

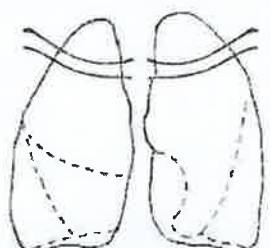


A1. IOM Administrator		<b>UK Pre-departure Tuberculosis Detection Programme Medical Examination Form</b>			Reference ID: PHMNL0100078168 Exam Date: 04-Apr-2023 City: Manila Country: Philippines						
		<b>A1. Registration Information</b> Name: Jonalyn Grabillos DOLEND Birthdate: 31-Jan-1995      Nationality: Philippines Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female      Passport/ID: P3580915C									
A2.	<b>A2. Pregnancy (To be certified by an IOM Health Professional)</b> Is the applicant pregnant? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Possibly      Pregnancy Test Date: _____ <i>If pregnancy is possible or unlikely please provide test results</i> Pregnancy Test Result: <input type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> Declined										
B. Technician/Radiographer	<b>B. CXR</b> <input type="checkbox"/> Not done <input checked="" type="checkbox"/> Done    Date Done: 04-Apr-2023										
	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">         If not done, provide reason:  <input type="checkbox"/> Deferred  <input type="checkbox"/> Pregnant - SC instead  <input type="checkbox"/> Applicant declined CXR  <input type="checkbox"/> No Show  <input type="checkbox"/> Child &lt; 11yo  <input type="checkbox"/> Unable/unwilling -SC instead  <input type="checkbox"/> Other (specify) _____       </div> <div style="width: 50%;">         If CXR done, provide detail: <input checked="" type="checkbox"/> I certify that I have carried out the X-ray of the person whose photograph is on this form.  <input checked="" type="checkbox"/> With pelvic shielding  <input type="checkbox"/> Other (specify) _____          Radiographer's full name: <b>VIRGINIA U. PENARANDA, RXT, CRSO</b>          PENARANDA, Virginia    Lic. # 0005556          Address: IOM Manila          15/F Trafalgar Plaza 105 HV Dela Costa St       </div> </div>										
C1. Radiologist	<b>C1. CXR Interpretation by the Radiologist</b> <input type="checkbox"/> Normal <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Abnormal										
	Abnormality suggestive of active or old pulmonary TB? <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No										
	<table border="0" style="width:100%;"> <tr> <th style="width:33%;">Minor findings</th> <th style="width:33%;">Minor findings (occasionally associated with TB infection)</th> <th style="width:33%;">Findings sometimes seen in active TB (or other conditions)</th> </tr> <tr> <td> <input type="checkbox"/> 1.1 Single fibrous streak/band/scar  <input type="checkbox"/> 1.2 Bony islets  <input type="checkbox"/> 2.1 Pleural capping with a smooth inferior border (&lt;1cm thick at all points)  <input type="checkbox"/> 2.2 Unilateral or bilateral costophrenic angle blunting (below the horizontal)  <input type="checkbox"/> 2.3 Calcified nodule(s) in the hilum / mediastinum with no pulmonary granulomas         </td> <td> <input type="checkbox"/> 3.1 Solitary Granuloma (&lt; 1 cm and of any lobe) with an unremarkable hilum  <input type="checkbox"/> 3.2 Solitary Granuloma (&lt; 1 cm and of any lobe) with calcified / enlarged hilar lymph nodes  <input type="checkbox"/> 3.3 Single / Multiple calcified pulmonary nodules / micronodules with distinct borders  <input type="checkbox"/> 3.4 Calcified pleural lesions  <input type="checkbox"/> 3.5 Costophrenic Angle blunting (either side above the horizontal)         </td> <td> <input type="checkbox"/> 4.0 Notable apical pleural capping (rough or ragged inferior border and/or ? 1cm thick at any point)  <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 4.1 Apical fibronodular / fibrocalcific lesions or apical microcalcifications  <input type="checkbox"/> 4.2 Multiple / single pulmonary nodules / micronodules (noncalcified or poorly defined)  <input type="checkbox"/> 4.3 Isolated hilar or mediastinal mass/lymphadenopathy (noncalcified)  <input type="checkbox"/> 4.4 Single / multiple pulmonary nodules / masses ? 1 cm.  <input type="checkbox"/> 4.5 Non-calcified pleural fibrosis and / or effusion.  <input type="checkbox"/> 4.6 Interstitial fibrosis/ parenchymal lung disease/ acute pulmonary disease  <input type="checkbox"/> 4.7 Any cavitating lesion OR "fluffy" or "Soft" lesions felt likely to represent active TB         </td> </tr> </table>					Minor findings	Minor findings (occasionally associated with TB infection)	Findings sometimes seen in active TB (or other conditions)	<input type="checkbox"/> 1.1 Single fibrous streak/band/scar <input type="checkbox"/> 1.2 Bony islets <input type="checkbox"/> 2.1 Pleural capping with a smooth inferior border (<1cm thick at all points) <input type="checkbox"/> 2.2 Unilateral or bilateral costophrenic angle blunting (below the horizontal) <input type="checkbox"/> 2.3 Calcified nodule(s) in the hilum / mediastinum with no pulmonary granulomas	<input type="checkbox"/> 3.1 Solitary Granuloma (< 1 cm and of any lobe) with an unremarkable hilum <input type="checkbox"/> 3.2 Solitary Granuloma (< 1 cm and of any lobe) with calcified / enlarged hilar lymph nodes <input type="checkbox"/> 3.3 Single / Multiple calcified pulmonary nodules / micronodules with distinct borders <input type="checkbox"/> 3.4 Calcified pleural lesions <input type="checkbox"/> 3.5 Costophrenic Angle blunting (either side above the horizontal)	<input type="checkbox"/> 4.0 Notable apical pleural capping (rough or ragged inferior border and/or ? 1cm thick at any point) <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> 4.1 Apical fibronodular / fibrocalcific lesions or apical microcalcifications <input type="checkbox"/> 4.2 Multiple / single pulmonary nodules / micronodules (noncalcified or poorly defined) <input type="checkbox"/> 4.3 Isolated hilar or mediastinal mass/lymphadenopathy (noncalcified) <input type="checkbox"/> 4.4 Single / multiple pulmonary nodules / masses ? 1 cm. <input type="checkbox"/> 4.5 Non-calcified pleural fibrosis and / or effusion. <input type="checkbox"/> 4.6 Interstitial fibrosis/ parenchymal lung disease/ acute pulmonary disease <input type="checkbox"/> 4.7 Any cavitating lesion OR "fluffy" or "Soft" lesions felt likely to represent active TB
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Other findings (describe the abnormality in Descriptive Findings/Comments below) <input type="checkbox"/> Skeleton and soft tissue <input type="checkbox"/> Lung fields <input type="checkbox"/> Cardiac or major vessels <input type="checkbox"/> Other											
Descriptive Findings / Comment on Abnormalities PA, Apical, LAO There are faint reticulonodular densities in the left upper lung zone. The heart is normal in size. There is slight rightward curvature of the thoracic spine.											
											
Name: NAKPIL, Rachel      Address: _____ Signature: _____      Date: 04-Apr-2023											
C2. IOM	<b>C2. IOM Physician's Comments</b> By AFICIAL, Hennialyn Pascua (04-Apr-2023):										

