

# Medical examination for an Australian visa

Form **26** 

Department of Immigration and Multicultural and Indigenous Affairs

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)	YOUR PHOTOGRAPH
Valid passport sighted?  No	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).
Yes Passport number  Country of passport	Inside Australia At the time of making an appointment HSA will advise you it a digital photo will be taken by HSA or if you need to bring a photo(s).
Passport and photograph verified?  No Yes	
Your full name (as it appears in your pa	assport)
Family name Given names	
Sex Male Female	
Date of birth DAY MONTH YEAR	

#### How to complete this form

#### **Applicant**

- Complete personal details above, Parts A and D 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.

# 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:  • 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 appl.  YEARS  Temporarily For how long?	icant)  MONTHS
2	Your residential address POSTCO	DDE		11	For which visa class are you applying?	
3	Daytime telephone number  COUNTRY CODE AREA CODE  ( ) ( )	NUMBER		12	Have you lodged an application at an office of the Immigration and Multicultural and Indigenous Affair  No At which office do you intend to lodge a	rs?
4	Sex Male Female				Yes Which office?	
5	Date of birth Day MONTH YEAR			13	Are you:	
6	Intended occupation/activity in Australia				<ul><li>(a) a child for adoption by an Australian resident?</li><li>(b) an unaccompanied minor refugee child?</li><li>(c) a refugee who has lived or is living in a camp?</li></ul>	No Yes No Yes No Yes Yes
7	Previous occupations in the last 5 years			14	In Australia, will you be:	
8	Countries in which you have lived in the last 5 year	ars			<ul><li>(a) attending or teaching classes?</li><li>(b) involved in health care?</li><li>(c) involved in childcare/creche?</li></ul>	No Yes No Yes No Yes Yes
15	Have you EVER had:			You m	ust provide all the relevant details, including dates.	
	(a) an operation?	No	Yes	<b> </b>		
	(b) hospital treatment or been admitted to a hospital for any reason?	No	Yes			
		No No	Yes			
	admitted to a hospital for any reason?  (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis?  (d) convulsions, fits or epilepsy?  (e) anxiety, depression or nervous	No No	Yes			
	admitted to a hospital for any reason?  (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis?  (d) convulsions, fits or epilepsy?	No No No	Yes Yes Yes			
	admitted to a hospital for any reason?  (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis?  (d) convulsions, fits or epilepsy?  (e) anxiety, depression or nervous complaints requiring treatment?	No No No No	Yes Yes Yes			
	admitted to a hospital for any reason?  (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis?  (d) convulsions, fits or epilepsy?  (e) anxiety, depression or nervous complaints requiring treatment?  (f) admission to a hospital for a psychological problem or consulted a psychiatrist?  (g) high blood pressure, heart trouble, breathlessness and/or chest pain?	No N	Yes Yes Yes Yes			
	admitted to a hospital for any reason?  (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis?  (d) convulsions, fits or epilepsy?  (e) anxiety, depression or nervous complaints requiring treatment?  (f) admission to a hospital for a psychological problem or consulted a psychiatrist?  (g) high blood pressure, heart trouble, breathlessness and/or chest pain?  (h) pain in the back, neck or any joint?	No N	Yes Yes Yes Yes Yes Yes			
	admitted to a hospital for any reason?  (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis?  (d) convulsions, fits or epilepsy?  (e) anxiety, depression or nervous complaints requiring treatment?  (f) admission to a hospital for a psychological problem or consulted a psychiatrist?  (g) high blood pressure, heart trouble, breathlessness and/or chest pain?  (h) pain in the back, neck or any joint?  (i) stomach pains, indigestion or heart burn?  (j) an infectious disease lasting more than	No N	Yes Yes Yes Yes			
	admitted to a hospital for any reason?  (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis?  (d) convulsions, fits or epilepsy?  (e) anxiety, depression or nervous complaints requiring treatment?  (f) admission to a hospital for a psychological problem or consulted a psychiatrist?  (g) high blood pressure, heart trouble, breathlessness and/or chest pain?  (h) pain in the back, neck or any joint?  (i) stomach pains, indigestion or heart burn?	No N	Yes			
	admitted to a hospital for any reason?  (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis?  (d) convulsions, fits or epilepsy?  (e) anxiety, depression or nervous complaints requiring treatment?  (f) admission to a hospital for a psychological problem or consulted a psychiatrist?  (g) high blood pressure, heart trouble, breathlessness and/or chest pain?  (h) pain in the back, neck or any joint?  (i) stomach pains, indigestion or heart burn?  (j) an infectious disease lasting more than 2 weeks?	No N	Yes			
	admitted to a hospital for any reason?  (c) tuberculosis or an abnormal chest x-ray, or have you ever coughed up blood or had contact with a person with tuberculosis?  (d) convulsions, fits or epilepsy?  (e) anxiety, depression or nervous complaints requiring treatment?  (f) admission to a hospital for a psychological problem or consulted a psychiatrist?  (g) high blood pressure, heart trouble, breathlessness and/or chest pain?  (h) pain in the back, neck or any joint?  (i) stomach pains, indigestion or heart burn?  (j) an infectious disease lasting more than 2 weeks?  (k) kidney or bladder disease or complaint?	No N	Yes			

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 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.
Are you pregnant?  No Yes What is the expected due date?    DAY   MONTH   YEAR	If insufficient space, attach an additional statement.  Now complete Part D on page 10

# 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	
	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
	Was a chaperone present during the examination?
	No Yes Declined
1	CENTIMETRES KILOGRAMS Height and weight
	Head circumference for CENTIMETRES
	children less than 2 years old
2	Cardiovascular system
	Normal Abnormal Sive details
	Record any evidence of heart murmurs, cardiac failure, other heart
	abnormality, irregularity of rhythm, or abnormality of peripheral pulses
	SYSTOLIC DIASTOLIC
	Blood pressure (required for all
	persons 11 years or over)
	<b>Note</b> : 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

	<b>Note</b> : If you notice any abnormalities in response to the following questions, you must provide details of the physical examination.
3	Respiratory system Give details
J	Normal Abnormal 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
7	Normal Abnormal •
5	Mental state
Ü	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 Description    Abnormal Description
11	Endocrine system
	Normal Abnormal
12	Evidence of drug taking (eg. venous
12	puncture marks)
	Absent Present Present
40	
13	Ear/nose/throat/mouth/teeth
	Normal Abnormal >
14	Hearing Right
	Normal Abnormal
	Left
	Normal Abnormal

15	Eyes (including fundoscopy)	Give details
	Normal Abnormal	
	Visual acuity (preferably using Snellen's or equivalent)	Uncorrected Right / Left /
		Corrected Right / Left /
	Reading vision	N.
	Normal Abnormal Appropriate comments must also be a	N revided above for those too young to be tested
		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 scopy 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 d	
16	Hepatitis B antigen blood test	Give details
	To be undertaken and results attached for:	
	<ul> <li>pregnant women</li> </ul>	
	• 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	
	<ul><li>details)</li><li>those temporary entrants intending to work</li></ul>	
	in healthcare of any kind	
	<ul> <li>persons with clinical indications.</li> </ul>	
	Test result Test result	
	negative positive	
17	Hepatitis C antibody blood test	
	To be undertaken and results attached for:	
	those temporary entrants intending to work     in healthcase of any kind.	
	<ul><li>in healthcare of any kind</li><li>persons with clinical indications</li></ul>	
	Test result Test result	
	negative positive	

Human Immunodeficiency Virus test	Give details
To be undertaken and results attached for:	
<ul> <li>persons intending permanent stay in</li> </ul>	
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	
(iv) where it is otherwise clinically	
indicated.	
other persons where specific arrangements	
are in place;	
<ul> <li>other persons as indicated on clinical</li> </ul>	
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	

18

19	If the person is 11 or more years of age what is the chest x-ray result?	
	Normal Abnormal Give details	
	uetalis	
20	Urinalysis	If test is repeated at a later date:
	Complete for all persons over 5, and those	Blood Date repeated Blood  DAY MONTH YEAR
	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	Albumin
	culture and sensitivity, serum creatinine or	Curar
	glucose tests as indicated. In women, where an abnormality occurs due to menstruation,	Sugar Sugar
	please repeat and record urinalysis following completion of menstruation.	
21	VDRL Test	requilte for
	Obtain and attach VDRL, RPR or equivalent test  • refugees over 15 years of age who have liver	
	or are living in camps. (see Question 13(c), of Applicant's details);	
	any other person where clinically indicated;	
	<ul> <li>where genital or internal examination is indic refer to the appropriate specialist.</li> </ul>	ated please
	Test result Test result positive	
22	And there are unburied as properly and divine	
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	
23	Recommendation	
	significant finding on the history, the examination	ded about this applicant. You must consider if there exists any on and the x-ray. 'Significant' means that a finding has a current <i>Guidelines</i> for the definition of A and B recommendations.
	Note: This is not a rating of whether the application	ant will meet the health criteria.
	(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	Please list significant history or abnormal findings
	abnormal findings present)	notes not significant motory of abnormal intumes

	n must be signed and dated by the doctor who personally performed the examination.  have examined the applicant and that this is a true and 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

**24** Declaration

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'.)