

RADIOLOGIST REPORT ON CHEST X-RAY

for person applying to live temporarily in Samoa

| Government of Samoa | | | Attach a |
|--|--|--|--------------------|
| PART A. TO BE COMPLETED | BY THE APPLICANT | | passport- sized |
| 1. Family name | | | photo of the |
| 2. Given name | | | applicant here |
| 2. Given name | | | |
| 3. Gender (Male | /Female) 4. Date of | f birth | |
| 5. How long do you intend stay | ving in Samoa? | | |
| APPLICANT'S DECLARATION - to I declare that the information I | | | |
| Signature | | Date | |
| PART B. TO BE COMPLETE | ED BY THE RADIOGRAPH | ER | |
| Please provide a large posteroar the examination and the full nar dence of tuberculosis. If the person to be examined is p if the applicant does not wish to | me of the applicant. Reference of the applicant. Reference of the applicant. | r, if known, to any history or n may proceed with abdomine | clinical evi- |
| I. Date of x-ray | be x-rayed, please provid | e comment. | |
| • | | | |
| 2. Is this person Pregnant? | (yes or no) | Comment | |
| 3. I certify that I have carried outhis form. Signature | it the x-ray of the person | whose photograph and signo | iture are on |
| signature | | | |
| PART C. TO BE COMPLETE | ED BY THE RADIOLOGIST | Comment is required on ar not to be entirely normal. | ıy aspect touna |
| | Please tick | | |
| 6. Skeleton and soft tissue | Normal or Abnorma | Il Details | |
| 7. Cardiac shadow | | | |
| | | | |
| B. Hilar and lymphatic glands | | | |
| Hemidiaphragms and costoph angles | renic | | |
| O.Lung fields | | | |
| 11. Evidence of TB (Absent or Pres | sent) | | |
| 2. Details of other abnormalities | | | |
| RADIOLOGIST'S DECLARATION I declare that I have examined t | he x-ray and that this is a | true and correct record of n | ny findings. |
| Radiologist's signature | - | Date | |
| Radiologist's full name (please print) | | contact no. | |
| Address | | | |