



This form is for applicants who are required to undergo a medical examination as part of an application for an Australian visa. For information on health examinations see www.border.gov.au/trav/visa/health/meeting-the-health-requirement/health-examinations

The Department of Immigration and Border Protection (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 panel physician or clinic, the Commonwealth of Australia becomes the owner of the personal information on the form. The panel physician 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** panel physician during the course of your health examinations.

Visa subclass and visa name

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

For example:

- Subclass 405 – Investor Retirement
- Subclass 600 – Sponsored Family Visitor stream
- Subclass 890 – Business Owner

This information is required for the visa decision-maker to process your visa application.

You can find the visa subclass number and the name of the visa on the department's website www.border.gov.au

Completing health examinations before you lodge your visa application

In some circumstances, the department allows visa applicants to complete health examinations before they lodge their visa application. The department's website provides information on where this is possible. For details see www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination

You must undertake the required health examinations, as requested by the panel physician.

Please be aware that if you do complete your health examinations before lodging your visa application you may need to undertake additional health examinations if:

- you later lodge a visa application for a different visa subclass;
- you decide to stay in Australia for a longer period;
- you do not complete all the required health examinations; or
- your health examinations expire prior to a decision being made on your visa application.

If you have not lodged a visa application and a significant health condition is identified which may impact on your ability to meet the health requirement you will **not** be provided with an opinion of the Medical Officer of the Commonwealth until after you lodge your visa application.

Costs

The costs of health examinations are paid by you directly to the panel physicians 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 Programme the Australian Government will cover the costs of your health examinations.

How to make an appointment for your medical examination

Outside Australia

To undertake a medical examination outside Australia, please contact your closest panel physician. For details see www.border.gov.au/busi/pane/pane/useful-resources/panel-doctors-directory

In Australia

To make an online booking to undertake a medical examination in Australia you must contact the Migration Medical Services Provider. For information on how to contact the Migration Medical Services Provider see www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination

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 original passport is the form of identity documentation preferred by the Australian Government.

You **must** bring a valid original passport with you where possible.

There are limited circumstances in which the department will accept alternative identity documentation. For details see www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination

Panel physicians are required to confirm the identity of individuals who present at their clinic for Australian immigration health examinations.

If you do not bring acceptable identification documentation to the medical examination the processing of your visa application may be delayed or may not proceed if the panel physician is not satisfied with the identification documentation.

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 panel physician decides it is indicated.

Doctors, dentists, nurses and paramedics

Applicants 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 Hepatitis C testing.

Medical information

Medical information such as a chest x-ray is used to assess an applicant's standard of health. After a decision has been made on the visa application it is usual for the department to retain the medical information. The medical information is retained by the department for use when assessing the applicant's health in the future and for panel physician audits to ensure the quality of work undertaken by the panel physician network.

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.

Important information about privacy

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*. Form 1442i is available from the department's website www.border.gov.au/allforms/ or offices of the department. You should ensure that you read and understand form 1442i before completing this form.

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. All questions must be answered.
 - Complete **Part C** in the presence of the examining physician.
-
- Examining physician**
- 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**.
-
- 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 the Migration Medical Services Provider, 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 PHYSICIAN (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 physician.

No **▶** Reason not presented

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

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

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.

National identity card number
 Country of issue

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

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 HAP ID

2 Your full name *(as it appears in your passport)*
 Family name
 Given names

3 Date of birth

DAY	MONTH	YEAR
/	/	

4 Sex Male Female

5 Your telephone numbers

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

6 Your residential address

POSTCODE

7 Intended occupation/activity in Australia

8 Countries in which you have spent more than 3 consecutive months 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 applying for a temporary visa, would you like your health to be assessed ‘up-front’ for a permanent stay in Australia?
 No
 Yes *Additional medical examinations may be required.*

11 If you are in Australia:
 • how long have you been here?

YEARS

MONTHS

 • what visa subclass do you currently hold?

:	:
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12 What is the visa subclass number and name of the visa that you are applying for?
 For more information please refer to page 1 of this form.

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

Yes At which office?

14 Are you:
 (a) a protection visa applicant? No Yes
 (b) an unaccompanied minor refugee child? No Yes
 (c) a refugee? 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 family member of an applicant? No Yes

15 In Australia, will you be:
 (a) attending or teaching classes? No Yes
 (b) working in childcare/creche? No Yes
 (c) working or studying to be a doctor, dentist, nurse or paramedic? No Yes

Part C – Applicant’s declaration

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

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.

- 31**
- *I declare the information I have provided on this form is correct and I have answered all questions.*
 - *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 physician 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 panel physician is required to send the form to the department.*
 - *I have read the information on page 2 at Medical information and I consent to the department retaining my medical information.*
 - *I consent to the department passing on relevant sensitive information (including about my health) to the panel physician(s) who examined me, clinic administrative staff, Australian law enforcement, health agencies and international agencies, including overseas recipients with whom we have a Memorandum of Understanding. The reasons for this release of information may include, but are not limited to, investigation and resolution of inconsistencies, complaints or audit recommendations.*
 - *I consent to the department destroying my personal data after a certain period of time where consistent with the department’s archiving obligations and any current disposal authorities. Consequently if I do not request a copy of this data from the clinic I attend when undergoing my immigration health examinations, I understand it may not be available for me to retrieve at a later date.*

Applicant’s signature

DAY MONTH YEAR
Date / /

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 physician

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 the panel instructions, 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 present during the examination? No Yes Declined

1 Height and weight Centimetres Kilograms

2 Blood pressure (required for all persons 15 or more years of age) Systolic Diastolic

3 Eyes (including fundoscopy) Normal Abnormal

Best distance visual acuity (with or without correction) Right Left

4 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"/>	DAY MONTH YEAR <input type="text"/> / <input type="text"/> / <input type="text"/>	Protein <input type="text"/>
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.

5 Cardiovascular system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	<input type="text"/>
6 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 and/or report if available.			<input type="text"/>
7 Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	<input type="text"/>
8 Gastrointestinal system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	<input type="text"/>
9 Musculoskeletal system (including mobility for all persons 60 or more years of age)	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	<input type="text"/>
10 Endocrine system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	<input type="text"/>
11 Mental and cognitive status	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	<input type="text"/>
12 Intellectual ability	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	<input type="text"/>
13 Ear/nose/throat/mouth	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	<input type="text"/>
14 Hearing	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	<input type="text"/>

▶▶ ALL VISA APPLICANTS

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

24 Examination grading

Please consider the information that you have recorded regarding this client and provide a grading on their medical examination below. Supporting comments must be provided if you decide to provide a B grading.

A No significant history or abnormal findings present

B Significant history or abnormal findings present

▶ Please list significant history or abnormal findings

Three empty rectangular boxes for listing significant history or abnormal findings.

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

25 Examination grading

Please consider the information that you have recorded regarding this client and provide a grading on their medical examination below. Supporting comments must be provided if you decide to provide a B grading.

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

A No significant history or abnormal findings related to public health present

B 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

▶ Please list significant history or abnormal findings related to public health

Three empty rectangular boxes for listing significant history or abnormal findings related to public health.

26 Declaration

This declaration must be signed and dated by the panel physician 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

Email address

Panel physician's signature

Signature box with a pen icon.

Date DAY MONTH YEAR

Full name (please print)

Note: Australia strongly recommends all persons 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, the Caribbean, Central or South America. If the client does not hold an international yellow fever certificate, the client will still be permitted to enter Australia and will be issued with a 'Yellow Fever Action Card' on arrival in Australia. The card provides instructions on what visa holders should do. For further information, refer to www.health.gov.au

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.

For protection visa applicants — Forward the form and report(s) according to local arrangements with the Migration Medical Services Provider.