



Australian Government

Department of Immigration and Multicultural and Indigenous Affairs

# Radiological report on chest x-ray of an applicant for an Australian visa

Form  
**160**

## How to complete this form

### Applicant

- Complete **Part A** before attending the radiological examination
- Complete **Part B** in the presence of the radiographer

### Radiographer

- 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 and record passport number
- Assist the applicant with **Part B**
- Complete **Part C**

### Radiologist

- Complete **Part D**

## About the information you give in this form

The Department of Immigration and Multicultural and Indigenous Affairs (the department) is authorised to collect information on this form under the *Migration Act 1958*. The information provided on this form, will be used to assess your health for an Australian visa. Test results will not necessarily lead to a visa being denied. Your result(s) may be disclosed to the relevant Commonwealth, State and Territory health agencies.

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 offices of the department, gives details of agencies to which your information might be disclosed.

## What to bring to the examination

- Your **valid** passport for identification (if you hold one).
- Old chest x-rays if you have them.

## How to make an appointment for your chest x-ray

### Outside Australia

For a chest x-ray offshore, please contact your closest Panel doctor. For details see [www.immi.gov.au/allforms/doctors](http://www.immi.gov.au/allforms/doctors)

### Inside Australia

For a chest x-ray in Australia you must contact the nearest Health Services Australia office. Online appointment bookings can be made with HSA at [www.hsagroup.com.au/dimia](http://www.hsagroup.com.au/dimia). Contact numbers and addresses are at [www.hsagroup.com.au/contacthsa](http://www.hsagroup.com.au/contacthsa) or under HSA or Health Services Australia in the White Pages™ telephone book.

To be completed by RADIOGRAPHER

Valid passport sighted?

No  Reason not presented

Yes  Passport number

Country of passport

Passport and photograph verified?

No  Yes

## YOUR PHOTOGRAPH

### Outside Australia

Please attach a recent photograph of yourself firmly to the form by staples or other means. The same photo should be used for form 26 (if required).

### Inside Australia

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).

## Part A – Applicant's details

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

1 Your full name (as it appears in your passport)

Family name

Given names

2 Your residential address

POSTCODE

3 Daytime telephone number

COUNTRY CODE

AREA CODE

NUMBER

( ) ( )

## Office use only

File number

Date of application

/ /

Visa class

Name and address of office processing the application

4 Date of birth

5 Sex Male  Female

6 How long do you intend staying in Australia?  
 Permanently  (including non migrating applicant)  
 Temporarily  For how long?

7 Have you lodged an application at an office of the Department of Immigration and Multicultural and Indigenous Affairs?  
 No  At which office do you intend to lodge an application?   
 Yes  Which office?

8 For which visa class are you applying?

### Part B – Applicant’s declaration

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

**Note:** The radiographer 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.)

9 I declare that the information I have provided on this form is correct.

**Applicant’s signature**

Date

### Part C – Radiographer to complete

Please provide large posteroanterior (PA) film if possible, otherwise 100mm minimum.

The x-ray film must bear the date of the examination, the applicant’s family and given names, and the file number (if available).

This information is to be automatically inscribed during the photographic process or written in white ink.

Refer, if known, to any history or clinical evidence of tuberculosis.

If the examinee is pregnant the film must be full sized, the field size must be strictly limited and there must be abdominal shielding. If the pregnant woman does not wish to be x-rayed, please comment and return this form. Refer, if known, to any history or clinical evidence of tuberculosis.

1 Date of x-ray

2 Is this person pregnant? No  Yes

3 Radiographer’s certification

I certify that I have carried out the x-ray of the person whose photograph and signature are on this form.

**Radiographer’s signature**

Date

# Part D – Radiologist to complete

Please use a pen and write neatly in English. Illegible forms will be returned for clarification.

**Comment is required on any and all aspects found not to be entirely normal.**

<p><b>1</b> Skeleton and soft tissue</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/></p> <p><b>2</b> Cardiac shadow</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/></p> <p><b>3</b> Hilar and lymphatic glands</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/></p> <p><b>4</b> Hemidiaphragms and costophrenic angles</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/></p> <p><b>5</b> Lung fields</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/></p> <p><b>6</b> Evidence of TB</p> <p>Absent <input type="checkbox"/> Present <input type="checkbox"/></p> <p><b>7</b> Details of other abnormalities</p>	<p>Give a full description of all abnormal findings.</p> <div style="border: 1px solid black; height: 450px; width: 100%;"></div>
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*If insufficient space, attach an additional statement.*

**8** Radiologist's declaration

*I declare that I have examined the x-ray and that this is a true and correct record of my findings.*

**Radiologist's signature**

DAY MONTH YEAR  
Date

Full name (please print)

Address  
  
  
 POSTCODE

Contact telephone number  
COUNTRY CODE AREA CODE NUMBER

**To the Radiologist:**

*Please put this completed form 160 together with any further reports into a secured envelope. Seal the envelope and place your signature or rubber stamp over the junction of all flaps of the envelope. If outside Australia, place the envelope inside an outer envelope and attach it firmly to the packaged x-ray. If you are in Australia, the x-ray does not need to be included.*

*Return the package direct to:*

- *the DIMIA office specified in the attached covering letter; and/or*
- *the return address specified in the 'Office use only' section on the front of this form; or*
- *to the referring panel doctor, if applicable; or*
- *for cases examined in Australia, according to local arrangements with HSA.*