

## Annex F: Consent form



### UNITED KINGDOM PRE ENTRY TUBERCULOSIS SCREENING PROGRAMME

Name:
Date of birth
Clinic location: RUBY HALL CLINIC PUNE

#### Applicant's Declaration:

I understand that:

- I am required to undergo testing for pulmonary tuberculosis (TB), involving an X-ray and possibly sputum tests, prior to applying for entry clearance to go to the UK;
- If my chest X-ray is abnormal, I will receive individual counselling and an explanation of the further testing procedures.
- If my chest X-ray is abnormal, and changes are suggestive of tuberculosis, regardless of whether these changes are old or new, or if there are other clinical reasons to suspect TB, I will have to provide 3 sputum samples which will be tested for TB with smear and culture. I understand that the results of sputum cultures may take up to ten weeks
- If sputum samples are necessary, I will be required to return for sputum collection on 3 consecutive mornings starting within 7 days of my chest X-ray. If I fail to return within 7 days, I will forfeit the opportunity to obtain a TB Certificate.
- If the smear or culture shows the presence of TB bacteria, I will be referred for TB treatment. Treatment shall be at my own expense; I will inform the TB treatment facility that I have close family contacts, who may need evaluation for TB.
- I have the right to refuse to undergo the TB assessment procedure and TB treatment, but accept such a refusal may adversely impact on my UK visa application.
- I understand that the physician has the final decision about whether I receive a Certificate

#### Female applicants

All female applicants will be asked about their last menstrual period to identify applicants who possibly may be pregnant:

- If I could be pregnant, I will be offered several alternatives; 1) a chest X-ray with protective shield; 2). I can postpone the CXR (and TB clearance) until after delivery or 3) I can opt to provide 3 sputum samples for laboratory examination.
- I acknowledge that a CXR can carry a risk for the unborn child, but that this risk is quite small in the second and third trimester. I am therefore advised to consult the panel physician and may wish to consult my gynaecologist to understand the risks before I take a chest X-ray. If I decide to submit to an X-ray, this shall be at my own risk.

I hereby:

- consent to undergo TB testing;
- authorise you and your designated laboratory to store all relevant personal information collected during the assessment process, including health records and chest X-ray;
- authorise you and your designated clinics to share my personal details and assessment results with the UK immigration authorities, the UK Department of Health, Public Health England and the UK National Health Service.
- I authorise you to share my assessment results with the health authorities of my country of residence, where this is required by my country's laws. I release and hold harmless the UK Government and you from any liability for loss, injury suffered or other harm during, or as a result of, the TB assessment procedures

\* I have read this consent form, or had translated for me. I was invited to ask questions to clarify what was not clear to me. I understand the content of this declaration.

Applicant's signature

Date

Please print your name

\* For children, or adults without the mental capacity to give consent, I confirm that I am the parent or legal guardian of the applicant and confirm that I give my consent  
For adults who are not able to physically sign the form, I confirm that I am an independent witness and the applicant has given their consent orally or by other non-verbal means

Signature

Date

Please print your name

Relationship to applicant

Statement of interpreter (if required); I have translated the content of this document for the applicant to the best of my ability and in a way in which I believe s/he can understand.

Signed

Date .....

Please print your name)

\* For female applicants who might be pregnant; I confirm that I have had the risks of having a chest X-ray in pregnancy explained to me and I wish to carry on with the chest X-ray.

Signed

Date

Please print your name

Statement of Physician (if required); I have explained the content of this document to the applicant and confirm that the applicant has declined to go ahead with the assessment.

Signed

Date

Please print your name

# Annex G: United Kingdom pre-entry TB screening programme medical record

## Symptom screen, history of contact with TB and discretionary medical examination (all applicants)

### Symptom screen

\* Has the applicant (or their child) had any of the following symptoms in the last 3 months

- cough
- haemoptysis
- night sweats
- weight loss
- fever

For children only; is there any history of the following:

- any chronic respiratory disease, such as cystic fibrosis
- previously thoracic surgery
- cyanosis
- respiratory insufficiency that limits activity

For all applicants:

- is there any history of previous TB?
- has anyone in the household been diagnosed with TB in the last 2 years?
- is there any history of recent contact with a case of active pulmonary TB (shared the same enclosed air space or household or other enclosed environment for a prolonged period for days or weeks)?

\* For female applicants : LMP

Physical Examination (at the discretion of the physician).

Physician's signature

Date

Please print your name