UNITED KINGDOM TB DETECTION PROGRAMME

To schedule an appointment via email, please fill out the details needed below and **send to mhc.uk@iom.int**

(Please fill out one form for each applicant and include all forms in one email if you are requesting an appointment for more than one person)

Is this your first UKTB Screening in IOM? *If this is NOT your first UKTB Screening, please (1) indicate your most recent TB Screening DATE (2) the LOCATION of the clinic where the TB Screening was conducted (ex. IOM Nigeria)	YES NO TB screening date: *(recent)* Location:
Total number of applicants:	
Last Name:	
First Name:	
Middle Name:	
Age:	
Date of Birth: (01-JAN-2023 format)	
Gender:	
Passport Number:	
Country of Nationality:	
Issue Date: (01-JAN-2023 format)	
Expiry Date: (01-JAN-2023 format)	
Address (Philippines):	
Mobile Number:	
Email Address:	
Address in UK:	
Phone Number in UK:	
Name of Sponsor:	
Type of Visa Applying for:	
Please indicate if you have recently undergone or if you are currently undergoing TB treatment: If YES, please state the dates of the start and end of your treatment plan.	YES NO Start Date: End Date:
*If treatment is still on going, applicant cannot apply for TB Screening in IOM until the treatment plan is completed. **Once treatment has been completed, you may send us a new appointment request and a copy of the written treatment summary from your treatment provider.* **For applicants with TB medical history or undergoing TB treatment or had any pulmonary disease/s in the past, kindly bring all pertinent medical reports/results on the day of your appointment.*	
Preferred Date for the Appointment: (Please indicate an exact date in this part of the table.)	

*After sending your booking appointment form, please wait for the acknowledgement email from us along with your booking reference number.

*If you have not received an email from us within a day after sending your form, please check your spam/junk folder first, if none found, you may send us a follow up email.