

FILL IN CAPITAL LETTERS

UK Pre-Departure Tuberculosis Detection Programme



Affix
35mmX45mm
Photo
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Medical Certificate

Certificate no: _____
SP ID NO: _____
City/ Town: _____

Issue Date: _____
Expiry Date: _____
Country: _____

* Given name(s) (as shown in passport): _____
* Family name (as shown in passport): _____
* Gender: Male Female * Date of Birth: (DD/MM/YYYY) _____
* Nationality: _____ * Passport No: _____
* Number of accompanying children under 11 years of age: _____
* Full residential address: _____
* Address in the UK: _____

Sputum Test: Not Done Negative
Chest X-Ray: Not Done Normal Abnormal
NO evidence of active pulmonary TB

Family contact with tuberculosis
 Pregnant
 Under 11 years or age undergone health assessment
 Chest X-Ray & interaction with Applicant
 Referral Letter given to applicant

IMPORTANT: You must carry this certificate with you, in your hand luggage, when you travel to the UK and present it to the Immigration Officer on arrival. Failure to do so will result in a delay to your journey as you may be required to undergo the tests again. Upon arrival in the UK you should register with a General Practitioner (GP) and supply a copy of this certificate for their records. If your chest X-ray shows abnormality requiring follow-up, we will also give a copy of the chest x-ray and x-ray interpretation and this should also be supplied.

SP Health Professional Name: _____
SP Health Professional Signature: _____
Date: _____

* Applicant's Signature: _____
* Date: _____
* Visa Category: _____

The Information contained within this document provides Information in connection with your application for a United Kingdom visa ONLY and does not constitute a diagnosis or assurance of health for any Other purpose. The issue of the certificate does not mean that your application for a visa will be successful.