Note:

(1) A radiological report of the chest is required in respect of every prospective immigrant 12 years of age and over.

(2) The radiologist must insert the names of the prospective immigrants examined by him in the space provided for that purpose on the form. Unused spaces must be crossed out.

(3) A separate report is required in respect of every applicant suffering or suspected to be suffering from tuberculosis.

I hereby certify that I have radiologically examined the chest(s) of the following person(s) and that I could find no signs of active pulmonary tuberculosis.

Name

(1) ............................................................................................................................ .......................  
(2) ............................................................................................................................ .......................  
(3) ............................................................................................................................ .......................  
(4) ............................................................................................................................ .......................  
(5) ............................................................................................................................ .......................  
(6) ............................................................................................................................ .......................  

Radiologist

Official stamp and address of Radiologist/Hospital:

Date................................................ ..............................................................