



RADIOLOGIST REPORT ON CHEST X-RAY

for person applying to live temporarily in Samoa

Attach a
passportsized
photo of the
applicant here
パスポートサイ
ズの写真添付

PART A. TO BE COMPLETED BY THE APPLICANT (申請者記入欄)

1. Family name 姓

2. Given name 名

3. Gender 性別 (Male/Female) 4. Date of birth 生年月日

5. How long do you intend staying in Samoa? サモアの予定滞在期間

APPLICANT'S DECLARATION - to be signed in the presence of the examining doctor.

申請者の宣言 - 診断医の前で署名して下さい

I declare that the information I have provided on this form is correct.

この書面上の情報は全て真実であることを誓います。

Signature 署名 Date 日付

PART B. TO BE COMPLETED BY THE RADIOGRAPHER