



REPUBLIC OF SOUTH AFRICA  
DEPARTMENT OF HOME AFFAIRS  
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) \_\_\_\_\_

\_\_\_\_\_ Official stamp and address of Radiologist/Hospital:  
**Radiologist**

Date: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_