



## RADIOLOGICAL REPORT

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

Action Officer:.....  
Telephone:.....  
Our Reference:.....

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.

2. The migrant or student must sign below.

3. The X-ray accompanied by this form and a report by a chest physician or radiologist, must be sent direct to  
P.N.G. DIPLOMATIC MISSION

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APPLICANT'S FULL NAME  
(Block Letters)

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

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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:.....

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