



IOM International Organization for Migration

CUSTOMER COPY

No.80A,11th Floor-IBSL Building,
Elvitigala Mawatha, Colombo 08

OFFICIAL RECEIPT

No: 115622

Date: 15-Oct-2025

Received From Safwan SALEEM

ID: LKCMB0100104583

The sum of Eighteen thousand one hundred thirty LKR only

Mode of Payment Cash

In Payment of TB Health Assessment (ADULT)

Remarks

LKR

18,130.00

RAMAKRISHNAN , Abilashini

Received/Issued By

15 OCT 2025
BY: 

UNITED KINGDOM PRE ENTRY TUBERCULOSIS
SCREENING PROGRAMME
Consent Form



Name: Safwan SALEEM	
Date of birth: 13-Dec-2003	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Clinic Location: IOM Colombo	

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 three 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 three consecutive mornings starting within seven (7) days of my chest X-ray. If I fail to return within seven 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 three 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.

IOM Colombo, Sri Lanka
No.80A, 11th Floor-IBSL Building, Elvitigala Mawatha, Colombo 08
Tel: +94 11 2031700 Fax:
<http://www.iom.int>



I hereby:

- consent to undergo TB testing;
- authorise IOM and its designated laboratory to store all relevant personal information collected during the assessment process, including health records and chest X-ray;
- authorise IOM and its 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 IOM 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 IOM 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 it was 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: 15-Oct-2025

Please print your name: Safwan SALEEM

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 the consent orally or by other non-verbal means.

Signature

Date: 15-Oct-2025

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.

Signature

Date: 15-Oct-2025

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.

Signature

Date: 15-Oct-2025

Please print your name:

Statement of Physician / Healthcare Professional (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.

Signature

Date: 15-Oct-2025

Please print your name: Dr. S.M. Amarasekara

MBBS (Colombo)

SLMC Reg No: 23747

Migration Health Physician

International Organization for Migration

IOM Colombo, Sri Lanka

No 80A 11th Floor IBSL Building, Elvitigala Mawatha, Colombo 08

Tel: +94 11 2031700 Fax:

<http://www.iom.int>



LKCM0100104583



**IOM Migration Health Activities Consent Form
(Form MH05-A)**

To be read and signed by all migrants and refugees undergoing migration health activities by the International Organization for Migration (IOM) for immigration and resettlement purposes. Depending on the type of migration, migration health activities may include at least one or all of the following: migration health assessment, vaccination, pre-departure medical procedures and travel health services (e.g. medical escort).

1. I have been informed and understand that the migration health activities are part of the migration process for refugees or immigrants as defined by the **United Kingdom** immigration authorities.
2. I confirm that the scope and benefits of the migration health activities were explained to me and understood by me.
3. I understand that the IOM medical team may request me to undergo other examinations, certain medical treatments or vaccinations in order to complete the migration health assessments, to make the necessary preparations for travel, and/or to comply with any other requirements of the immigration authorities. In each case, I will be counselled by an IOM staff on the benefits and risks, as well as the consequences if I opt not to undergo all or some of the requested examinations / treatments / vaccinations.
4. I understand that I have the right to refuse any part of migration health activities or withdraw my consent, but accept that such a refusal or withdrawal may have a negative impact on my immigration prospects, unless it is not mandatory per **United Kingdom** requirements.
5. I understand the importance of conveying to the IOM medical team full and truthful information about my health to the best of my awareness.
6. I confirm that if I am pregnant, I have been informed by the IOM medical team of the potential risks and alternatives of chest X-ray, vaccination or other medical treatments, and I voluntarily choose to proceed with these procedures.
7. I understand that my personal data (including health data) will be processed in accordance with IOM's Data Protection Principles, and I consent to:
 - My personal data (including health data) being collected and stored in the IOM's database for the purposes of facilitating arrangements for migration health activities.
 - These data being disclosed to third parties for the sole purpose of my immigration process, or if required by law. These parties may include:
 - Immigration and public health authorities in the hosting and receiving countries involved in decisions on my migration process;



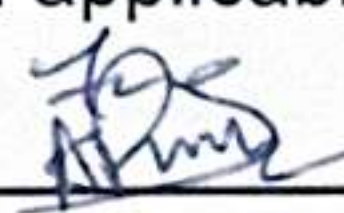
- **United Kingdom** health agencies, their contracted settlement service providers and examining doctor(s) or staff at their clinics, health service providers for the purposes of administering and delivering settlement services and providing continuing care of my medical condition/s;
- External health care and service providers for specialist consultations and services needed to finalize the migration health assessment and/or pre-departure medical procedures or for treatment purposes, upon my agreement with the IOM Physician;

I understand that my personal data will be kept by IOM for as long as it is necessary to achieve the above listed specified purposes and necessary data retention requirements. Once the specified purpose has been achieved, my personal data will be deleted or anonymized. However, IOM may keep my personal data archived for the purposes of keeping historical records, complying with donor requirements, auditing, and/or fulfilling IOM's mandate. My de-identified and aggregated data (including health data) may be used for research for the purposes of analysis of migration health issues to inform policy and/or for programme evaluation.

8. I hereby release IOM, its employees, medical personnel or its representative(s) providing the examination and related interventions, from any liabilities, claims, and damages that may be caused by my medical examination, vaccination and/or treatment, except where such damage, claim and liability are caused directly by gross negligence or misconduct of IOM, its employees, medical personnel or its representative(s).
9. I declare that I have read and fully understood the contents of this form and the procedures involved in the pre-migration health activities performed by IOM, and I hereby provide my consent and sign the form of my own free will.

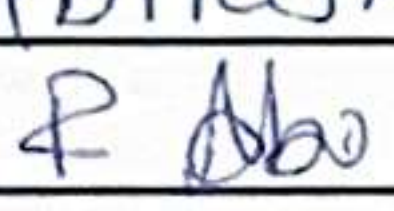
Applicant name (or the name of the parent or legal guardian): SALEEM, Safwan

Case number (if applicable): LKCMB0100104583

Signature: 

Date: 15-Oct-2025

Name of interpreter (if applicable): R. Abilashini

Signature: 

Date: 15-Oct-2025

Dr. S.M. Amarasekara

MBBS (Colombo)

SLMC Reg No: 23747

Migration Health Physician

No. 80A, 11th Floor, BSL Building, Elvitigala Mawatha, Colombo 08



IOM ID: LKCMBO100104583



UK Pre-Departure Tuberculosis Detection Programme Medical Certificate

UK Visas
& Immigration

IOM • OIM

Certificate No: CMB110530

Issue Date: 15-Oct-2025

SP ID No:

Expiry Date: 15-Apr-2026

City: Colombo

Country: Sri Lanka



Given name (as shown in passport): Safwan

Family name (as shown in passport): SALEEM

Gender ☒ Male ☐ Female

Date of Birth: 13-Dec-2003

Nationality: Sri Lanka

Passport/ID No: P0699129

Number of accompanying children under 11 years of age: 0

Full residential address: 394, AL HILAL ROAD, SAINTHAMARUTHU 11

Address in the UK: 2D LODGE LANE, NORTH FINCHLEY, UK N12 8FE

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 of age and has undergone health assessment
☐ Chest X-Ray & Interpretation 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 give a copy of this certificate for their records. If your chest x-ray shows abnormality requiring follow-up, we will also give you a copy of the chest x-ray and interpretation which you also have to give to the GP.

IOM Health Professional Name: Sujeewa AMARASEKERA

IOM Health Professional Signature

Date

15-Oct-2025

Applicant's Signature

Date

15-Oct-2025

Visa Category

Work

This document contains 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. Issuance of the certificate does not mean that your application for a visa will be successful.

Dr. S.M. Amarasekara

MBBS (Colombo)

SLMC Reg No: 23747

Migration Health Physician

International Organization for Migration

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