

UKVI COMPLETE HEALTH SCREENING

To be completed by the visa applicant. Provide accurate information exactly as shown on your passport.

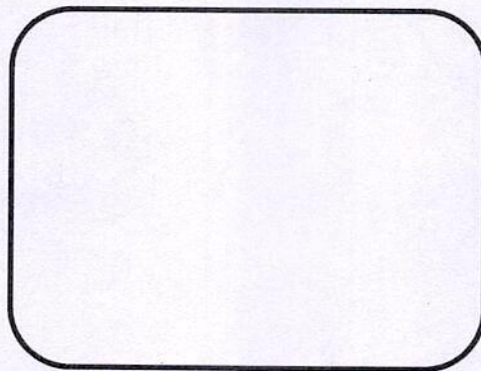
SECTION 1: PERSONAL INFORMATION

Full name (as shown on passport)	
Date of birth (DD/MM/YYYY)	
Sex assigned at birth	
Nationality	

SECTION 2: PASSPORT DETAILS

Passport number	
Country of issue	
Issue date (DD/MM/YYYY)	
Expiry date (DD/MM/YYYY)	

- **PHOTOGRAPH-1 (against a plain white background within the last 6 months)**



- **PHOTOGRAPH-2 IN OUR CAMERA, JPG/JPEG/PNG LESS THAN 10MB**

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SECTION 3: HOME ADDRESS (in home country)

Address line 1	
Address line 2 (optional)	
Address line 3 (optional)	
Town / city	
Province / state	
Postal code (optional)	
Country	

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SECTION 4: UK CONTACT / TRAVEL INFORMATION

Visa category	
Address line 1	
Address line 2 (optional)	
Address line 3 (optional)	
Town / city	
Postcode	
UK phone number	
UK email address	

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SECTION 6: HEALTH HISTORY

Age (years)

Do you have any pulmonary (lung) TB symptoms?

Yes

No

If yes, which symptoms do you have? (select all that apply)

- | | |
|--------------------------|---------------------------------|
| <input type="checkbox"/> | Cough |
| <input type="checkbox"/> | Night sweats |
| <input type="checkbox"/> | Haemoptysis (coughing up blood) |
| <input type="checkbox"/> | Weight loss |
| <input type="checkbox"/> | Fever |
| <input type="checkbox"/> | Other symptoms |

Further details (optional):

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SECTION 7: CHILD HEALTH HISTORY (if applicant is aged 11 or under)

Has the child ever had any of the following? Select all that apply.

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Thoracic surgery |
| <input type="checkbox"/> | Cyanosis |
| <input type="checkbox"/> | Chronic respiratory disease |
| <input type="checkbox"/> | Respiratory insufficiency that limits activity |
| <input type="checkbox"/> | None of these |
| <input type="checkbox"/> | Not applicable — applicant is aged 11 or over |

Further details (optional):

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Ever had pulmonary tuberculosis

Close household contact - tuberculosis

Is the visa applicant pregnant? LMP-----

DECLARATION

I confirm that the information I have provided is accurate and complete to the best of my knowledge.

Applicant signature

Date (DD/MM/YYYY)
