



MEDICAL REPORT CHEST X-RAY REQUISITION AND REPORT

UCI #:		
IME #:		
UMI # (if applicable):		
Family name		Given name(s)
Date of birth (YYYY-MM-DD)	Country of birth	Gender



Routine PA (posteroanterior) chest X-ray is required. ▶ **Date of exam:** (YYYY-MM-DD) _____

TECHNICIAN/RADIOGRAPHER DECLARATION

I have confirmed the BIODATA / Identity of the client ▶ No Yes

I have concerns about the BIODATA / Identity of the client ▶ No Yes ▶ If YES, please provide details:

_____ Technician/Radiographer signature _____ Date (YYYY-MM-DD)

IMMIGRATION MEDICAL RADIOLOGY GRADING

Please consider the information you have provided about this client. You must consider if there is any evidence of TB or other significant findings. Significant means that a finding has a current or potential health impact.

A: No evidence of active TB or changes suggestive of other significant diseases identified.

B: Evidence of active TB or changes suggestive of other significant diseases identified.

Comments:

PANEL RADIOLOGIST DECLARATION

I confirm that this immigration radiology examination and report is a true and accurate record of my findings.

Panel Radiologist name	Panel Radiologist no.
_____ Panel Radiologist signature	_____ Date (YYYY-MM-DD)

	IME #:	UMI # (if applicable):
Family name	Given name(s)	Date of birth (YYYY-MM-DD)

CHEST X-RAY REPORT

QUESTIONS/FINDINGS	RESPONSE	DESCRIPTION OF ABNORMAL FINDINGS
Is the client pregnant?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
What is the expected date of delivery?	Date (YYYY-MM-DD)	
Has the pregnant woman advised that she wishes to proceed with the required x-ray examination?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
Skeleton and soft tissue	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Cardiac shadow	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Hilar and lymphatic glands	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Hemidiaphragms and costophrenic angles	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Lung fields	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Evidence of tuberculosis?	<input type="checkbox"/> No <input type="checkbox"/> Yes	
This chest x-ray is suspicious of Active TB	<input type="checkbox"/> No <input type="checkbox"/> Yes	

RECORD OF SPECIAL FINDINGS NOTED ON THE CLIENT'S CHEST X-RAY

FINDINGS	GRADE
Single fibrous streak/band/scar	1.1 <input type="checkbox"/>
Bony islets	1.2 <input type="checkbox"/>
Apical pleural capping with a smooth inferior border (< 1 cm thick at all points)	2.1 <input type="checkbox"/>
Unilateral or bilateral costophrenic angle blunting (below the horizontal)	2.2 <input type="checkbox"/>
Calcified nodule(s) in the hilum / mediastinum with no pulmonary granulomas	2.3 <input type="checkbox"/>
Solitary granuloma (< 1 cm and of any lobe) with an unremarkable hilum	3.1 <input type="checkbox"/>
Solitary granuloma (< 1 cm and of any lobe) with calcified / enlarged hilar lymph nodes	3.2 <input type="checkbox"/>
Single/multiple calcified pulmonary nodules/micro-nodules with distinct borders	3.3 <input type="checkbox"/>
Calcified pleural lesions	3.4 <input type="checkbox"/>
Costophrenic angle blunting (either side above the horizontal)	3.5 <input type="checkbox"/>
Notable apical pleural capping (rough or ragged inferior border and / or ≥ 1 cm thick at any point)	4.0 <input type="checkbox"/>
Apical fibronodular / fibrocalcific lesions or apical microcalcifications	4.1 <input type="checkbox"/>
Multiple / single pulmonary nodules / micro-nodules (noncalcified or poorly defined)	4.2 <input type="checkbox"/>
Isolated hilar or mediastinal mass / lymphadenopathy (noncalcified)	4.3 <input type="checkbox"/>
Single / multiple pulmonary nodules / masses ≥ 1 cm	4.4 <input type="checkbox"/>
Non-calcified pleural fibrosis and / or effusion	4.5 <input type="checkbox"/>
Interstitial fibrosis / parenchymal lung disease / acute pulmonary disease	4.6 <input type="checkbox"/>
ANY cavitating lesion OR "Fluffy" or "Soft" lesions felt likely to represent active TB	4.7 <input type="checkbox"/>
NONE of the above are present	0 <input type="checkbox"/>