



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**

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).

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

Inside Australia

For a chest x-ray in Australia you must contact the nearest Health Services Australia office. Online bookings can be made with HSA at www.healthoz.com.au. Alternatively, contact numbers and addresses are at www.healthoz.com.au or under HSA or Health Services Australia in the White Pages™ telephone book.

Costs

The costs of medical examinations are paid by you directly to the doctors or clinics undertaking the examinations.

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
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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 a visa application?
 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

Name of parent or guardian

Relationship to applicant

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.

1	Skeleton and soft tissue	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		<i>Give a full description of all abnormal findings.</i>
2	Cardiac shadow	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
3	Hilar and lymphatic glands	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
4	Hemidiaphragms and costophrenic angles	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
5	Lung fields	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
6	Evidence of TB	Absent <input type="checkbox"/>	Present <input type="checkbox"/>		
7	Details of other abnormalities				

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

Date DAY / MONTH / YEAR

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 office of the department 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.*