

PHOTO

# 英国签证申请人结核筛查体检登记表

## UK Pre-Departure Tuberculosis Screening Programme

Given name: \_\_\_\_\_ Family name: \_\_\_\_\_ Gender:  Male  Female Date of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Passport No: \_\_\_\_\_ Passport Validity: \_\_\_\_\_ Visa Category: \_\_\_\_\_

Number of accompanying children under 11: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Full residential address: \_\_\_\_\_

Address in the UK: \_\_\_\_\_

Postcode in the UK: \_\_\_\_\_

● **Please answer the following questions:**

1. Have you ever suffered from tuberculosis?	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Have you ever received anti-TB treatment?	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. In the last three months, did you suffer from:	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Fever <input type="checkbox"/> Night sweats <input type="checkbox"/> Cough <input type="checkbox"/> Haemoptysis <input type="checkbox"/> Weight loss
4. Has your family member suffered from TB?	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Have you contacted any active TB patient?	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. For female applicant, are you pregnant? :	<input type="checkbox"/> YES <input type="checkbox"/> NO Last menstrual period: _____
7. For children under 11 years old:	<input type="checkbox"/> Chronic respiratory disease(e.g. Cystic fibrosis) <input type="checkbox"/> Cyanosis <input type="checkbox"/> Respiratory insufficient that limits activity <input type="checkbox"/> Thoracic surgery

 **Please read and sign the Informed Consent Form on the back.**

受理医生 Physician	胸片检查 X-ray	出证医生 Diagnosis	申请人确认取走证书 Acknowledge Receipt of Certificate	特殊情况备注 Remarks



# INFORMED CONSENT FORM

**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.

**I hereby:**

- consent to undergo TB testing;
- authorise you and your designated laboratory to store all relevant personal information collected during the assessment process, including health records and chest X-ray;
- authorise you and your 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 you to share my assessment results with the health authorities of my country of residence, where this is required by my country’s laws.

I have read this consent form, or had 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
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 their consent orally or by other non-verbal means	
Signature	Date
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
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
Statement of Physician (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