



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 890 – Business Owner (Residence)
- Subclass 176 – Skilled – Sponsored (Migrant)
- Subclass 697 – Sponsored Family Visitor
- Subclass 405 – Investor Retirement

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 Health Services Australia (HSA) office on **1300 361 046**. You can make an online booking at www.hsagroup.com.au

Note: If you are in Australia and you have applied for a protection visa, you must see a doctor at HSA 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.

Continued on the next page ►

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 entry

All applicants for permanent entry to Australia 15 or more years of age are required to undergo Human Immunodeficiency Virus (HIV) testing. Applicants for permanent entry 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.

Temporary entry

Applicants for temporary entry 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

Applicants for temporary entry intending to work as a doctor, dentist or nurse 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 other countries. These exchanges include the sharing of personal identifiers, including a facial image 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 biographic data and immigration history to the other agency. The purpose of such disclosure would be to determine if you are presenting to the department and the other agency under the same identity and making similar claims. If you are making a humanitarian visa application or a protection visa application, the department will only disclose this information if none of the countries is a country against whom you have made a claim of persecution and only if the department is reasonably satisfied that this information will not be disclosed by that country to the country against whom you have made a claim of 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.



Medical examination for an Australian visa

Form

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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 Health Services Australia (HSA), HSA 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

Continued on the next page ►

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

- 3** Sex Male ☐ Female ☐

- 4** Your telephone numbers

	COUNTRY CODE	AREA CODE	NUMBER
Office hours	()	()	
After hours	()	()	

- 5** Your residential address

POSTCODE

- 6** Name of your doctor

Telephone number

COUNTRY CODE	AREA CODE	NUMBER
()	()	

- 7** Intended occupation/activity in Australia

- 8** Countries in which you have lived in the last 5 years

- 9** How long do you intend staying in Australia?

Permanently ☐

Temporarily ☐ For how long?

YEARS	MONTHS

- 10** If you are in Australia:

- how long have you been here?

YEARS	MONTHS
- what visa subclass do you currently hold?

:	:
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- 11** What is the visa subclass number and the name of the visa that you are applying for?

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

- 12** Have you lodged a visa application?

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

Yes ☐ At which office?

- 13** Have you ever undertaken a medical examination for an Australian visa?

No ☐

Yes ☐ Give details

- 14** 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 ☐

- 15** 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:

If yes, list the relevant details, including dates

- | | | | | |
|-----------|--|-----------------------------|------------------------------|---|
| 16 | Tuberculosis (TB), treatment for tuberculosis or close contact with a family member with tuberculosis? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |
| 17 | Prolonged or repeated hospital admission(s)? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |
| 18 | A hospital admission for a psychiatric condition or extensive treatment for depression or anxiety? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |
| 19 | An abnormal or reactive HIV, hepatitis B or hepatitis C blood test? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |
| 20 | Cancer or malignancy? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |
| 21 | Diabetes? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |
| 22 | Heart and/or/blood condition? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |
| 23 | Kidney or bladder disease? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |
| 24 | An ongoing physical or intellectual disability? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |
| 25 | An addiction to a drug or alcohol? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |
| 26 | Government financial assistance for medical reasons? | No <input type="checkbox"/> | Yes <input type="checkbox"/> | ▶ |

[illegible]

- 28** 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.

- 29 *• 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

Continued on the next page ►

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	
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2 Eyes (including funduscopy) 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

For a repeated test at a
later date – Date repeated

Blood

Protein

DAY	MONTH	YEAR
/	/	

Protein

Glucose

Glucose

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 years or older) Systolic Diastolic

Cardiovascular system Normal ☐ Abnormal ☐ ►

5 Respiratory system Normal ☐ Abnormal ☐ ►

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 ☐ Abnormal ☐ ▶

7 Mental and cognitive status Normal ☐ Abnormal ☐ ▶

8 Intelligence Normal ☐ Abnormal ☐ ►

9 Developmental milestones Normal ☐ Abnormal ☐▶

(if less than 5 years of age)

Not applicable ☐

10 Gastrointestinal system Normal ☐ Abnormal ☐ ►

11 Spine and limbs Normal ☐ Abnormal ☐▶

(including mobility for all persons
60 or more years of age)

12 Skin and lymph nodes Normal ☐ Abnormal ☐ ►

13 Evidence of drug taking Absent ☐ Present ☐▶

(eg. venous puncture marks)

14 Breast examination where Normal ☐ Abnormal ☐▶

clinically indicated

Not applicable ☐

15 Endocrine system Normal ☐ Abnormal ☐ ►

16 Ear/nose/throat/mouth Normal ☐ Abnormal ☐ ►

17 Hearing Normal ☐ Abnormal ☐▶

- 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 ☐ ▶

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 14(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.

[illegible]

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

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.

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

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.

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

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

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.

Place of examination			
Postal address			
	POSTCODE		
Contact telephone number	COUNTRY CODE	AREA CODE	NUMBER
	()	()	
E-mail address			

Examining doctor's signature

Date

DAY	MONTH	YEAR
/	/	

Full name
(please print)

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.