Chest X-Ray report for Visa Medical

Please do not use this for Canadian, Australian or New Zealand visa!

Passport Photo

Section A (filled in by applicant)

Name:	
DOB:	
Address:	
Tel:	**Mob:**
Email:	
Country you are going/emigrating to:	

Country of birth	Country of citizenship	Passport number	Medical Examiner's name

Signature of applicant	Date

Declaration of Radiographer or Examining Radiologist: I certify I have confirmed the applicant's identity in terms of papers, photographs and appearance.

Signature of Radiographer or Examining Radiologist	Name of Radiographer or Examining Radiologist

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Section B (filled in by radiologist)

Instructions for Section B:

- This section is to be completed in full by the radiologist.
- All questions must be answered.
- Please answer all questions in English.
- Please print or write clearly.
- Illegible forms will be returned for clarification.
- Please use a black pen.
- Where abnormalities are present, the radiologist must provide details and comments in the space provided.
- Where abnormalities are present, the X-ray film must accompany the certificate.
- The radiologist's report must be attached to this certificate and both returned to the Medical Examiner.

	Normal	Abnormal	If abnormalities please provide details.
Skeleton and soft tissue			
Cardiac Shadow			
Hilar and Lymphatic glands			
Hemidiaphragms and costophrenic angles			
Lung fields			
	Yes	**No**	
Evidence of TB			
Evidence of old, healed TB			
Evidence suspicious of active TB			
Details of other abnormalities			

This declaration must be signed and dated by the radiologist who examined the chest X-ray film.

Please read carefully before signing:

I certify that, the statements my staff and I have made in answer to all the questions are true, correct and complete to the best of my knowledge.

Signature of Radiologist	
Date	
Radiologist's Details (please print) L3 Full name	
Place of examination	
Postal address	
Daytime telephone number	
Email address	