## RADIO LOG IC AL REPORT

PNG Immigration \& Citizenship Service Authority
P.O. Box 1790

BOROKO NCD
Papua New Guinea
Action Office:
Telephone:
Our Reference:
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$\qquad$

## [3\$571\$

1. Applicants aged 16 or more years are required to submit a $\mathbf{7 0 m m}, 100 \mathrm{~mm}$ 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 <br> APPLICANT'S GIVEN NAMES

(Block Letters)

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)

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$\square$
I, (PRINTED NAME) hereby
declare that I have carried out today an X-ray examination of the chest of the applicant whose signature is on this form. In my professional opinion the X-ray reveals:

No significant abnormality, condition or illness; or


The following condition/s of significance: $\qquad$
$\qquad$

Radiologist's Signature $\qquad$
$\qquad$
$\qquad$
$\qquad$

