



This form is for applicants who are requested to undergo a medical examination as part of an application for an Australian visa. Forms 1071i *Health requirement for permanent entry to Australia* and 1163i *Health requirement for temporary entry to Australia* provide further information.

The Department of Immigration and Citizenship (the department) is authorised to collect the personal information on this form under section 60 of the *Migration Act 1958*. When you complete this form and give it to the doctor or clinic, the Commonwealth of Australia becomes the owner of the personal information on the form. The doctor is required to send the form to the department.

Your responsibilities

You must truthfully disclose your medical history and details of any known medical conditions.

If **outside Australia** you must attend the **same** doctor during the course of your health assessment.

Visa subclass and visa name

To assist the department to link your medical assessment with your visa application you are required to write the visa subclass number and the name of the visa you are applying for on page 4 of this form.

For example:

- Subclass 176 – Skilled – Sponsored
- Subclass 405 – Investor Retirement
- Subclass 679 – Sponsored Family Visitor
- Subclass 890 – Business Owner

This information will help the visa decision-maker in processing your visa application.

You can find the visa subclass number and the name of the visa on the department's website
www.immi.gov.au/immigration.htm

Costs

The costs of medical examinations are paid by you directly to the doctors or clinics undertaking the examinations. There may be additional costs if further tests or couriers are required.

Outside Australia

If you are an applicant for a visa under Australia's Offshore Refugee and Special Humanitarian Program the Australian Government will cover the costs of your medical examinations.

In Australia

If you are in Australia and you have applied for a protection visa, special arrangements may apply in regard to the costs of medical examinations.

How to make an appointment for your medical examination

Outside Australia

To undertake a medical examination outside Australia, please contact your closest Panel doctor. For details see www.immi.gov.au/contacts/panel-doctors/

In Australia

To undertake a medical examination in Australia you must contact the nearest Medibank Health Solutions office on **1300 361 046**. You can make an online booking at www.medibankhealth.com.au

Note: If you are in Australia and you have applied for a protection visa, you must see a doctor at a Medibank Health Solutions city premises, not an Approved Medical Practitioner (AMP) in a regional area.

For women

Women should not attend this medical examination during menstruation as blood will taint the urinalysis.

What to bring to the examination

- Any prescription **spectacles** or **contact lenses** that you may wear.
- Where you have a known medical condition, any **existing specialist reports**.

Identification

A valid passport is the mandatory identification document.

However, in circumstances such as:

- you are unable to obtain a passport without a visa due to laws in your country of origin;
- your passport is at the department for processing of your visa application;
- your passport is at the United Nations High Commissioner for Refugees (UNHCR) or the International Organization for Migration (IOM) for processing in relation to a refugee application or other Australian visa;
- you are unable to obtain a passport due to political or other circumstances in your country of origin; or
- your passport is not suitable for identification purposes (eg. passport photograph is of a baby and with passage of time the photograph is no longer satisfactory);

the following may be acceptable:

- **a verified copy of the front page of the passport endorsed by the Australian Consulate or Embassy;**
- **national identity document** (incorporating a photograph, name, date of birth and signature);
- **alternative identification documents** – other identification documentation requested by the department or the department's contracted service provider.

If you do not bring acceptable identification documentation to the medical examination the processing of your visa application may be delayed.

Note: If you are a refugee, humanitarian or protection visa applicant special arrangements regarding identification may apply.

What tests may be required

Permanent visas

All applicants for permanent visas to Australia 15 or more years of age are required to undergo Human Immunodeficiency Virus (HIV) testing. Applicants for permanent visas under 15 years of age must also undergo HIV testing if they are being adopted, have a history of blood transfusions, or have other clinical indications.

Note: These requirements also apply to applicants applying for a provisional visa that has a permanent visa pathway.

Temporary visas

Applicants for temporary visas to Australia are not normally required to undergo HIV testing except for certain groups, as advised in the department's Procedures Advice Manual, or if the doctor decides it is indicated.

Doctors, dentists, nurses and paramedics

Applicants for temporary visas intending to work as (or studying to be) a doctor, dentist, nurse or paramedic are required to undergo a chest x-ray and medical examination as well as HIV, Hepatitis B and C testing.

Overseas applicants

If a blood sample is required for Hepatitis B, C and/or HIV testing and the doctor does not have the facilities for taking blood, it will be necessary for you to attend a laboratory approved for this purpose.

What happens after the health examination?

You may be required to undergo further tests. The reports will be sent to the department by the doctor. However, if the doctor gives you the envelope containing the report please **do not open the envelope**. Contact your case officer to determine where to send the medical results.

Note: If envelopes or reports are tampered with you may be required to repeat tests at your own expense.

Immunisation

Visa applicants are encouraged to be immunised against infectious diseases before travelling to Australia. Visa applicants who are unable to arrange their immunisation before departure from their home country are encouraged to seek advice on arrival in Australia. The Australian state and territory health authorities assist people to obtain general medical help and advice, including immunisation.

Parents are strongly encouraged to have their children immunised against hepatitis B, diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, haemophilus influenzae type-b (Hib), pneumococcal and meningococcal infections, mumps, measles, rubella and varicella (chickenpox). Babies between the ages of 2 and 8 months of age (only) are also encouraged to be immunised against rotavirus.

Parents should bring any immunisation records for their children with them to Australia.

Rubella vaccinations are strongly encouraged for women of child-bearing age.

About the information you give

The department is authorised to collect information on this form under the *Migration Act 1958*. The information provided on this form, including tests for HIV, will be used to assess your health for an Australian visa. Your result(s) may be disclosed to the relevant Commonwealth, state and territory health agencies, settlement services providers and examining doctor(s).

The information provided might also be disclosed to agencies who are authorised to receive information relating to adoption, border control, business skills, citizenship, education, health assessment, health insurance, health services, law enforcement, payment of pensions and benefits, taxation, superannuation, review of decisions, child protection and registration of migration agents.

The department is authorised under the Migration Act, in certain circumstances, to collect a range of personal identifiers including a facial image, fingerprints and a signature, from non-citizens, including from visa applicants. The department requires personal identifiers to assist in assessing your identity. The department is authorised to disclose your personal identifiers and information relating to your name and other relevant biographical data to a number of agencies including law enforcement and health agencies and to other agencies which may need to check your identity with this department. Where the department obtains personal identifiers they will become part of your official record with the department.

The department is involved in international information exchanges with a number of countries, including the United Kingdom, the United States of America, Canada and New Zealand. These international information exchanges may involve the sharing of personal identifiers, including facial images and fingerprint data, collected by immigration agencies such as this department. If, as a result of this sharing between countries, there is a match with your personal identifiers, the department will disclose your biographical data, copies of travel and other identity documents or information from such documents, your immigration status and immigration history (which may include any immigration abuse and offences) and any criminal history information relevant to immigration purposes. The purpose of such disclosure would be to help confirm your identity and determine if you have presented to the department and the other agency under the same identity and with similar claims.

If you are making an offshore humanitarian or protection visa application, the department will only disclose this information if none of these countries is a country of claimed persecution and only if the department is reasonably satisfied that this information will not be disclosed to your country of claimed persecution.

For more detailed information you should read forms 993i *Safeguarding your personal information* and 1243i *Your personal identifying information*, which are available from the department's website www.immi.gov.au/allforms/ or from any office of the department or Australian mission overseas.

Please keep these information pages for your reference



How to complete this form

- Applicant**
- Complete **Part A and Part B** before attending the medical examination.
 - Complete **Part C** in the presence of the examining doctor.
-
- Examining doctor**
- Certify in writing across the **top** of the photograph and on the form (without obliterating the image) that it is a true likeness of the examinee. Date to be included.
 - Sight valid passport/national identity document (if provided) and record passport/national identity document number below.
 - You must ensure the applicant has provided answers to all the questions in **Part A** and **Part B** before the applicant signs the declaration at **Part C**.
 - Complete **Part D**.
 - If you are an Approved Medical Practitioner in Australia you cannot conduct a medical examination of a protection visa applicant.
-
- Person taking blood**
- Certify in writing across the **bottom** of the photograph and on the form (without obliterating the image) that it is a true likeness of the examinee. Date to be included.

YOUR PHOTOGRAPH

In Australia
 If you need to bring a photo(s) to the medical appointment at Medibank Health Solutions, they will advise you at the time you make your appointment.

Outside Australia
 Please firmly attach a recent passport size photograph of yourself to the form by staples or other means. Another copy of the same photo should be used for form 160 (if required).

To be completed by EXAMINING DOCTOR (or staff)

Valid passport sighted?

Yes **▶** Passport number
 Country of passport

Passport and photograph verified?

No Yes

Please attach a copy of the bio-data page of the passport sighted to identify the applicant. The copy should be certified by the examining doctor.

No **▶** Reason not presented

Please attach a copy of the national identity document sighted to identify the applicant, if applicable. The copy should be certified by the examining doctor.

Details of identity card or identity number issued to the applicant by his/her government (if applicable) eg. National identity card.

Note: If the applicant is the holder of multiple identity numbers because he/she is a citizen of more than one country, you need to enter the identity number on the card from the country that the applicant lives in.

Identity number
 Country of issue

Applicant's full name (as it appears in passport or national identity document)

Family name
 Given names

Date of birth

DAY MONTH YEAR

Sex Male Female

Office use only

File number/PRID/CID
 Date of application
 Visa class
 Name and address of office processing the application

Part A – Applicant’s details

To be completed by the applicant **before** attending the medical examination. Please use a pen and write neatly in English using **BLOCK LETTERS**.

1 Your full name (as it appears in your passport or national identity document)

Family name

Given names

2 Date of birth

DAY MONTH YEAR

3 Sex Male Female

4 Your telephone numbers

Office hours

COUNTRY CODE AREA CODE NUMBER

After hours

5 Your residential address

POSTCODE

6 Intended occupation/activity in Australia

7 Countries in which you have lived in the last 5 years

8 How long do you intend staying in Australia?

Permanently

Temporarily For how long?

YEARS

MONTHS

9 If you are in Australia:

• how long have you been here?

YEARS

MONTHS

• what visa subclass do you currently hold?

: :

10 What is the visa subclass number and the name of the visa that you are applying for?

For more information please refer to page 1 of this form.

11 Have you lodged a visa application?

No At which office do you intend to lodge an application?

Yes At which office?

12 Have you ever undertaken a medical examination for an Australian visa?

No

Yes Give details

13 Are you:

(a) a protection visa applicant? No Yes

(b) an unaccompanied minor refugee child? No Yes

(c) a refugee who has lived or is living in a camp? No Yes

(d) a child for adoption by an Australian resident? No Yes

(e) an Australian State or Territory Welfare Supported child? No Yes

(f) a non-migrating applicant? No Yes

14 In Australia, will you be:

(a) attending or teaching classes? No Yes

(b) working in health care? No Yes

(c) working in childcare/creche? No Yes

Part B – Applicant’s medical history

Have you ever had:

- 15 Tuberculosis (TB), treatment for tuberculosis or close contact with a family member with tuberculosis? No Yes ▶
- 16 Prolonged or repeated hospital admission(s)? No Yes ▶
- 17 A hospital admission for a psychiatric condition or extensive treatment for depression or anxiety? No Yes ▶
- 18 An abnormal or reactive HIV, hepatitis B or hepatitis C blood test? No Yes ▶
- 19 Cancer or malignancy? No Yes ▶
- 20 Diabetes? No Yes ▶
- 21 Heart and/or blood condition? No Yes ▶
- 22 Kidney or bladder disease? No Yes ▶
- 23 An ongoing physical or intellectual disability? No Yes ▶
- 24 An addiction to a drug or alcohol? No Yes ▶
- 25 Government financial assistance for medical reasons? No Yes ▶

If yes, list the relevant details, including dates

- 26 Please list all prescription medications you are taking (excluding the oral contraceptive)

- 27 For female applicants – Are you pregnant? No Yes ▶

What is the expected date of birth?

DAY	MONTH	YEAR

Part C – Applicant’s declaration

To be signed and dated by the applicant **in the presence of the examining doctor.**

Before signing this declaration you must have completed all the questions in *Part A – Applicant’s details* and *Part B – Applicant’s medical history*.

A parent or guardian should sign on behalf of a child under 16 years of age. In exceptional circumstances a child under 16 may sign if he or she is able to understand and verify the information given on the form.

- 28 • I declare the information I have provided on this form is correct.
- I understand that if I have given false or misleading information my application may be refused, and any visa issued may be cancelled.
- I agree to the examining doctor contacting my treating doctor to discuss and seek further information about any medical condition(s) that may relate to my health assessment for a visa.
- I understand that the Commonwealth of Australia becomes the owner of the information on this form and that the doctor is required to send the form to the department.
- I consent to the Department of Immigration and Citizenship passing on relevant health information to the Panel doctor(s) who examined me for comment. The reasons for this release of information may include, but are not limited to, investigation of inconsistencies between the Panel doctor’s examination and a subsequent health assessment, investigation of a complaint against the Panel doctor or follow up with the Panel doctor of adverse audit results. Such information will be shared in order to ensure the quality of the work undertaken by the Panel doctor network.

Applicant’s signature

Date

DAY	MONTH	YEAR

If signing on behalf of a child under 16 years of age –
Name of parent or guardian

Relationship to child

Part D – Physical examination — to be completed by the examining doctor

Date of examination

DAY	MONTH	YEAR
/	/	

- Please answer ALL questions in English.
- For Hepatitis B, C and HIV testing, please ensure that pre and post-test counselling are carried out in accordance with local arrangements, including advice on vaccination for close contacts of those testing Hepatitis B surface antigen positive.
- Parents should be present when children are examined.

Was a chaperone offered? No Yes Was a chaperone present during the examination? No Yes Declined

1 Height and weight Centimetres Kilograms

2 Eyes (including fundoscopy) Normal Abnormal
 Best distance visual acuity (with or without correction) Right Left

3 Urinalysis

Complete for all persons 5 or more years of age, and those persons under 5 years of age where clinically indicated.

In women, where an abnormality occurs due to menstruation, please repeat and record urinalysis following completion of menstruation.

Blood <input type="text"/>	For a repeated test at a later date – Date repeated	Blood <input type="text"/>						
Protein <input type="text"/>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center; font-size: x-small;">DAY</td><td style="text-align: center; font-size: x-small;">MONTH</td><td style="text-align: center; font-size: x-small;">YEAR</td></tr><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td><td></td></tr></table>	DAY	MONTH	YEAR	/	/		Protein <input type="text"/>
DAY	MONTH	YEAR						
/	/							
Glucose <input type="text"/>		Glucose <input type="text"/>						

Note: If you notice any abnormalities in response to the following questions, you must provide details of the physical examination.

4 Blood pressure (required for all persons 11 or more years of age) Systolic Diastolic

Cardiovascular system	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>
5 Respiratory system	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>
For current or previous tuberculosis, provide date and duration of treatment and names, strengths and dosages of drugs used. Please enclose old chest x-ray films.		
6 Nervous system	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>
7 Mental and cognitive status	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>
8 Intelligence	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>
9 Developmental milestones (if less than 5 years of age)	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not applicable <input type="checkbox"/>	<input type="text"/>
10 Gastrointestinal system	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>
11 Spine and limbs (including mobility for all persons 60 or more years of age)	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>
12 Skin and lymph nodes	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>
13 Evidence of drug taking (eg. venous puncture marks)	Absent <input type="checkbox"/> Present <input type="checkbox"/>	<input type="text"/>
14 Breast examination where clinically indicated	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not applicable <input type="checkbox"/>	<input type="text"/>
15 Endocrine system	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>
16 Ear/nose/throat/mouth	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>
17 Hearing	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/>	<input type="text"/>

- 18** Are there any physical or mental conditions which may prevent this person from attending a mainstream school, gaining full employment, or living independently **now or in future**? No Yes ▶

If insufficient space, attach additional details

- 19 Chest x-ray result** (if the person is 11 or more years of age) Normal Abnormal ▶

Panel doctors must review form 160, the chest x-ray, and any written report from the panel radiologist for consistency, and compare the results submitted with their own clinical opinion. Any differences must be recorded on form 26.

Pathology results

Please refer to Part B of the *Instructions for medical and radiological examination of Australian visa applicants* to see whether the following blood tests are required, or perform if clinically indicated and comment on the clinical indication(s).

Note: Attach the pathology report(s) to this form.

If required:

- 20** Human Immunodeficiency Virus test (HIV) Negative Positive ▶

- 21** Hepatitis B surface antigen blood test Negative Positive ▶

- 22** Hepatitis C antibody blood test Negative Positive ▶

- 23** VDRL (Syphilis) Serology Negative Positive ▶

Obtain and attach VDRL, RPR or equivalent test results for:

- refugees 15 or more years of age who have lived in a camp or are living in camps (see Question 13(c), of *Part A – Applicant's details*);
- any other person where clinically indicated.

Where genital or internal examination is indicated please refer to the appropriate specialist.

Results of initial test	If initial test is positive, repeat and perform confirmatory test and record results

▶▶ ALL VISA APPLICANTS

For ALL VISA APPLICANTS except protection visa applicants or Australian state or territory supported visa applicants in Australia

24 Recommendation

Please consider the information you have provided about this applicant. You must consider if there exists any significant finding in the history, on examination and/or the x-ray. 'Significant' means that a finding has a current or potential future health impact. Refer to the 'Instructions for medical and radiological examination of Australian visa applicants' for the definition of **A** and **B** recommendations.

Note: This is not a rating of whether the applicant will meet the health criteria.

A No significant history or abnormal findings present.
 For applicants 11 or more years of age, the chest x-ray must also be taken into account

B Significant history or abnormal findings present ▶ Please list significant history or abnormal findings

For PROTECTION visa applicants or STATE OR TERRITORY WELFARE SUPPORTED CHILD visa applicants in Australia only

25 Recommendation

Please consider the information you have provided about this applicant. You must consider if there exists any significant finding in the history, on examination and/or the x-ray. 'Significant' means that a finding has a current or potential future health impact. Refer to the 'Guidelines for medical and radiological examination of applicants for onshore protection visas' for the definition of **A** and **B** recommendations.

Note: This is not a rating of whether the applicant will meet the health criteria.

A No significant history or abnormal findings present.
 For applicants 11 or more years of age, the chest x-ray must also be taken into account

B1 Significant history or abnormal findings present but I do **not** consider that the applicant has a disease or condition that is, or may result in the applicant being, a threat to public health in Australia or a danger to the Australian community ▶ Please list significant history or abnormal findings

B2 Significant history or abnormal findings present that may indicate that the applicant has a disease or condition that is, or may result in the applicant being, a threat to public health in Australia or a danger to the Australian community. ▶ Please list significant history or abnormal findings

Note: Any relevant results and reports should be referred to a Medical Officer of the Commonwealth for opinion

26 Declaration

This declaration must be signed and dated by the doctor who personally performed the examination.

I declare that I have examined the applicant and that this is a true and correct record of my findings.

<p>Place of examination <input style="width: 100%;" type="text"/></p> <p>Postal address <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%; text-align: center;" type="text" value="POSTCODE"/></p> <p>Contact telephone number <input style="width: 100%; text-align: center;" type="text" value="COUNTRY CODE AREA CODE NUMBER"/> () ()</p> <p>E-mail address <input style="width: 100%;" type="text"/></p>	<p>Examining doctor's signature <input style="width: 100%; height: 40px;" type="text"/></p> <p>Date <input style="width: 100%; text-align: center;" type="text" value="DAY MONTH YEAR / /"/></p> <p>Full name <i>(please print)</i> <input style="width: 100%;" type="text"/></p>
---	--

Note: Australia requires any person over one year of age to hold an international yellow fever vaccination certificate if, within the 6 days prior to their arrival in Australia, they have stayed overnight or longer in a declared yellow fever infected country, in Africa or South America.

For visa applicants outside Australia — Do not give the form and report(s) to the applicant. You may, however, provide the applicant with a copy of your report(s) for their records. Place the form and report(s) inside a secured envelope and return it directly to the office of the department specified in the attached covering letter, the return address specified in the 'Office use only' section on page 3 of this form or in the 'Where to send Australian visa medicals' document.