



# RADIOLOGICAL REPORT

Migration & Citizenship  
Branch,  
P.O. Waru, Strip  
Central Office  
WAIGANI.

Action Officer:.....  
Telephone: 0207.....  
Our Reference: MCI.....

FRM: PAPUA NEW GUINEA HIGH COMMISSION  
1 WATERLOO PLACE, LONDON SW1Y 4AR  
Consular Assista  
0930 0922

1. Applicants aged 16 or more years are required to submit a 70mm, 100mm or full size plate chest X-ray

The film should be identified by the date taken and the full name of the applicant. This should be automatically inscribed during the photographic process if possible. If not, it should be written in English in white ink. — Please retain the X-Ray film; if required, we will advise accordingly.

2. The migrant or student must sign below.
3. The X-ray ~~report~~ report by a chest physician or radiologist, must be sent direct to Migration & Citizenship Branch representative and not given to the applicant.

\_\_\_\_\_  
APPLICANT'S FULL NAME  
(Block Letters)

\_\_\_\_\_  
APPLICANT'S SIGNATURE  
(To be signed in radiographer's presence)

I hereby declare that I have carried out today an X-ray examination of the chest of the applicant whose signature is on this form.

Radiographer's Signature.....

Radiographer's Address:.....

.....

.....

Date / /19'