



Medical Report: Section E CHEST X-RAY REPORT

- A **ROUTINE chest X-ray is required for all aged 11 years and older. A chest X-ray is also required for those under 11 years of age if there is any relevant history or clinical indication** (e.g. history of TB involving any part of the body, previous contact with active TB, congenital/chronic heart/lung conditions etc.). **THE CHEST X-RAY FILM REMAINS THE PROPERTY OF THE DEPARTMENT OF CITIZENSHIP AND IMMIGRATION.**
- The chest X-ray must be on a large posteroanterior (PA) film and must bear the date of the examination, the applicant's surname and given names, and the Canadian Immigration file number (if available). **Names must be written in the ENGLISH ALPHABET.** This information is to be automatically inscribed during the photographic process or written in ink (preferably white ink). **If the examinee is pregnant, the film must be full sized, the field size must be strictly limited and there must be abdominal shielding.**
- This report is to be returned to the Physician who examined the applicant.

1. Applicant Details		
Surname	Forenames (First Names)	<p style="text-align: center;">PHOTO</p> <p style="text-align: center;">PHOTOGRAPH OF APPLICANT</p> <p style="text-align: center;">Required for all applicants. Must be taken within six months of the medical examination</p>
Applicant's Declaration: To be signed by the applicant (or responsible guardian) in the presence of the radiographer/technologist.		
I hereby declare that the information I have provided is true and complete. I authorize any physician, laboratory, clinic or hospital to release to the Department of Citizenship and Immigration any information concerning my health or medical history, including X-ray films. I also authorize the Department to release information obtained for the purpose of this immigration medical examination to a public health agency or a physician in Canada, if indicated.		
Applicant's Signature	Date Day Month Year 	

2. Certification: (If X-ray deferred, provide reason below and return form to examining physician)		
If deferred provide reason:		
DECLARATION: (IF X-ray is NOT deferred): I certify that I have carried out the X-ray of the person whose photograph and signature are on this form.		
Writing Address and telephone number of Location where chest X-ray was taken (please print or use office stamp)		
Signature of Technician / Radiographer	Date chest X-ray taken Day Month Year 	Place of examination

3. Chest X-ray Interpretation by the Radiologist (general findings)		
a) Skeletal and/or soft tissue abnormalities?	No	Yes ▶
b) Abnormal great vessel or heart shadows ?	No	Yes ▶
c) Abnormal hilar shadow and/or lymphatic glands?	No	Yes ▶
d) Abnormal hemidiaphragms ?	No	Yes ▶
e) Abnormal lung fields ?	No	Yes ▶
f) Any evidence of tubercular lesions ?	No	Yes ▶
g) Evidence of ANY fibrosis/fibrocalcification involving the upper lobes or superior segments of the lower lobes?	No	Yes ▶
h) Any other abnormalities ?	No	Yes ▶
Comment on Abnormalities (if preferred, attach a separate written report)		

4. Record of Special Findings Noted on the Applicant's Chest X-ray Film(s) Please review the list below and check all appropriate boxes

MINOR FINDINGS

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

MINOR FINDINGS (OCCASIONALLY ASSOCIATED WITH TB INFECTION)

- 3.1 **Solitary Granuloma** (< 1 cm. and of any lobe) with an **unremarkable hilum**
- 3.2 **Solitary Granuloma** (< 1 cm. and of any lobe) with **calcified / enlarged hilar lymph nodes**
- 3.3 Single / Multiple **calcified pulmonary nodules / micronodules with distinct borders**
- 3.4 **Calcified pleural lesions**
- 3.5 Costophrenic Angle **blunting** (either side **above the horizontal**)

FINDINGS SOMETIMES SEEN IN ACTIVE TB OR OTHER CONDITIONS

- 4.0 **Notable apical pleural capping** (rough or ragged inferior border and / or ≥ 1 cm. thick at any point)
- 4.1 **Apical fibronodular / fibrocalcific lesions** or apical **microcalcifications**
- 4.2 Multiple / single **pulmonary nodules / micronodules (noncalcified or poorly defined)**
- 4.3 Isolated **hilar or mediastinal mass/lymphadenopathy** (noncalcified)
- 4.4 **Single / multiple pulmonary nodules / masses ≥ 1 cm.**
- 4.5 Non-calcified **pleural fibrosis** and / or **effusion.**
- 4.6 Interstitial fibrosis / parenchymal lung disease / acute pulmonary disease
- 4.7 **ANY cavitating lesion OR "Fluffy" or "Soft" lesions** felt likely to represent **active TB.**

NONE OF THE ABOVE ARE PRESENT

5. Certification by the Radiologist

DECLARATION: This is a true and correct record of my findings. **IF THE X-RAY LIKELY REPRESENTS ACTIVE TB, THE REFERRING PHYSICIAN WILL BE NOTIFIED DIRECTLY.**

Full name, writing address and telephone number (please print or stamp)

Signature

Date

Day

Month

Year

Location