





Visit date: -

# Client personal details

Family name: MITCHELL
Given names: GARY
Gender: MALE

Date of birth: 26 Sep 1976
Country of birth: SOUTH AFRICA

# **Client identity details**

Identity document presented:Original PassportIdentity document number:M00213172Issuing country:SOUTH AFRICADate of issue:23 Mar 2017Date of expiry:22 Mar 2027Source:Clinic

### Client visa details

IME: Non EDE Upfront medical type: Worker

### **Additional Information**

### **Preferred language**

English

### **Contact channels**

Contact type	Contact details	Primary	Comments
Address (Home)	2 OREGON , EMILY HOBHOU STREET, ROODEPOORT, JOHANNESBURG, 1735, SOUTH AFRICA	Yes	-
E-mail (Personal)	mitchgary@gmail.com	Yes	-
Mobile (Personal)	+ 27 783230072	Yes	-

### **Client Declaration**

The client stated that they read and understood the department's use of the information they have provided.

# **Examinations required for this visa application**

Exam	Status	Clinic
501 Medical Examination	Completed	Travel Doctor Corporate
502 Chest X-ray Examination	Completed	Travel Doctor Corporate
707 HIV test	Completed	Travel Doctor Corporate
712 Syphilis Test (VDRL or RPR)	Completed	Travel Doctor Corporate

### **Health Case attachment**

Decument Type	Attached
Document Type	Attached

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eMail from department	Yes
Other	Yes
Identity document presented	Yes
Signed eMedical client declaration	Yes
Identity document presented	Yes

#### **501 Medical Examination**

Exam description Full physical medical examination report required

Exam status Finalised

Reason requested Required under policy Clinic Travel Doctor Corporate

Exam date 26-Jun-2018

### **Confirm Identity**

Issuing country
Identity document presented
Identity document number
Date of issue
Date of expiry

SOUTH AFRICA
Original Passport
M00213172
23 Mar 2017
22 Mar 2027

Do you have identity concerns?

### **Medical History**

Tuberculosis (TB), treatment for tuberculosis?	No
Close household contact with Tuberculosis (TB)?	No
Prolonged medical treatment and/or repeated hospital admissions for any reason, including a	No
major operation or psychiatric illness	
Psychological/Psychiatric Disorder (including major depression, bipolar disorder or	No
schizophrenia)	
An abnormal or reactive HIV blood test	No
An abnormal or reactive Hepatitis B or Hepatitis C blood test?	No
Cancer or Malignancy in the last 5 years	No
Diabetes	No
Heart condition including coronary disease, hypertension, valve or congenital disease	No
Blood condition (including thalassemia)	No
Kidney or Bladder Disease	No
An ongoing physical or intellectual disability affecting your current or future ability to function	No
independently or be able to work full-time (including autism or developmental delay)	
An addiction to drugs or alcohol	No
Are you taking any prescribed pills or medication (excluding oral contraceptives, over-the	No
counter medication and natural supplements)? Please list	

### **General Supporting Comments**

Remote history of appendectomy - no complications following procedure

#### **Client declaration**

The client has provided true and correct medical history information.

#### **Doctor declaration**

Dr Frederick ROSSOUW has discussed the client's medical history with the client.

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#### **Attachments**

Document Type	Attached
-	-

# **Basic questions**

**Chaperone** Interpreter

Chaperone present?: Yes Interpreter present?: No - not required

Relationship to the client: Partner

Height & Weight Head circumference

Height: 173 Head circumference: Height percentile: - Head circumference percentile: -

Weight: 74
Weight percentile: -

Body Mass Index (BMI): 24

**Blood pressure** 

Initial blood pressure

Systolic: 118 Diastolic: 70

**Eyes** 

Visual acuity with or without correction: At least one eye is 6/6, 6/9, 6/12 or 6/18

Best distance visual acuity (with or without correction):

Left eye: - Right eye: -

**Urinalysis** 

**Initial exam** 

Exam date:

Type of test:

Blood:

Protein:

Glucose:

26 Jun 2018

Dipstick

Negative

Negative

Negative

Negative

**Detailed questions** 

All systems

Cardiovascular system
Respiratory system
Normal
Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities
Normal
Gastrointestinal system
Normal
Musculoskeletal system (including mobility for all persons 60 or more years of age)
Normal
Endocrine system
Normal

**Brain and cognition** 

Mental and cognitive status
Intellectual ability

Normal

Ears, nose, throat and mouth

Eyes (including fundoscopy)

Ear/nose/throat/mouth

Hearing

Normal

Normal

**Miscellaneous** 

Skin and lymph nodes

Breast examination where clinically indicated

Are there any physical or mental conditions which may prevent this person from attending a

No

mainstream school, gaining full employment or living independently now or in the future?

Evidence of drug taking (for example venous puncture marks)

Absent

**Examiner Declaration** 

I declare that this health examination report is a true and  $\;\;$  Dr

correct record of my findings: Frederick

ROSSOUW 27 Jun

Date of Declaration: 27 Ju 2018

**Provide Grading** 

Grading: A

Grading

**502 Chest X-ray Examination** 

Exam description Full chest x-ray examination report and x-ray is required.

Exam status Finalised

Reason requested Required under policy Clinic Travel Doctor Corporate

Exam date 26-Jun-2018

**Confirm Identity** 

Issuing country
Identity document presented
Identity document number

SOUTH AFRICA
Original Passport
M00213172

Date of expiry

M00213172

23 Mar 2017

22 Mar 2027

Do you have identity concerns?

**Attachments** 

Document Type	Attached
Chest x-ray image	Yes

X-ray Images

Date of x-ray 26-Jun-2018

**Detailed question** 

Skeleton and soft tissue: Normal

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Cardiac shadow:

Hilar and lymphatic glands:

Hemidiaphragms and costophrenic angles:

Lung fields:

Evidence of Tuberculosis (TB):

Are there strong suspicions of active Tuberculosis

(TB)?:

Normal

Absent

No

No

### **Special findings**

Minor findings

Single fibrous streak/band/scar (1.1)	No
Bony islets (1.2)	No
Apical pleural capping with a smooth inferior border (<1cm, thick at all points) (2.1)	No
Unilateral or bilateral costophrenic angle blunting (below the horizontal) (2.2)	No
Calcified nodule(s) in the hilum/mediastinum with no pulmonary granulomas (2.3)	No

Minor findings (sometimes associated with TB infection)

Solitary Granuloma (<1cm and of any lobe) with an unremarkable hilum (3.1)	No
Solitary Granuloma (<1cm and of any lobe) with calcified/enlarged hilar lymph nodes (3.2)	No
Single/Multiple calcified pulmonary nodules/micro-nodules with distinct borders (3.3)	No
Calcified pleural lesions (3.4)	No
Costophrenic angle blunting (either side above the horizontal) (3.5)	No

Findings sometimes seen in active TB or other conditions

Notable apical pleural capping (rough or ragged inferior border and/or greater than or equals to 1cm thick at any point) (4.0)	No
Apical fibro-nodular/fibrocalcific lesions or apical micro-calcifications (4.1)	No
Multiple/single pulmonary nodules/micro-nodules (non-calcified or poorly defined) (4.2)	No
Isolated hilar or mediastinal mass/lymphadenopathy (non-calcified) (4.3)	No
Single/multiple pulmonary nodules/masses >= 1cm (4.4)	No
Non-calcified pleural fibrosis and/or effusion (4.5)	No
Interstitial fibrosis/parenchymal lung disease/acute pulmonary disease (4.6)	No
Any cavitating lesion or Fluffy or Soft lesions felt likely to represent active TB (4.7)	No

#### **Examiner Declaration**

I declare that this health examination report is a true and correct 
Dr Eric SCHMID

record of my findings:

Date of Declaration: 26 Jun 2018

**Provide Grading** 

Grading: A Grading

707 HIV test

**Exam description** HIV testing and laboratory results are required.

**Exam status** Finalised

**Reason requested Clinic**Required under policy
Travel Doctor Corporate

Exam date 26-Jun-2018

#### **Attachments**

Document Type	Attached
HIV test report	Yes

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# 712 Syphilis Test (VDRL or RPR)

**Exam description** Syphilis testing and results are required

Exam status Finalised

Reason requested Required under policy
Clinic Travel Doctor Corporate

Exam date 26-Jun-2018

### **Attachments**

Document Type	Attached
Syphilis laboratory report	Yes

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