



Australian Government

Department of Immigration and Multicultural and Indigenous Affairs

Medical examination for an Australian visa

Form

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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, C 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.

How to make an appointment for your medical examination

Outside Australia

For a medical examination offshore, please contact your closest Panel doctor. For details see www.immi.gov.au/allforms/doctors

Inside Australia

For a medical examination 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. Contact numbers and addresses are at www.hsagroup.com.au/contacthsa or under HSA or Health Services Australia in the White Pages™ telephone book.

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 (the department) 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 offices of the department, 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 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 160 (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).

Your full name (as it appears in your passport)

Sex Male Female

Date of birth DAY MONTH YEAR / /

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 valid passport and record passport number above (next to photograph)
- 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

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)

Family name
 Given names

2 Your residential address

POSTCODE

3 Daytime telephone number

COUNTRY CODE AREA CODE NUMBER
 () ()

4 Sex Male Female

5 Date of birth

DAY MONTH YEAR
 / /

6 Intended occupation/activity in Australia

7 Previous occupations in the last 5 years

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

9 If you are in Australia:
 • how long have you been here? YEARS MONTHS
 • what visa subclass do you currently hold? : :

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

11 For which visa class are you applying?

12 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?

13 Are you:
 (a) a child for adoption by an Australian resident? No Yes
 (b) an unaccompanied minor refugee child? No Yes
 (c) a refugee who has lived or is living in a camp? No Yes

14 In Australia, will you be:
 (a) attending or teaching classes? No Yes
 (b) involved in health care? No Yes
 (c) involved in childcare/creche? No Yes

15 Have you EVER had:

- (a) an operation? No Yes
- (b) hospital treatment or been admitted to a hospital for any reason? No Yes
- (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis? No Yes
- (d) convulsions, fits or epilepsy? No Yes
- (e) anxiety, depression or nervous complaints requiring treatment? No Yes
- (f) admission to a hospital for a psychological problem or consulted a psychiatrist? No Yes
- (g) high blood pressure, heart trouble, breathlessness and/or chest pain? No Yes
- (h) pain in the back, neck or any joint? No Yes
- (i) stomach pains, indigestion or heart burn? No Yes
- (j) an infectious disease lasting more than 2 weeks? No Yes
- (k) kidney or bladder disease or complaint? No Yes
- (l) diabetes or sugar in the urine? No Yes
- (m) any illness, injury or medical condition lasting more than 2 weeks, or a recurring condition not mentioned above? No Yes
- (n) any medical, physical, psychological or other treatment in the last 5 years? No Yes

You must provide all the relevant details, including dates.

If insufficient space, attach an additional statement.

16 Please answer the following questions

(a) Are you taking any pills, medicine or having other treatment?

No Yes

(b) Have you ever been addicted to a drug or taken drugs illegally?

No Yes

(c) Do you consume alcohol?

No Yes ► How much?

(d) Do you smoke, or have you ever smoked tobacco?

No Yes ► How much?

(e) Do you have any physical or mental disabilities which may affect your ability to earn a living or take full care of yourself?

No Yes

(f) Do you receive a pension for medical reasons?

No Yes ► Give details of diagnosis, duration of pension, date last employed, restrictions on ability to work and outlook for the future.

If you answered '**Yes**' to any of the questions, you must provide all the relevant details, including dates.

If insufficient space, attach an additional statement.

17 For female applicants

Are you pregnant?

No Yes ► What is the expected due date?

DAY	MONTH	YEAR
	/	/

Have there been any complications with this pregnancy?

No Yes ► Give details

If insufficient space, attach an additional statement.

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.)

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

Applicant’s signature

Date / /

Name of parent or guardian

Relationship to applicant

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 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.

<p>3 Respiratory system</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p> <p>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.</p>	<p>Give details</p>
<p>4 Nervous system</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p>5 Mental state</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p>6 Intelligence</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p> <p>Developmental milestones (if less than 5 years of age)</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p>7 Gastrointestinal system including hernial orifices</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p>8 Locomotor system/physical build (for all persons over 60, information on mobility must be included)</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p>9 Skin and lymph nodes</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p>10 Breast examination where clinically indicated</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p>11 Endocrine system</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p>12 Evidence of drug taking (eg. venous puncture marks)</p> <p>Absent <input type="checkbox"/> Present <input type="checkbox"/> ▶</p>	
<p>13 Ear/nose/throat/mouth/teeth</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p>14 Hearing</p> <p>Right Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p> <p>Left Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	

15 Eyes (including funduscopy)

Give details

Normal Abnormal

Two empty text boxes for providing details.

Visual acuity (preferably using Snellen's or equivalent)

Uncorrected Right / Left /

Corrected Right / Left /

Reading vision

Normal Abnormal N

Appropriate comments must also be provided above for those too young to be tested.

Where the applicant attends without corrective lenses and the correction is less than 6/12 in the better eye, pin-hole occlusion should be used to test the corrected vision. Note: Funduscopy does not generally require referral and dilation. Examine using direct ophthalmoscopy.

Note: Obtain and attach specialist ophthalmologist's report where corrected visual acuity is worse than 6/12 in the better eye, OR if presence or history of cataract, trauma, glaucoma or other eye condition or disease.

16 Hepatitis B antigen blood test

Give details

To be undertaken and results attached for:

- pregnant women;
• child for adoption by Australian resident (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 Test result positive

Large grid area for providing details for Hepatitis B antigen blood test.

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 Test result positive

Large grid area for providing details for Hepatitis C antibody blood test.

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

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 13(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

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

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 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

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.

**Examining
doctor's
signature**

Date of
examination

DAY	MONTH	YEAR
/	/	

Full name (please print)

Place of examination

Contact telephone number

COUNTRY CODE	AREA CODE	NUMBER
()	()	

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'.)