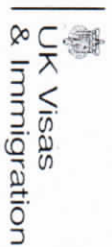




UK Pre-Departure Tuberculosis Detection Programme Medical Certificate



Certificate No: IND/014/00/43468 Issue Date: 24/02/2021
SP ID No: IND/014 Expiry Date: 24/08/2021
City/Town: HYDERABAD Country: INDIA

Given name(s) (as shown in passport): Asad Hussain

Family name (as shown in passport): Syed

Gender: ☒ Male ☐ Female Date of Birth: (DD/MM/YYYY) 01/05/2015

Nationality: Indian Passport No: T6939830

Number of accompanying children under 11 years of age: -

Full residential address: F#302, Lily Blossoms Apartment, Attapur, Upperally, Hyderabad-500048

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 of 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: Dr Helen Granakalanjiam Applicant's Signature: Julian (Mother)

SP Health Professional Signature: Melba Granakalanjiam Date: 24/02/2021

Date: 24/02/2021 Tier 2 - General Dependant

The information contained within this document provides information in connection with an application for a visa 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. **Centre for Migration Medicine (CMM) Visa Category: 8-2-293/HH/89, Huda Heights, Hyderabad-500 034, India.**

Annex E:



UNITED KINGDOM PRE ENTRY TUBERCULOSIS
SCREENING PROGRAMME

HEALTH QUESTIONNAIRE FOR CHILDREN
AGED UNDER 11

COMPLETE THIS FORM IN CAPITAL LETTERS

Your Child's Name SYED ASAD HUSSAIN Male ☒ Female ☐

His/Her Date of Birth 01/05/2015 Nationality INDIAN

Passport number T6939830 Passport expiry date 29/08/2024

His/Her proposed UK address (if known)

Postcode Telephone No

If you/he/she is being sponsored to come to the UK:-
Type of sponsor (education/employer/family/other) EMPLOYER

Name of sponsor VISA INC PVT LIMITED

Their address 1 SHELDON SQUARE, LONDON

Their postcode W26TT Telephone no +44 207795 5777

Now answer all the following questions in respect of your child

1. Has anyone in the household in which he/she lives (including him/her and yourself) been diagnosed with TB (Tuberculosis) in the last 2 years?

Yes ☐ No ☒

2. At the moment, does he/she have a cough that has lasted for more than a month?

Yes ☐ No ☒

3. At the moment, is he/she coughing up blood (haemoptysis)?

Yes ☐ No ☒

4. Does he/she have a chronic respiratory disease such as cystic fibrosis or respiratory condition that limits activity or cyanosis (indicated by blue or purple coloration of the skin)?

Yes ☐ No ☒

5. Has he/she previously had thoracic surgery?

Yes ☐ No ☒

Centre for Migration Medicine (CMM)
8-2-293/HH/89, Huda Heights,
Road No:12, Banjara Hills,
Hyderabad-500 034. India.

Information I provide to the Home Office will be treated in confidence but it may be disclosed to other law enforcement agencies, government departments including the UK Health Protection Agency and the UK National Health Service, UK local authorities, foreign governments and other bodies for immigration or research purposes or to enable them to perform their functions.

Your Signature Dehannise
(Mother)

Today's date 24/02/2021