



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)

Total Number of Applicants: _____

Is this your first UKTB screening in IOM? Yes No

| | |
|------------------------------|--|
| Family Name: | |
| First Name: | |
| Middle name: | |
| Age: | |
| Date of Birth (DD/MMM/YYYY): | |
| Gender: | |
| Country of Birth: | |
| Citizenship: | |
| Passport Number: | |
| Issue Date (DD/MMM/YYYY): | |
| Expiry Date (DD/MMM/YYYY): | |

Philippine Contact Details:

| | |
|------------------------------|--|
| Philippine Contact Number 1: | |
| Email Address: | |
| Current Permanent Address: | |
| | |

Additional information needed:

| | | |
|----------------------------|--|--|
| Type of Visa Applying for: | <input type="checkbox"/> Settlement and Dependents | <input type="checkbox"/> Work |
| | <input type="checkbox"/> Student w/ Scholarship | <input type="checkbox"/> Student w/o Scholarship |
| | <input type="checkbox"/> Other | |
| Name of Sponsor: | | |
| Address in UK: | | |
| | | |
| Phone number in UK: | | |

Preferred Date of Medical Examination (Monday to Friday):
