Government of Samoa

RADIOLOGIST REPORT ON CHEST X-RAY

for person applying to live temporarily in Samoa

Attach a passport-sized photo of the applicant here

PART A. TO BE COMPLETED BY THE APPLICANT

1. Family name
2. Given name
3. Gender (Male/Female) 4. Date of birth
5. How long do you intend staying in Samoa?

APPLICANT'S DECLARATION - to be signed in the presence of the examining doctor.
I declare that the information I have provided on this form is correct.

Signature Date

PART B. TO BE COMPLETED BY THE RADIOGRAPHER

Please provide a large posteroanterior (PA) film if possible. The x-ray film should bear the date of the examination and the full name of the applicant. Refer, if known, to any history or clinical evidence of tuberculosis.

If the person to be examined is pregnant, the examination may proceed with abdominal shielding, or, if the applicant does not wish to be x-rayed, please provide comment.

1. Date of x-ray
2. Is this person Pregnant? (yes or no) Comment
3. I certify that I have carried out the x-ray of the person whose photograph and signature are on this form.

Signature Date

PART C. TO BE COMPLETED BY THE RADIOLOGIST

Comment is required on any aspect found not to be entirely normal.

	Please tick Normal or Abnormal		Details
6. Skeleton and soft tissue			
7. Cardiac shadow			
8. Hilar and lymphatic glands			
9. Hemidiaphragms and costophrenic angles			
10. Lung fields			
11. Evidence of TB (Absent or Present)			
12. Details of other abnormalities			

RADIOLOGIST'S DECLARATION
I declare that I have examined the x-ray and that this is a true and correct record of my findings.

Radiologist's signature Date

Radiologist's full name (please print) contact no.

Address