

HOW TO

REGISTER YOUR MEDICAL APPOINTMENT ONLINE 2022

EASY GUIDE

make your medical
registration easy
and accurate with
the help of this guide



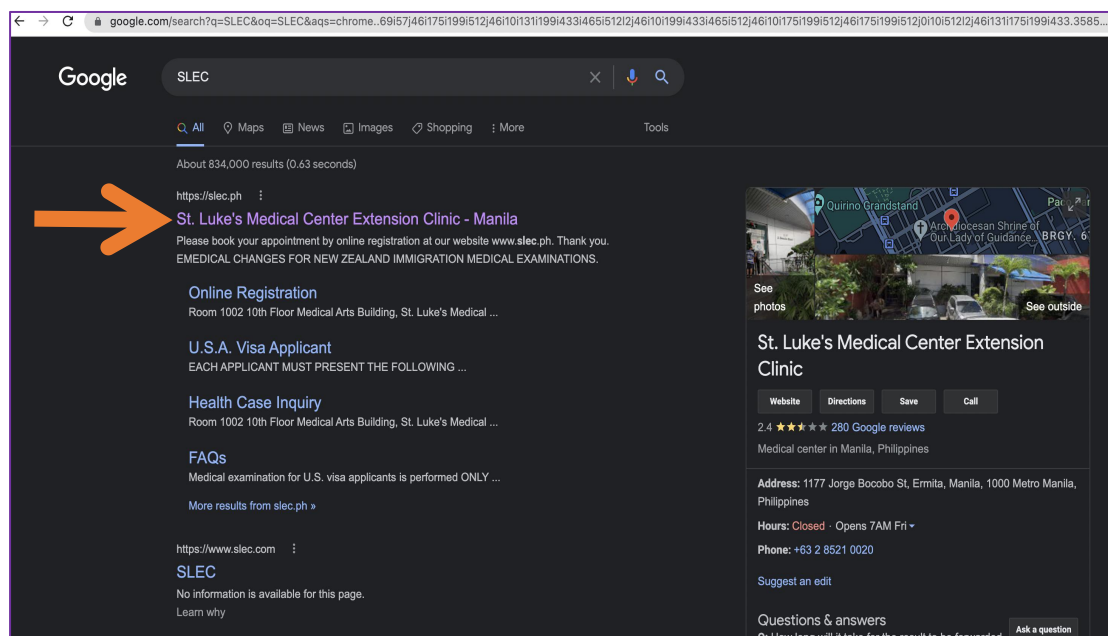
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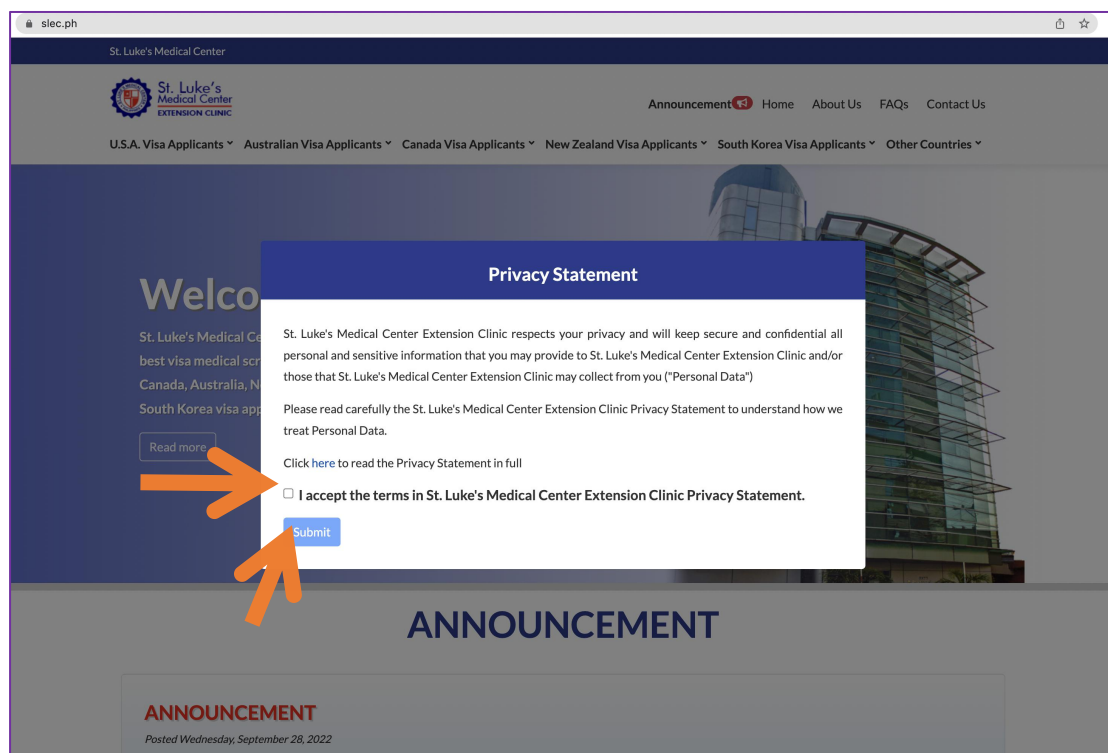
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HOW TO REGISTER YOUR MEDICAL APPOINTMENT ONLINE AT SLEC(ST.LUKE'S EXTENSION CLINIC) WEBSITE

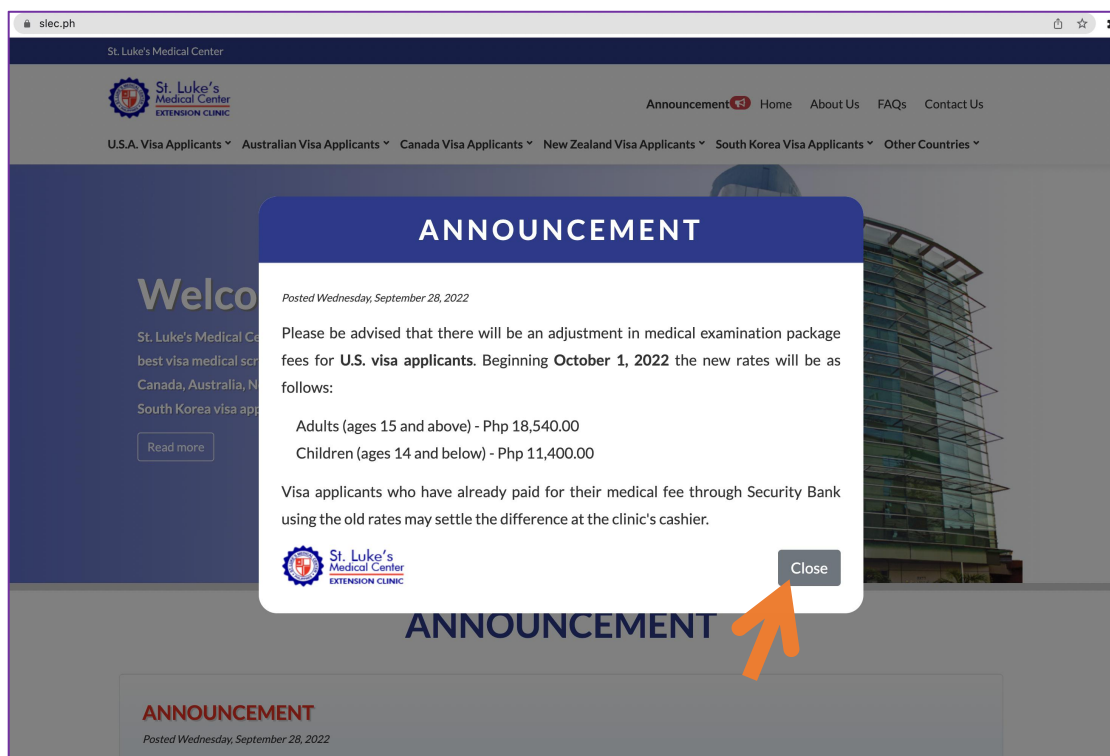
1. Go to your internet browser and type SLEC, then click the St. Luke's Medical Center Extension Clinic - Manila



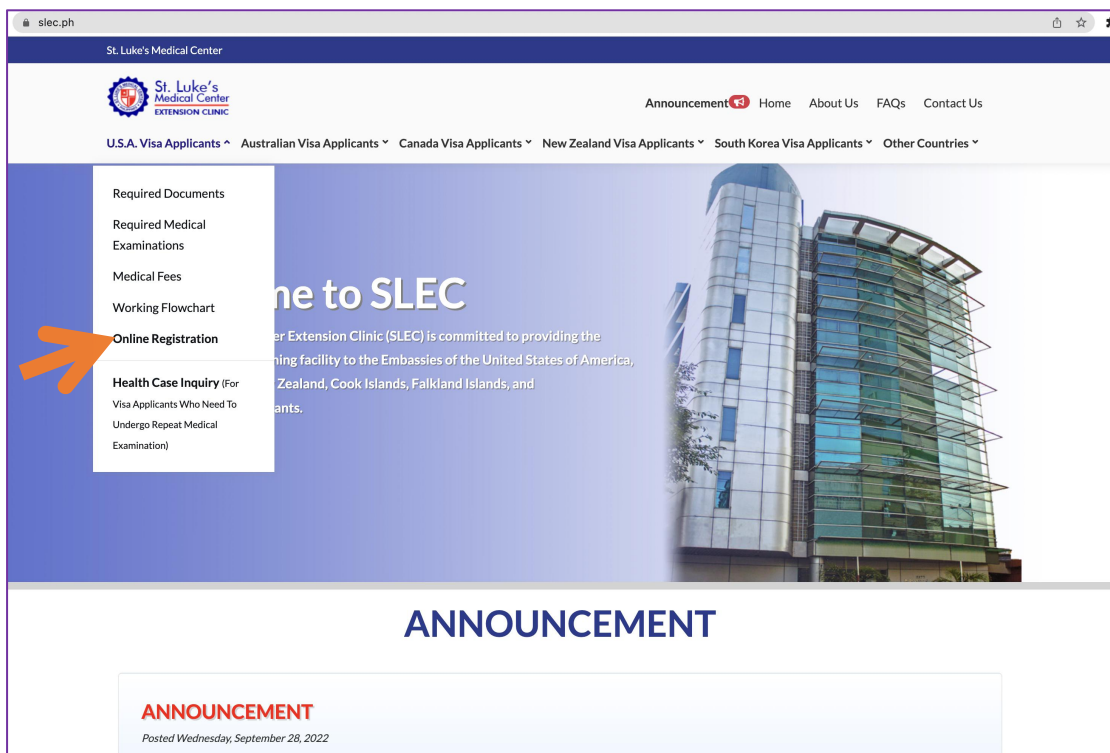
2. Just tick the box to agree with their terms and click submit.



3. Close all the boxes that will pop up.



4. Click the U.S.A Visa Applicants, scroll down, and click online registration.



5. Click “Close” to proceed.

The screenshot shows the St. Luke's Medical Center U.S.A. Online Registration page. A modal window titled "ANNOUNCEMENT" is open, displaying the following text:

Applicants for repeat medical examination needs to have a **NEW HEALTHCASE** prior to registering online for their medical examination.

Please submit a healthcase inquiry first before scheduling your medical appointment.

[CLICK here.](#)

If this is your first medical examination, there is **NO** need to do a healthcase inquiry. Proceed directly to registration.

A "Close" button is visible in the bottom right corner of the modal, with an orange arrow pointing to it.

In the background, the "Email Verification" form is partially visible, showing fields for "Email Address*", a checkbox for "I'm not a robot", and a "Submit" button.

6. Type valid email address and make sure to use your email address not the company email address. Check the box “I’m not a robot ” then click Submit.

The screenshot shows the St. Luke's Medical Center U.S.A. Online Registration page. The "Email Verification" section is highlighted with orange arrows pointing to the "Email Address*" input field and the "I'm not a robot" checkbox.

The "Email Address*" field is empty.

The "I'm not a robot" checkbox is checked, and the text "To prove that you are not a robot, please click on the white box." is displayed above it.

A "Submit" button is visible at the bottom of the form.

A "Reminders" section is also visible, containing the following text:

Reminders:

Please provide a currently active e-mail address that you have access to. Make sure that the mailbox is not full, and can still accept incoming messages. The verification link could also land in your Spam/Junk folder, so please check that as well.

There may be delays in receiving the verification link depending on the number of clients simultaneously using the registration system. If you still have not received the verification link after an hour, you may repeat the email verification process using the same email address. Please note, however, that the maximum number of attempts to verify an e-mail address is twice in 24 hours.

7. To verify your registration, go to your inbox, look for the SLEC email, then click “Click here to verify your email.”

The screenshot shows an email inbox on the left with a list of messages. The 'Inbox' tab is selected, showing 15 messages, 7 of which are unread. An orange arrow points to the email from 'St. Luke's Medical Center Ext...' with the subject 'SLEC Online Registration Verification'. The email content is displayed on the right. It features the St. Luke's Medical Center Extension Clinic logo and contact information: 1177 JORGE BOCCO ST, ERMITA, MANILA 1000 | (02) 8521-0020 | <https://slec.ph> | slec@slec.ph. The email text says: 'Thank you for using St. Luke's Medical Center Extension Clinic's Online Registration Form. To proceed with your registration, please click on the button below to verify your email:'. An orange arrow points to a black button with the text 'Click here to verify your email'. Below the button, it says 'Or copy and paste link below to your browser's address bar' followed by a long URL. A note states: 'Note: The link will be valid only for 24 hours.' At the bottom, it says 'Clinic Contact Details'.

8. After clicking the email verification, it will direct you to U.S. Online Registration to complete your application. Just scroll down and fill out the needed information about you and your petitioner.

The screenshot shows the 'U.S. Online Registration' page of the St. Luke's Medical Center Extension Clinic. The header includes the clinic's logo and navigation links: 'Announcement', 'Home', 'About Us', 'FAQs', and 'Contact Us'. Below the header, there are links for various countries: 'U.S.A. Visa Applicants', 'Australian Visa Applicants', 'Canada Visa Applicants', 'New Zealand Visa Applicants', 'South Korea Visa Applicants', and 'Other Countries'. The main heading is 'U.S. Online Registration' with a sub-link 'Home / U.S. Online Registration'. The page content includes a notice about medical examination needs, a 'CLICK here.' link, and instructions for the registration process. A note at the bottom states: 'Sudden changes in quarantine restrictions may affect Clinic schedules. Please provide an email address and phone number that is working and accessible to you so we can contact you when needed. Visit our website regularly for important announcements.'

9. Provide your birth date, medical appointment date, and time. Click every search bar to choose your desired time, date, place, etc.



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accessible to you so we can contact you when needed. Visit our website regularly for important announcements.

WARNING: FOR THOSE WHO WILL REGISTER MULTIPLE TIMES, OUR SYSTEM WILL AUTOMATICALLY CANCEL ANY DUPLICATE BOOKINGS. ANY CANCELLED AND UNPAID APPOINTMENTS WILL NOT BE HONORED.

Please do not leave required (*) fields empty.

Date of Birth *

MEDICAL EXAMINATION SCHEDULE

Preferred Date of Medical Examination *

October 2022

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

1. What category do you belong to? *

☐ Priority Eligible A
 ☐ Priority Eligible B
 ☐ Priority Eligible C



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[South Korea Visa Applicants](#)
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MEDICAL EXAMINATION SCHEDULE

Preferred Date of Medical Examination *

Not Available Available

Preferred Time of Medical Examination *

COVID-19 VACCINE

1. What category do you belong to? *

Priority Eligible A	Priority Eligible B	Priority Eligible C
☐ A1. Workers in Frontline Health Services	☐ B1. Teachers, Social Workers	☐ C. Rest of the Filipino population not otherwise included in the above groups
☐ A2. All Senior Citizens	☐ B2. Other Government Workers	
☐ A3. Persons with Comorbidities	☐ B3. Other Essential Workers	
☐ A4. Frontline personnel in essential sectors, including uniformed personnel	☐ B4. Socio-demographic groups at significantly higher risk other than senior citizens and poor population based on the NHTS-PR	
☐ A5. Indigent Population	☐ B5. Overseas Filipino Workers	
	☐ B6. Other Remaining Workforce	

2. Have you received your COVID-19 vaccine? *

☐ Yes
 ☐ No

10. Provide the correct information about the Covid-19 vaccine you received and booster(if any). Skip it if none(booster) and proceed to CASE INFORMATION.

St. Luke's Medical Center
EXTENSION CLINIC

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COVID-19 VACCINE

1. What category do you belong to? *

Priority Eligible A	Priority Eligible B	Priority Eligible C
☐ A1. Workers in Frontline Health Services	☐ B1. Teachers, Social Workers	☐ C. Rest of the Filipino population not otherwise included in the above groups
☐ A2. All Senior Citizens	☐ B2. Other Government Workers	
☐ A3. Persons with Comorbidities	☐ B3. Other Essential Workers	
☒ A4. Frontline personnel in essential sectors, including uniformed personnel	☐ B4. Socio-demographic groups at significantly higher risk other than senior citizens and poor population based on the NHTS-PR	
☐ A5. Indigent Population	☐ B5. Overseas Filipino Workers	
	☐ B6. Other Remaining Workforce	

2. Have you received your COVID-19 vaccine? *

☒ Yes ☐ No

I. Vaccine Brand Name *

Pfizer

II. Vaccine Dose 1 Date Received *

08/03/2022

III. Vaccine Dose 2 Date Received

09/02/2022

IV. Vaccine Booster 1 Brand Name

Select

V. Vaccine Booster 1 Date Received

Note:
Applicants who received COVID-19 vaccines, single-dose of Jansen or 2 doses of Pfizer-BioTech/ Moderna/ Astra Zeneca/ Sinopharm/ Sinovac) COVID-19 vaccines, should present proof of vaccination (i.e. vaccine record or certificate).

CASE INFORMATION

NVC Case Number *

MNL2020677777

3-character Consulate Code+10-digit case number (ex. MNL#####)

Confirm NVC Case Number *

MNL2020677777

Please re-enter your NVC Case Number

Visa Preference Category *

K1 (FIANCEE)

Interview Date

11/11/2022

If none, leave blank

Interview Source

US Embassy

for booster only

11. Provide your case number starting with MNL letters followed by the numbers, choose K1(Fiancee) for the visa category, then your interview date and source. If you do not have an interview date and source, skip both.

12. Complete the APPLICANT DETAILS. It is the basic information about you. It should match your passport information. Note: Mother's maiden name was your mother's legal name when she was still single.

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APPLICANT DETAILS

Basic Information (as indicated in passport)

Name (Last Name, First Name, Middle Name) *

Miranda Myra Asuncion

Gender * Civil Status * Country of Nationality *

Female Single Philippines

Birthplace *

Bulacan Philippines

Birth City Birth Country

Mother's Maiden Name (Last Name, First Name, Middle Name) *

Asuncion Mila Sanchez

Last Name First Name Middle Name

13. Complete your contact Information. It has two categories: first, for applicants currently living in the Philippines; second, for applicants currently living outside the Philippines. Choose one only and skip the other one.

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Contact Information

FOR APPLICANTS CURRENTLY LIVING IN THE PHILIPPINES:

PHILIPPINE ADDRESS

114B Brgy. Apollo Mandaluyong

Metro Manila 1550

FOR APPLICANTS CURRENTLY LIVING OUTSIDE THE PHILIPPINES:

OVERSEAS ADDRESS

Select Street Address

City/Town Province/State Zip Code

Contact Number(s), separate with a slash *

+632 9172122191

[Area Code]+space+Tel.Number.

Email Address

crisankathrein@icloud.com

Present Country of Residence *

Philippines

Prior Country of Residence *

Philippines

Date of residence not more than 6 months prior to current date

14. Get your passport to input the correct details about you.

St. Luke's Medical Center
EXTENSION CLINIC

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Passport Information

Passport Number *
P0099144C

Issued by (Country) *
Philippines

Issue Date *
mm/dd/yyyy

Expiration Date *
mm/dd/yyyy

October 2022

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Select Month Select Year

Date of Previous Chest X-ray

Select Month Select Year

PETITIONER'S INFORMATION

Name of Petitioner *
Enter Full Name

Is the Petitioner still alive? *

15. Click YES If you have been issued a U.S. Tourist visa and provide the additional information that will pop up, but if your answer is NO, proceed with the rest.

St. Luke's Medical Center
EXTENSION CLINIC

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Passport Information

Passport Number *
P0099144C

Issued by (Country) *
Philippines

Issue Date *
04/12/2019

Expiration Date *
04/11/2029

Additional Questions

Have you been issued a U.S. Tourist Visa? *

☐ Yes ☒ No

Previous Medical Examination at SLEC

Select Month Select Year

Date of Previous Chest X-ray

Select Month Select Year

Note: If you do not have previous medication at SLEC, skip it and proceed with the next. If you have had one, you may put it for their reference.

16. You must input your fiancée's information correctly, like name, address, contact number, etc. Because they will ask you about it, and if you are unsure, you will have a problem.

PETITIONER'S INFORMATION

Name of Petitioner *
Michael Cee Montecillo

Is the Petitioner still alive? *
☒ Yes ☐ No

Relationship *
FIANCEE

U.S. Address *
123 5th St NE
Street Address
New York
City
New York
State
89653
Postal Code

Contact Number *
646-112-5678

Email Address *
mcm@icloud.com

Intended Port of Entry *
New York

Your first landing in the U.S.

17. Scroll down, and tick the two small boxes certifying that all the information you have provided is correct and that you understand the purpose of the online registration. Click the captcha, then click Preview.

Information Registration Consent:

☒ I certify that the information provided in my registration is true and correct to the best of my knowledge and understand that any dishonest answer may cause delay in the process of my medical examination.

☒ I certify that I understand the purpose of the online registration.

I understand that ST. LUKE'S MEDICAL CENTER EXTENSION CLINIC needs to collect my personal information for the conduct of my medical examination required for my U.S. Visa Application. For this purpose, the information will be shared to the U.S. Embassy Manila. The information provided shall be processed and retained in accordance with the Data Privacy Act and the regulation of the Centers for Disease Control and Prevention and the U.S. Government.

To prove that you are not a robot, please click on the white box.

☒ I'm not a robot

Preview

St. Luke's Medical Center EXTENSION CLINIC

1177 J. Bocobo St. Ermita, Manila, Philippines
Room 1002 10th Floor Medical Arts Building, St. Luke's Medical Center - Global City, Bonifacio Global City, Taguig, Philippines

Site Navigation

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External Links

United States Embassy Manila
Canadian Embassy - Philippines
Australian Embassy Manila
New Zealand Embassy Manila
Centers for Disease Control-Division of Global Migration and Quarantine

18. After clicking the Preview, you will have the chance to update your information if you missed something or you want to change something. Just scroll down to check if everything is correct. If everything is alright, you may now click REGISTER.

St. Luke's Medical Center
U.S.A. Visa Applicants ~ A

Applicants for
Please submit
CLICK here.
If this is your first time, please click here.

This online registration is for registered applicants only.

INSTRUCTIONS

1. Complete all fields.
2. For families, the receptionist will assist you.
3. Please type in the correct information.
4. Once all fields are filled, click on the "Preview" button.
5. Review data entered.
6. If all data are correct, click on the "Register" button.

Preview

Your registration has NOT been submitted

- Please note that if you fail or forget to click the "REGISTER" button, your form will not be submitted and all data will be erased if you exit the page/website
- If all entries are correct, please click on the "Register" button below. Otherwise, click "Update" button for corrections.
- Please review the information entered.

Case Number	MNL202067777
Visa Preference Category	K1 (FIANCEE)
Interview Date	November 11, 2022 (US Embassy)
Preferred Medical Examination Date and Time	October 14, 2022 (8:00 AM)

Applicant Information

Applicant's Name	MIRANDA, MYRA ASUNCION
Birthdate	October 04, 2001
Gender	Female
Civil Status	Single
Mother's Maiden Name	ASUNCION, MILA SANCHEZ
Birthplace	BULACAN, PHILIPPINES
Country of Nationality	PHILIPPINES

Contact Information

Philippine Address	114B BRGY. APOLLO, MANDALUYONG, METRO MANILA, 1550, PHILIPPINES
Contact Number	+632 9172122191
Email Address	crisankathrein@icloud.com
Present Country of Residence	PHILIPPINES
Prior Country of Residence	PHILIPPINES
Passport Number	P0099144C
Passport Issuing Country	PHILIPPINES
Passport Issue Date	April 12, 2019
Passport Expiration Date	April 11, 2029

Petitioner Information

Petitioner's Name	Michael Cee Montecillo (Living)
Petitioner's Address	123 5TH ST NE, ARIZONA, 89653, New York
Petitioner's Contact Number	646-112-5678
Petitioner's Email Address	mcm@icloud.com
Relationship to Applicant	FIANCEE
Intended Port of Entry	NEW YORK

Additional Information

Petitioner Information

Petitioner's Name	Michael Cee Montecillo (Living)
Petitioner's Address	123 5TH ST NE, ARIZONA, 89653, New York
Petitioner's Contact Number	646-112-5678
Petitioner's Email Address	mcm@icloud.com
Relationship to Applicant	FIANCEE
Intended Port of Entry	NEW YORK

Additional Information

U.S. Tourist Visa Issued?	No
---------------------------	----

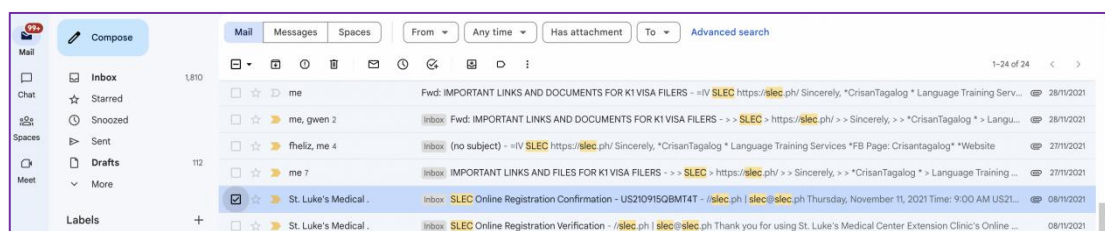
COVID-19 Vaccine

What category do you belong to?	A4
Have you received your COVID-19 vaccine?	YES
Vaccine Brand Name	Pfizer
Vaccine Dose 1 Date Received	August 03, 2022
Vaccine Dose 2 Date Received	September 02, 2022

Buttons: Register, Update

Footer: Sudden changes in immigration laws can affect your status. Visit our website regularly for important announcements.

19. Check your inbox to download and print your registration appointment. Read the requirements you need to bring with you at your Medical Appointment. Otherwise, they will not accommodate you if you lack even one of the requirements.





1177 JORGE BOCOBO ST. ERMITA, MANILA 1000 | (02) 8521-0020 | <https://slec.ph> | slec@slec.ph

Monday, September 20, 2021
Time: 10:00 AM



Dear Ma'am/Sir:

This is to confirm that we have received the online pre-registration for the U.S.A. visa medical examination of applicant **CRISANTA MORANTE** at St. Luke's Medical Center Extension Clinic, on **Monday, September 20, 2021 at 10:00 AM**. Please be at the clinic at least 30 minutes before your scheduled appointment.

Important Reminders:

- Print this email and present it at the Reception area together with the other required documents on the day of your medical examination:
 1. Valid passport – original and one (1) photocopy of the biographic data page (actual size).
 2. Visa Interview Appointment Letter or Letter with Case Number – original and one (1) photocopy
 3. Four (4) pieces recent 2x2 visa photos with white background *(please write your complete name at the back of each photo)*
 4. Accomplished **health declaration form** (see attachment)

Minors (ages 17 years and below) who are not accompanied by their parents must also present the following:

 5. Letter of Authorization or Special Power of Attorney stating that the companion is authorized to sign on behalf of the parent *(companion must be knowledgeable of the minor's medical history)*
 6. Parent's government-issued ID – two (2) photocopies per applicant
 7. Authorized companion's government-issued ID – original and two (2) photocopies per applicant.
- In the event that the US Embassy or NVC gives you a visa interview date that is **earlier** than your scheduled medical examination appointment date, please send us an email at slec@slec.ph so we can reschedule your medical examination accordingly
- In compliance with government directives to enforce social distancing and for the safety of visa applicants and clinic staff, **only visa applicants will be allowed to enter clinic premises.**
- **Always wear your face mask and clear face shield** within clinic premises.

For information and requirements, please visit: [Medical Examination Guide for U.S. Immigrant Visa Applicants](#)

ERMITA, MANILA

CONTACT DETAILS

Clinic Address:
1177 Jorge Bocobo St., Ermita, Manila

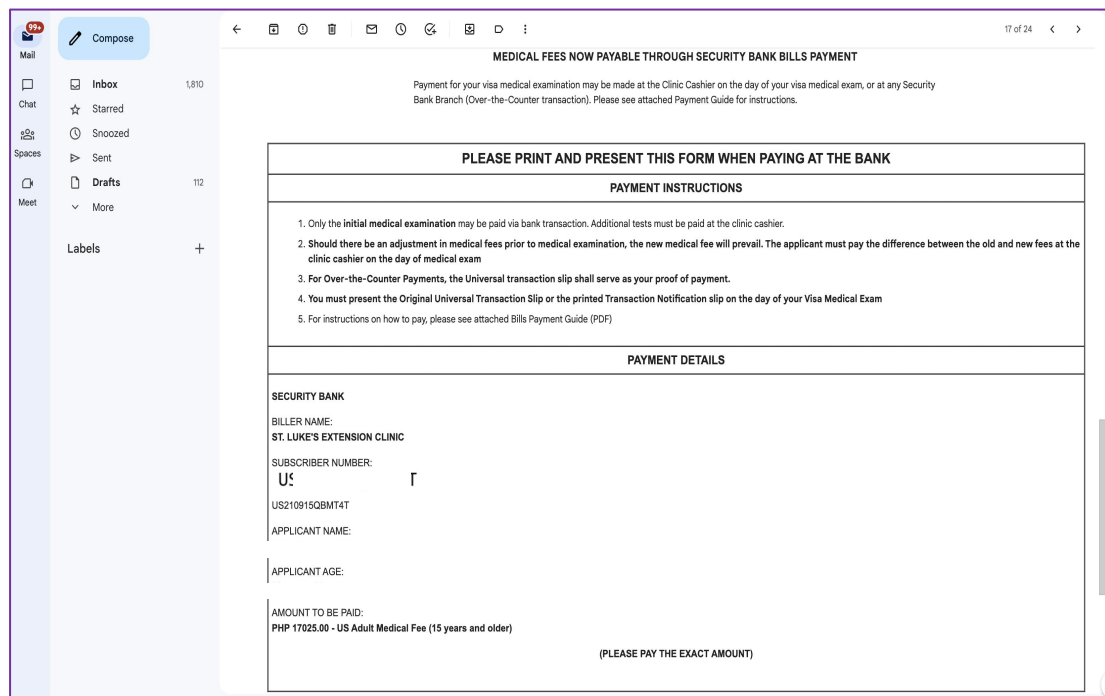
Contact Numbers:
(02) 8521-0020

CLINIC HOURS
Monday - Friday 7:00 AM to 4:30 PM (We are closed on declared Philippine holidays)

MEDICAL FEES NOW PAYABLE THROUGH SECURITY BANK BILL PAYMENT

Requirements to bring to your medical appointment

20. If you wish to pay your medical fee at the Security Bank, print and use this payment form. If not, you may also pay directly at the SLEC cashier once they allow you to proceed with your medical.



MEDICAL FEES NOW PAYABLE THROUGH SECURITY BANK BILLS PAYMENT

Payment for your visa medical examination may be made at the Clinic Cashier on the day of your visa medical exam, or at any Security Bank Branch (Over-the-Counter transaction). Please see attached Payment Guide for instructions.

PLEASE PRINT AND PRESENT THIS FORM WHEN PAYING AT THE BANK

PAYMENT INSTRUCTIONS

1. Only the **initial medical examination** may be paid via bank transaction. Additional tests must be paid at the clinic cashier.
2. Should there be an adjustment in medical fees prior to medical examination, the new medical fee will prevail. The applicant must pay the difference between the old and new fees at the clinic cashier on the day of medical exam
3. For Over-the-Counter Payments, the Universal transaction slip shall serve as your proof of payment.
4. You must present the Original Universal Transaction Slip or the printed Transaction Notification slip on the day of your Visa Medical Exam
5. For instructions on how to pay, please see attached Bills Payment Guide (PDF)

PAYMENT DETAILS

SECURITY BANK

BILLER NAME:
ST. LUKE'S EXTENSION CLINIC

SUBSCRIBER NUMBER:
US 17025.00

US2109150BMT4T

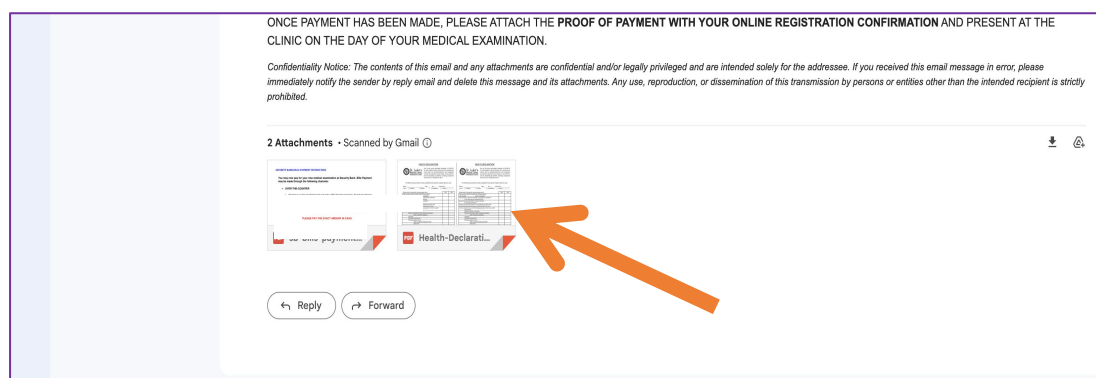
APPLICANT NAME:

APPLICANT AGE:

AMOUNT TO BE PAID:
PHP 17025.00 - US Adult Medical Fee (15 years and older)

(PLEASE PAY THE EXACT AMOUNT)

21. You may also download and print the health declaration form below their email, fill this out at home and bring it all together.



ONCE PAYMENT HAS BEEN MADE, PLEASE ATTACH THE PROOF OF PAYMENT WITH YOUR ONLINE REGISTRATION CONFIRMATION AND PRESENT AT THE CLINIC ON THE DAY OF YOUR MEDICAL EXAMINATION.

Confidentiality Notice: The contents of this email and any attachments are confidential and/or legally privileged and are intended solely for the addressee. If you received this email message in error, please immediately notify the sender by reply email and delete this message and its attachments. Any use, reproduction, or dissemination of this transmission by persons or entities other than the intended recipient is strictly prohibited.

2 Attachments • Scanned by Gmail

Health-Declaration...

Health-Declaration...

Reply Forward