

RADIOLOGICAL REPORT

Telephone:
Our Reference:

.D2	F	Н	5
-----	---	---	---

1. Applicants aged 16 or more years are required to submit a 70mm, 100mm or full size plate chest X-ray.

The film should be identified by the date taken and the full name of the applicant. This should be automatically inscribed during the photographic process if possible. If not, it should be written in English in white ink.

- 2. The migrant or student must sign below. The original passport or ID card must be sigted by the radiographer.
- 3. Attach Radiographer's report/results.

APPLICANT'S FAMILY NAME (Block Letters)	APPLICANT'S GIVEN NAMES
(2.00.1.20.10.10)	
Applicant's Citizenship	Applicant's Date of birth:
Applicant's Passport / ID No:	Applicant Signature:
(to be sighted by radiographer)	(To be signed in radiographer's presence)
· F58=C@C;=GHfG*5GG9GGA9BH*	
this form. In my professional opinion the λ	·
The following condition/s of sig	gnificance:
Radiologist's Signature	
Radiologist's Address	

Date