

Australian Government

#### Department of Immigration and Multicultural and Indigenous Affairs

Medical examination for an Australian visa

YOUR PHOTOGRAPH

Please attach a recent photograph

photo should be used for form 160

appointment HSA will advise you if

a digital photo will be taken by HSA

or if you need to bring a photo(s).

of yourself firmly to the form by staples or other means. The same

**Outside Australia** 

(if required).

**Inside Australia** 

At the time of making an

This form is for applicants who are requested to undergo a medical examination as part of their 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.

# 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, from time to time, as advised in the department's Procedures Advice Manual, or if the examining doctor decides it is indicated.

## **Overseas applicants**

If a blood sample is required for hepatitis B and/or HIV testing and the medical examiner does not have the facilities for taking blood, it will be necessary for the examinee to attend a designated laboratory for this purpose, prior to the medical examination.

## What to bring to the examination

- your valid **passport** for identification (if you hold one);
- 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 avoid attending for a medical examination during menstruation.

# About the information you give in this form

The Department of Immigration and Multicultural and Indigenous Affairs (DIMIA) is authorised to collect information 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. A positive HIV **or other** test result 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 DIMIA offices, gives details of agencies to which your information might be disclosed.

To be completed by MEDICAL EXAMINER (or staff)				
Valid passport sighted? No  Reason not presented				
Yes Passport number				
Country of passport				
Passport and photograph verified?				
No Yes				

Your full name (as it appears in your passport)

Family name	
Given names	
Sex Male	Female
	DAY MONTH YEAR
Date of birth	/ /

# How to complete this form

#### Applicant

- Complete personal details above and **Part A** before attending the medical examination
- Complete **Part B** in the presence of the examining doctor

#### **Medical Examiner**

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

#### 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.

Office use only	
File number	
Date of application	/ /
/isa class	
Name and address of office processing the application	

# Part A – Applicant's details

	To be completed by the applicant <b>before</b> attendine examination. Please use a pen and write neatly in BLOCK LETTERS.	-	9	If you live in Australia: YEARS • how long have you been here? • what visa subclass do you currently hold?	MONTHS
1	Your full name Family name Given names		10	How long do you intend staying in Australia? Permanently (including non migrating apply YEARS Temporarily For how long?	icant)
2	Your residential address	IDE	11	For which visa class are you applying?	
3 4	Daytime telephone number         COUNTRY CODE       AREA CODE         (       )         Sex       Male         Female	NUMBER	12	Have you lodged an application at an office of the Immigration and Multicultural and Indigenous Affai No At which office do you intend to lodge Yes Which office?	rs?
5 6	Date of birth / / / / / / / / / / / / / / / / / / /		13	Are you: (a) a child for adoption by an Australian resident? (b) an unaccompanied minor refugee child?	No Yes No Yes No Yes
7	Previous occupations in the last 5 years		14	<ul><li>(c) a refugee who has lived or is living in a camp?</li><li>In Australia, will you be:</li><li>(a) attending or teaching classes?</li></ul>	No Yes
8	Countries in which you have lived in the last 5 yea	ars		<ul><li>(b) involved in health care?</li><li>(c) involved in childcare/creche?</li></ul>	No         Yes           No         Yes
15	<ul> <li>Have you EVER had:</li> <li>(a) an operation?</li> <li>(b) hospital treatment or been admitted to a hospital for any reason?</li> <li>(c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis?</li> <li>(d) convulsions, fits or epilepsy?</li> <li>(e) anxiety, depression or nervous complaints requiring treatment?</li> <li>(f) admission to a hospital for a psychological problem or consulted a psychiatrist?</li> <li>(g) high blood pressure, heart trouble, breathlessness and/or chest pain?</li> <li>(h) pain in the back, neck or any joint?</li> <li>(i) atomach pains, indigestion or heart burn?</li> <li>(j) an infectious disease lasting more than 2 weeks?</li> <li>(k) kidney or bladder disease or complaint?</li> <li>(j) diabetes or sugar in the urine?</li> </ul>	No       Yes         No       Yes	You mu	ust provide all the relevant details, including dates.	
	<ul><li>(m) any illness, injury or medical condition lasting more than 2 weeks, or a recurring condition not mentioned above?</li><li>(n) any medical, physical, psychological or other</li></ul>	No Yes			

16 Please answer the following questions	If you answered <b>'Yes'</b> to any of the questions, you must provide all the relevant details, including dates.
(a) Are you taking any pills, medicine or having other treatment?	
(b) Have you ever been addicted to a drug or taken drugs illegally?	
(c) Do you consume alcohol?	
No Yes How much?	
(d) Do you smoke, or have you ever smoked tobacco? No Yes ▶ How much?	
<ul><li>(e) Do you have any physical or mental disabilities which may affect your ability to earn a living or take full care of yourself?</li></ul>	
No Yes	
(f) Do you receive a pension for medical reasons?	
No Yes Sive details of diagnosis, duration of pension, date last employed, restrictions on ability to work and outlook for the future.	
	If insufficient space, attach an additional statement.
17 For female applicants	
Are you pregnant?	
Are you pregnant?	
Are you pregnant? No Yes What is the expected due date?	
Are you pregnant? No Yes What is the expected due date? DAY MONTH YEAR Have there been any complications with this pregnancy?	
Are you pregnant? No Yes What is the expected due date? DAY MONTH YEAR / / Have there been any complications	
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Are you pregnant? No Yes What is the expected due date? DAY MONTH YEAR Have there been any complications with this pregnancy?	

# Part B – Applicant's declaration

# 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.)

8	B I declare that the information I have provided on this form is cor			
	Applicant's signature			
		DAY MONTH YEAR		
	Date			
	Name of parent or guardian Relationship to ap	plicant		

# Part C – Examining doctor's findings

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

- Please answer ALL questions in English.
- Please write clearly. Illegible forms will have to be returned for clarification.
- Wherever the examinee answers 'Yes' to Questions 15(a) to 16(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 would be desirable, please mention, but they should be obtained at this stage only as indicated on this form, or in the *Guidelines*.
- For HIV and hepatitis B 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

No

Normal

2

Was a chaperone present during the examination?

Yes Declined

Height and weight
 Head circumference for
 children less than 2 years of

Cardiovascular system

children less than 2 years old

Abnormal

Give details

CENTIMETRES

CENTIMETRES

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

KILOGRAMS

**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.

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

15	Eyes (including fundoscopy)	Give details
	Normal Abnormal	
	Visual acuity (preferably using Snellen's or equivalent)	Uncorrected Right / Left /
	Shellen's of equivalent)	Corrected Right / Left /
	Reading vision	
	Normal Abnormal	Ν
	Appropriate comments must also be pr	rovided above for those too young to be tested.
		prrective lenses and the correction is less than 6/12 in the better eye, pin-hole occlusion should be used to
		copy does not generally require referral and dilation. Examine using direct ophthalmoscopy.
		thalmologist's report where corrected visual acuity is worse than 6/12 in the better eye, OR if presence or
	history of cataract, trauma, glaucoma o	
16	Hepatitis B antigen blood test	Give details
	To be undertaken and results attached for:	
	<ul> <li>pregnant women</li> </ul>	
	<ul> <li>child for adoption by Australian resident</li> </ul>	
	(see Question 13(a) of	
	Part A – Applicant's details)	
	• unaccompanied minor refugee child (see	
	Question 13(b) of Part A – Applicant's	
	details)	
	• those temporary entrants intending to work	
	in healthcare of any kind	
	persons with clinical indications.	
	Test result	
	negative positive	
17	Hepatitis C antibody blood test	
	To be undertaken and results attached for:	
	those temporary entrants intending to work	
	in healthcare of any kind	
	persons with clinical indications	
	Test result	
	negative positive	

18	Human Immunodeficiency Virus test	Give details
	To be undertaken and results attached for:	
	• persons intending permanent stay in	
	Australia (see Question 10 of	
	Part A – Applicant's details) who are	
	15 years of age and over; also all children under the age of 15 years	
	(i) who are for adoption by an Australian	
	resident (see Question 13(a) of Part A – Applicant's details), or	
	(ii) unaccompanied minor refugee child	
	(see Question 13(b) of Part A –	
	Applicant's details), or	
	(iii) who have a history of blood	
	transfusions, or	
	<ul><li>(iv) where it is otherwise clinically indicated.</li></ul>	
	<ul> <li>other persons where specific arrangements</li> </ul>	
	are in place;	
	other persons as indicated on clinical	
	grounds.	
	Note: Pre test counselling and post test	
	counselling for positive results are	
	mandatory.	
	HIV test. If the initial test is positive,	
	please repeat and perform Western Blot.	
	Test result Test result	
	negative positive	

19	If the person is 11 or more years of age what is the chest x-ray result? Normal Abnormal Give details	
20	Urinalysis Complete for all persons over 5, and those under 5 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       Date repeated       Blood         DAY       MONTH       YEAR       Image: Comparison of the second
21	<ul> <li>VDRL Test</li> <li>Obtain and attach VDRL, RPR or equivalent test</li> <li>refugees over 15 years of age who have lived or are living in camps. (see Question 13(c), or Applicant's details);</li> <li>any other person where clinically indicated;</li> <li>where genital or internal examination is indicated; refer to the appropriate specialist.</li> <li>Test result Test result positive</li> </ul>	I in a camp f Part A -
22	Are there any physical or mental conditions which would prevent this person from: (a) gaining full employment (if of working age)? NoYes► Give details (b) living independently? NoYes► Give details	
23	significant finding on the history, the examination	Ided about this applicant. You must consider if there exists any         In and the x-ray. 'Significant' means that a finding has a current         uidelines for the definition of A and B recommendations.         ant will meet the health criteria.         Please list significant history or abnormal findings

#### 24 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.

#### To the medical examiner

Please put this completed form 26, 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 an outer envelope and return it direct to the DIMIA office specified in the attached covering letter and/or specified on the 'Office use only' section on the front of this form.

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.

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 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 a list of the yellow fever infected countries, refer to the 'Guidelines for medical and radiological examination of Australian visa applicants'.)