



DEPARTMENT: HOME AFFAIRS  
REPUBLIC OF SOUTH AFRICA  
**RADIOLOGICAL REPORT**

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*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.**
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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) .....

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**Radiologist**

Official stamp and address of Radiologist/Hospital:

Date .....

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