**Chest X-Ray Certificate**

Falkland Islands

**Applicant’s note**

The information in this section will help you complete this chest X-Ray certificate. Please read the information in this section before you start to complete this certificate.

PLEASE NOTE: Children under 11 years of age and women who are pregnant are not required to undergo a chest X-ray examination unless requested by the Falkland Islands Health Service

**What if I submitted a chest X-ray certificate with my last application?**

You may not need a new chest X-ray certificate if you have submitted a chest X-ray certificate completed and dated by a radiologist or a radiographer within the last 36 months with a previous application, and that information has been retained by the Falkland Islands Health Service. If a new certificate is required you are responsible for any fees.

**PLEASE NOTE:** You will need to provide a new chest X-ray certificate if you have spent three consecutive months in a place that is not on the list of Countries, Areas and Territories with a low incidence of TB since any previous chest X-ray certificate was completed and dated by a radiologist or radiographer.

**Where do I get my immigration chest X-ray?**

This chest X-ray certificate must be completed by a radiologist. This certificate is not to be completed by a

radiologist or radiographer who is related to the person having the chest X-ray examination.

Please note you may require a referral from a registered medical practitioner for a chest X-ray.

In most countries Falkland’s Immigration has an approved list of panel physicians who must be used for the

examination. If you require information on the panel physicians list, please contact Falkland’s Immigration.

If you live in a country which does not have any panel physicians, a registered radiologist can complete this

certificate.

**Your responsibilities:**

* You must pay the fees for the chest X-ray, any tests required and all postage and courier fees.
* You must tell the truth. False statements on a medical certificate may result in your application being declined, any visa granted being cancelled, and if you are in the Falkland Islands, you may be required to leave the country.
* Completing the certificate

This certificate must be completed in **English.**

If any accompanying specialist report cannot be provided in English, a certified translation must be provided along with the original specialist report.

**Radiographer:**

The radiographer must:

* Certify the identity of the person being examined, by signing and dating the front of the photograph at A1 (without obliterating the image). These details must not extend beyond the photograph’s edge.
* Check passport details and record the passport number (or other form of identification) at A4 and on every following page in the top right-hand corner, and
* Witness Section A: Confirmation of identity.

**Radiologist:**

If a radiographer is not involved in this process, the radiologist must complete the steps outlined above, and:

* Complete sections D and E.
* Complete one form only for each person having the examination.
* Ensure the radiologist’s report is attached to this certificate.
* Where abnormalities are present or indicated, ensure the X-ray film accompanies this certificate.
* Ensure the completed certificate and radiologist’s report, (and X-ray film if abnormalities have been noted) are returned to the applicant.
* Provide a copy of the radiologist’s report to the referring examining physician.

**Person having chest X-ray examination:**

When you have your chest X-ray examination you must do the following:

* Attach one recent passport-size colour photograph of yourself in the space provided. The photograph must be no more than six months old.
* Bring your valid passport (or other photographic identification, for example national identity card where passport unavailable). The examining physician will not proceed with the examination without photographic identification
* Complete sections A and B before attending the examination
* Complete Section C: Declaration of person having chest X-ray examination in the presence of the radiographer.

*If you have evidence of past or present TB you may be asked to provide a respiratory physician’s report. This must include:*

* The date of diagnosis
* Documentation of treatment given
* Compliance with treatment confirmed, and
* Results of 3x3 sputum cultures. Smears alone will not be accepted.

**What happens after the examination?**

The radiologist who completes your medical certificate will return the form and all associated reports (and X-ray film if abnormalities have been noted) to you, or to the medical practitioner who referred you.

You must submit your completed chest X-ray certificate, along with any other medical certificates required, within three months from the date the radiologist signed the completed chest X-ray certificate.

Your application will be assessed by the Chief Medical Officer or other medical practitioner. You may be required to get further specialist reports or tests. You are responsible for paying for these. Your medical information may be retained by the Falkland Islands Health Service.

**For more information:**

If you have questions about completing the form, please contact the Falkland Islands Government Health Services Department on +500 28005 or e-mail medicals@kemh.gov.fk

Falkland Islands

**Chest X-Ray Certificate**

Photograph

|  |  |
| --- | --- |
| **Section A** |  **Confirmation of Identity** |

Attach one passport-size colour photograph here. The photograph must be no more than six months old. Write your full name on the back of the photograph.

Questions A1, A2 and A3 must be completed by the person having the chest x-ray examination.

Question A4 must be completed by the radiographer or radiologist.

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| --- |
| **A1** |

Full name as shown in passport

Family / Last name

 Given / First name (s)

|  |
| --- |
| **A2** |

Gender **Male Female**

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| --- |
| **A3** |

Date of Birth

**To be completed by the radiographer or radiologist**

|  |
| --- |
| **A4** |

Valid passport sighted? **Yes No**

*If yes, please give details below*

Passport Number

 **OR** Valid photographic identification (ID) sighted? **Yes No**

 *If yes, please give details below*

 Type of ID

 ID Number

|  |  |
| --- | --- |
| **Section B** |  **Details of person having Chest X-Ray Examination**  |

This section must be completed by the person having the Chest X-Ray examination before attending the examination.

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| **B1** |

Name as shown in passport

 Family / Last name

 Given / First Name (s)

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| --- |
| **B2** |

Full home address

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| **B3** |

Telephone (Daytime)

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| --- |
| **B4** |

Email

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| --- |
| **B5** |

Gender Male Female

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| --- |
| **B6** |

Date of Birth

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| **B7** |

Country of Birth

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| --- |
| **B8** |

Country of Citizenship

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| --- | --- |
| **Section C** |  **Declaration of person having Chest X-Ray Examination**  |

This declaration must be signed and dated by the person having the chest X-ray examination, in the presence of the radiographer or radiologist.

A parent or guardian must sign on behalf of a child under 16 years of age.

Please read carefully before signing.

I declare that the details given by me to the radiologist or radiographer on this X-ray certificate and set out in section A of this certificate are true and correct in every respect.

I declare that I will inform the Falkland Islands Customs & Immigration Service of any relevant fact or any change of circumstances that may affect the decision on my application for a permit due to my health circumstances.

I authorise the Falkland Islands, Chief Medical Officer to make any enquiries it deems necessary in respect of the information provided on this form and to share this information with other Government agencies (including health service agencies and overseas agencies) to the extent necessary to make a decision about my immigration status.

I undertake to pay the fees for this X-ray examination and I also agree that I or my child will undergo, at my expense, any further examinations that may be required in respect of my immigration application.

I agree that the radiologist or radiographer who completes this certificate may release to the Falkland Islands Health Service, any information acquired with regard to the health of myself or my child.

I understand that if I make any false statements, or provide any false or misleading information or have changed or altered this certificate in any way, my application may be declined, or I may become liable for deportation, and that I may be committing an offence and be liable to prosecution and imprisonment.

Signature of person having Chest X-Ray Date

*(Parent / Guardian)*

Full name of parent / guardian

Relationship to the person having Chest X-Ray

Signature of radiographer radiologist Date

Name of Radiographer or Radiologist

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| --- | --- |
|  **Section D** |  **Results of Chest X-Ray Examination**  |

**This section must be completed in full by the Radiologist.**

Where abnormalities are present, the radiologist must provide details and comments in the space provided and the x-ray film must accompany this certificate. The radiologist’s report must be attached to this certificate and both returned to the examining physician or applicant.

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| **D1** |

Notes to Radiologist from examining physician (*if applicable)*

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*Give details*

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| **D2** |

Skeleton and soft tissue Normal Abnormal

*Give details*

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| --- |
| **D3** |

Cardiac Show Normal Abnormal

*Give details*

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| --- |
| **D4** |

Hilar & Lymphatic glands Normal Abnormal

*Give details*

|  |
| --- |
| **D5** |

Hemi-diaphragms and Normal Abnormal

Costophrenic angles

*Give details*

|  |
| --- |
| **D6** |

Lung fields Normal Abnormal

*Give details*

|  |
| --- |
| **D7** |

Evidence of TB Normal Abnormal

*Give details*

|  |
| --- |
| **D8** |

Evidence of old, healed TB Normal Abnormal

*Give details*

|  |
| --- |
| **D9** |

Evidence suspicious of Normal Abnormal

active TB

If abnormalities/evidence are noted in D1 – D9, then include all X-ray films/plates/scans to show recent and past history of diagnosis and treatment. X-ray films/plates/scans must have a corresponding report attached.

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|  **D10** |

Details of other abnormalities

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|  **Section E** |  **Radiologist’s decision**  |

**This declaration must be signed and dated by the radiologist who examined the chest X-Ray.**

I certify that the statements made by me in answer to all the questions are true to the best of my knowledge and belief.

Signature of Radiologist Date

**Radiologist’s details**

Full name

GMC Number for UK Practitioners

Place of examination (City/state and country)

Postal Address

Telephone (daytime)

Email