



## THIS FORM IS **NOT** FOR USE OFFSHORE

This form is **only** for use where the entire application, medical examination and visa process is to be done **wholly** in Australia. Forms 1071i *Health requirement for permanent entry to Australia* and 1163i *Health requirement for temporary entry to Australia* provide further information.

### Human Immunodeficiency Virus (HIV) testing

- **Permanent entry** – All applicants for permanent entry to Australia aged 15 and over are required to undergo HIV testing. Applicants for permanent entry under 15 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 examining doctor decides it is indicated.

**Note:** If you have applied for a protection visa, a positive HIV or other test result will not have any impact on the outcome of your application.

### Doctors, Dentists, Nurses

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

### 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.

**Note:** If 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

For a medical examination you must contact the nearest Health Services Australia (HSA) office. Visit [www.healthoz.com.au](http://www.healthoz.com.au) to make an online booking. Alternatively, contact numbers and addresses are at [www.healthoz.com.au](http://www.healthoz.com.au) or under HSA or Health Services Australia in the White Pages™ telephone book.

**Note:** If you have applied for a protection visa, you must use HSA city premises, **not** Approved Medical Practitioners (AMP) in regional areas.

### What to bring to the examination

- Your **valid passport** for identification (if you hold one);
  - If you do not hold a passport a **National Identity Document** (incorporating a photograph, name, date of birth and signature) may be acceptable in the following circumstances:
    - you are unable to obtain a passport without a visa due to laws in your country of origin;
    - your passport is at the Department of Immigration and Multicultural Affairs (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).
- Note:** If you are a protection visa applicant special arrangements regarding identification may apply;
- Any prescription **spectacles** or **contact lenses** that you may wear;
  - Where you have a known medical condition, any **existing specialist reports**.

### For women

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

### About the information you give in this form

The department is authorised to collect information provided on this form under the *Migration Act 1958*. The information provided on this form, including tests for Human Immunodeficiency Virus (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 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, review of decisions, child protection and registration of migration agents.

The information form 993i *Safeguarding your personal information*, available from departmental offices, gives more details of agencies to which your information might be disclosed.

### At the completion of the examination

- The documents may be returned to you if you are in Australia;
- The documents may be referred direct to HSA or the department;
- You may be required to undergo further tests;
- **Do not open the envelope which contains the documents.** If envelopes or documents are tampered with you may be required to repeat tests at your own expense.

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Please do not write on this page.**



**How to complete this form**

- Applicant**
- Complete **Part A** before attending the medical examination.
  - Complete **Part B** in the presence of the examining doctor.
  - Record your passport/National Identity Document number at the top of each page.
- 
- Examining Doctor**
- Note: This form is to be used only for examinations conducted IN Australia, where visa processing will be in Australia.**
- 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 and on each page.
  - Assist the applicant with **Part B**.
  - Complete **Part C**.
  - 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, if any, and on the form (without obliterating the image) that it is a true likeness of the examinee. Date to be included.

**YOUR PHOTOGRAPH**

At the time of making an appointment HSA will advise you if a digital photo will be taken by HSA or if you need to bring a photo(s).

**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 passport sighted to identify the applicant.*

No  ▶ Reason not presented

*Please attach a copy of the National Identity Document sighted to identify the applicant, if applicable.*

Applicant's full name (as it appears in passport or National Identity Document)

Family name

Given names

Sex: Male  Female  Date of birth

**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

Office hours

After hours

**5** Your residential address

POSTCODE

**6** Intended occupation/activity in Australia

**7** Previous occupations in the last 5 years

**Office use only**

File number/PRID/CID

Date of application

Visa class

Name and address of office processing the application

Passport/National Identity Document number

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

9 How long have you been in Australia? YEARS MONTHS

What visa subclass do you currently hold?

10 How long do you intend staying in Australia? Permanently Temporarily For how long? YEARS MONTHS

11 Are you applying for a protection visa? No Yes Go to Question 13

12 Which visa are you applying for?

13 Have you lodged a visa application? No At which office do you intend to lodge an application?

Yes Which office?

14 Are you: (a) a child for adoption by an Australian resident? (b) an unaccompanied minor refugee child? (c) a refugee who has lived or is living in a camp?

15 In Australia, will you be: (a) attending or teaching classes? (b) involved in health care? (c) involved in childcare/creche?

16 Have you EVER had: (a) an operation? (b) hospital treatment or been admitted to a hospital for any reason? (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis? (d) convulsions, fits or epilepsy? (e) anxiety, depression or nervous complaints requiring treatment? (f) admission to a hospital for a psychological problem or consulted a psychiatrist? (g) high blood pressure, heart trouble, breathlessness and/or chest pain? (h) pain in the back, neck or any joint? (i) an infectious disease lasting more than 2 weeks? (j) kidney or bladder disease or complaint? (k) diabetes or sugar in the urine? (l) any illness, injury or medical condition lasting more than 2 weeks, or a recurring condition not mentioned above? (m) any medical, physical, psychological or other treatment in the last 5 years?

You must provide all the relevant details, including dates

Table with 16 rows for providing details for question 16.

If insufficient space, attach an additional statement



## Part B – Applicant's declaration

Passport/National Identity Document number

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

**Note:** The examining doctor must ensure that the applicant has provided answers to all questions in Part A – Applicant's details.

(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.)

**19** I declare the information I have provided on this form is correct.

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 consent to the Department of Immigration and Multicultural Affairs passing on relevant health information to the Panel doctor(s) who examined me overseas 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
/	/	

Name of parent or guardian (if signing on behalf of a child under 16 years of age)

Relationship to applicant

Name of treating doctor (or General Practitioner)

Telephone number of treating doctor (or General Practitioner)

COUNTRY CODE	AREA CODE	NUMBER
(     )	(     )	

## Part C – Examining doctor's findings

The role of the examining doctor is to examine applicants for visas in Australia and to report on their state of health in accordance with the questions below. Recommendations or decisions on whether the health requirements for visas for Australia are met are made by the relevant Australian Government authorities.

- Please answer ALL questions in English.
- Please write clearly. Illegible forms will be returned for clarification.
- Wherever the examinee answers 'Yes' to Questions 16(a) to 17(f) in Part A – Applicant's details, please comment fully and give detailed relevant examination findings.
- The questions below are not considered exhaustive; any conditions not covered by the form should be identified and fully recorded.
- If, in your opinion, specialist's reports or tests are necessary, please obtain.
- For hepatitis B, C and HIV testing, please ensure that pre and post-test counselling is carried out in accordance with local arrangements including advice on vaccination for close contacts of those testing hepatitis B positive.
- Parents should be present when children are examined.

Has a chaperone been offered?

No  Yes

Was a chaperone present during the examination?

No  Yes  Declined

**1** Height and weight

CENTIMETRES

KILOGRAMS

Head circumference for children less than 2 years old

CENTIMETRES

**2** Cardiovascular system

Normal  Abnormal  ► Give details

Record any evidence of heart murmurs, cardiac failure, other heart abnormality, irregularity of rhythm, or abnormality of peripheral pulses


Blood pressure (required for all persons 11 years or over)

SYSTOLIC

DIASTOLIC

**Note:** Where repeat readings after rest exceed the following limits, obtain and attach cardiologist's report.

- 40 years of age or less – 140/90 mmHg
- 41 to 64 years – 150/90 mmHg
- 65 or more years – 160/90 mmHg

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

		Give details
<b>3</b>	Respiratory system Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b> For current or previous tuberculosis, provide date and duration of treatment and name, strength and dosage of drugs used. Please enclose old chest x-ray films.	
<b>4</b>	Nervous system Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b>	
<b>5</b>	Mental state Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b>	
<b>6</b>	Intelligence Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b> Developmental milestones (if less than 5 years of age) Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b>	
<b>7</b>	Gastrointestinal system including hernial orifices Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b>	
<b>8</b>	Locomotor system/physical build (for all persons over 60, information on mobility must be included) Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b>	
<b>9</b>	Skin and lymph nodes Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b>	
<b>10</b>	Breast examination where clinically indicated Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b>	
<b>11</b>	Endocrine system Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b>	
<b>12</b>	Evidence of drug taking (eg. venous puncture marks) Absent <input type="checkbox"/> Present <input type="checkbox"/> <b>▶</b>	
<b>13</b>	Ear/nose/throat/mouth/teeth Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b>	
<b>14</b>	Hearing Right Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b> Left Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> <b>▶</b>	

*If insufficient space, attach an additional statement*





Passport/National Identity Document number

19 If the person is 11 or more years of age what is the chest x-ray result?

Normal  Abnormal  Give details

Form with 4 horizontal lines for details.

20 Urinalysis

Complete for all persons 5 years of age or over, and those under 5 years of age where clinically indicated. Repeat immediately if trace or more of protein, blood or glucose is present. If test still positive, obtain and attach results of urine microscopy culture and sensitivity, serum creatinine or glucose tests as indicated. In women, where an abnormality occurs due to menstruation, please repeat and record urinalysis following completion of menstruation.

Blood

Albumin

Sugar

If test is repeated at a later date:

Date repeated

DAY MONTH YEAR / /

Blood

Albumin

Sugar

21 VDRL Test

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

- refugees over 15 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.

Test result  negative Test result  positive Give details

Form with 4 horizontal lines for details.

22 Are there any physical or mental conditions which would prevent this person from:

(a) gaining full employment (if of working age)?

No  Yes  Give details

(b) living independently?

No  Yes  Give details

Form with 6 horizontal lines for details.

**For ALL VISA APPLICANTS except protection visa applicants in Australia**

**23** Recommendation

Please consider the information you have provided about this applicant. You must consider if there exists any significant finding on the history, the examination and 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 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 only**

**24** Recommendation

Please consider the information you have provided about this applicant. You must consider if there exists any significant finding on the history, the examination and 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 not considered likely that applicant will present a threat to public health  Please list significant history or abnormal findings


**B2**  Significant history or abnormal findings present which may indicate a threat to public health – for Medical Officer of the Commonwealth opinion  Please list significant history or abnormal findings


**25 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.*

**Examining  
doctor's  
signature**

Date of  
examination

DAY	MONTH	YEAR
/	/	

Full name  
*(please print)*

Place of  
examination

Postal address

<input type="text"/>
<input type="text"/>
POSTCODE

Contact telephone  
number

COUNTRY CODE	AREA CODE	NUMBER
(        )	(        )	

E-mail address

**To the examining doctor**

*Please put this completed form 26A, together with any further reports required, into a secured envelope. Seal the envelope and place your signature or rubber stamp over the junction of all flaps of the envelope. Place the envelope inside another envelope and return it **direct** to the department.*

**Note:** *Australia has no compulsory immunisation requirements but parents are strongly encouraged to have their children immunised against tuberculosis, pertussis, diphtheria, tetanus, poliomyelitis, mumps, measles and rubella. Please counsel parents accordingly and advise them to have outstanding immunisations done before travelling to Australia and to bring any immunisation records with them.*

*Rubella vaccinations are also strongly advised for women of child-bearing age.*

*Australia requires any person over one year of age to hold an international yellow fever vaccination certificate if, within 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 a list of the yellow fever infected countries, refer to the 'Guidelines for medical and radiological examination of Australia visa applicants' and, if a protection visa applicant, refer to the 'Guidelines for medical and radiological examination of applicants for onshore protection visas'.)*