

DEPARTMENT: HOME AFFAIRS REPUBLIC OF SOUTH AFRICA

RADIOLOGICAL REPORT

mo opuoc p	gist must insert the n	names of the prospec	tive immigrants ex	camined by
(3) A separate	report is required in	sec on the form. Until	sed spaces mus	t be crosse
suffering fr	om tuberculosis.	respect of every app	licant suffering o	r suspected
I hereby certify t	hat I have radiologic	ally examined the c	hest(s) of the fall	
and that I could f	ind no signs of activ	e pulmonary tuberc	ulosis.	lowing pers
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