

# CANADIAN/ NEW ZEALAND IMMIGRATION CHECKLIST

PATIENT NAME: \_\_\_\_\_

1. SKELETON AND SOFT TISSUE

ABNORMAL

NORMAL

2. CARDIAC SHADOW

ABNORMAL

NORMAL

3. HILAR AND LYMPHATIC GLANDS

ABNORMAL

NORMAL

4. HEMIDIAPHRAGMS AND COSTOPHRENIC ANGLES

ABNORMAL

NORMAL

5. LUNG FIELDS

ABNORMAL

NORMAL

6. EVIDENCE OF TUBERCULOSIS (TB)

ABSENT

PRESENT

7. ARE THERE STRONG SUSPICIONS OF ACTIVE TUBERCULOSIS (TB)

YES

NO

GENERAL SUPPORTING COMMENTS

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RADIOLOGIST'S SIGNATURE: \_\_\_\_\_