboratory Examinations: (Attach original laboratory reports)
 - Blood Serology: RPR/VDRL (Ages: 15 years old and above)
 - Urinalysis (Age: 1 year old and above)
 - Stool (Ova and Parasite): (Ages: 1 year old and above)
 - Other examination(s) if necessary

REMARKS:

QUARANTINE MEDICAL OFFICER	BOQ ADDRESS
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Receipt No.: _____

25. OCCUPATION	26. NAME AND ADDRESS OF EMPLOYER IN THE PHILIPPINES
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27. ADDRESS IN THE PHILIPPINES WHERE THE APPLICANT INTENDS TO SETTLE (Include apartment no, street, city or province, postal zone)

28. ON WHAT BASIS DO YOU CLAIM TO BE A PREFERENCE QUOTA IMMIGRANT NON-QUOTA IMMIGRANT? (state basis of your claim)

29. HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? YES (Specify crime and date of conviction) NO

30. HAVE YOU EVER BEEN REFUSED ANY KIND OF VISA FOR THE PHILIPPINES, DENIED ADMISSION INTO, DEPORTED OR REMOVED AT GOVERNMENT EXPENSE FROM THE PHILIPPINES?
 YES (State circumstances and date of refusal/denied admission/deportation/removal) NO

25. HAVE YOU EVER BEEN INSTITUTIONALIZED FOR ANY MENTAL DISORDER? YES (State particulars and date of institutionalization) NO

25. DO YOU HAVE A PHYSICAL DEFECT OR CONTAGIOUS DISEASE? YES (State defect or disease and other particulars) NO

I understand that I may enter the Philippines at the port of entry designated by the Philippine Immigration Authorities under the conditions imposed by those authorities.

I solemnly swear under penalty of law that the foregoing statements are true and correct and that the attached supporting documents are authentic.

Signature of Applicant over Printed Name

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20____ at the Philippine Embassy, Paris, France.

FOR OFFICIAL USE ONLY

	REMARKS	Doc No.
		Series of
		Service No.
		O.R. No.
		Fee
	TRAVEL DOCUMENT RELEASED TO:	
(Printed Name and Signature)		
DATE RECEIVED/MAILED	MAIL/COURIER TRACKING NO.	