



This form is for applicants who are requested to undergo a medical examination as part of an 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, as advised in the Department of Immigration and Citizenship's (the department) Procedures Advice Manual, or if the examining doctor decides it is indicated.

**Note:** If in Australia and you have applied for a protection visa, a positive HIV or other test result will not have any impact on the outcome of your application.

## Doctors, Dentists, Nurses

Applicants for temporary entry intending to work as a doctor, nurse or dentist are required to undergo a chest x-ray and medical examination as well as HIV, Hepatitis B and C testing.

## Overseas applicants

If a blood sample is required for Hepatitis B, C and/or HIV testing and the examining doctor does not have the facilities for taking blood, it will be necessary for the examinee to attend a laboratory approved for this purpose.

## Costs

The costs of medical examinations are paid by you directly to the doctors or clinics undertaking the examinations. There may be additional costs if further tests or couriers are required.

**Note:** If in Australia and you have applied for a protection visa, special arrangements may apply in regard to the costs of medical examinations.

## 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/contacts/panel-doctors/](http://www.immi.gov.au/contacts/panel-doctors/)

### Inside Australia

For a medical examination in Australia you must contact the nearest Health Services Australia (HSA) office. Visit [www.hsagroup.com.au](http://www.hsagroup.com.au) to make an online booking. Alternatively, contact numbers and addresses are at [www.hsagroup.com.au](http://www.hsagroup.com.au) or under HSA or Health Services Australia in the White Pages™ telephone book.

**Note:** If in Australia and you have applied for a protection visa, you must use HSA city premises, not Approved Medical Practitioners (AMP) in regional areas.

## What to bring to the examination

- Any prescription **spectacles** or **contact lenses** that you may wear;
- Where you have a known medical condition, any **existing specialist reports**.

## Identification:

- Your **valid passport** for identification (if you hold one);
- If you do not hold a passport a **National Identity Document** (incorporating a photograph, name, date of birth and signature) may be acceptable in the following circumstances:
  - you are unable to obtain a passport without a visa due to laws in your country of origin;
  - your passport is at the department for processing of your visa application;
  - your passport is at the United Nations High Commissioner for Refugees (UNHCR) or the International Organization for Migration (IOM) for processing in relation to a refugee application or other Australian visa;
  - you are unable to obtain a passport due to political or other circumstances in your country of origin; or
  - your passport is not suitable for identification purposes (eg. passport photograph is of a baby and with passage of time the photograph is no longer satisfactory).

**Note:** If you are a protection visa applicant special arrangements regarding identification may apply.

## For women

Women should not attend this medical examination during menstruation as blood will taint the urinalysis.

## About the information you give in this form

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. Your result(s) may be disclosed to the relevant Commonwealth, State and Territory health agencies and examining doctor(s).

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 forms 993i *Safeguarding your personal information* and 1243i *Your personal identifying information*, available from offices of the department, give details of agencies to which your information might be disclosed.

## After your health examination

You may be required to undergo further tests.

After your health examination, the reports will normally be sent to the department by the doctor.

However, if the doctor gives you the envelope containing the report please **do not open the envelope**. If envelopes or reports are tampered with you may be required to repeat tests at your own expense.

**This page is intentionally blank.  
Please do not write on this page.**



**How to complete this form**

**Applicant**

- Complete **Part A** before attending the medical examination.
- Complete **Part B** in the presence of the examining doctor.
- Record your passport/National Identity Document number at the top of each page.

**Examining Doctor**

- 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/National Identity Document (if provided) and record passport/National Identity Document number below.
- Assist the applicant with **Part B**.
- Complete **Part C**.
- If you are an Approved Medical Practitioner in Australia you cannot conduct a medical examination of a protection visa applicant.

**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.

**YOUR PHOTOGRAPH**

**Inside Australia**

If you need to bring a photo(s) with you to the medical appointment at Health Services Australia (HSA), HSA will advise you at the time you make your appointment.

**Outside Australia**  
 Please firmly attach a recent passport size photograph of yourself to the form by staples or other means. Another copy of the same photo should be used for form 160 (if required).

**To be completed by EXAMINING DOCTOR (or staff)**

Valid passport sighted?

Yes  ▶ Passport number   
 Country of passport

Passport and photograph verified?

No  Yes

No  ▶ Reason not presented

*Please attach a copy of the National Identity Document sighted to identify the applicant, if applicable. The copy should be certified by the Examining Doctor.*

Applicant's full name (as it appears in passport or National Identity Document)

Family name

Given names

Sex: Male  Female  Date of birth

**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 or National Identity Document)

Family name

Given names

**2** Date of birth

**3** Sex Male  Female

**4** Your telephone numbers

Office hours

After hours

**5** Your residential address

**6** Intended occupation/activity in Australia

**7** Previous occupations in the last 5 years

**Office use only**

File number/PRID/CID

Date of application

Visa class

Name and address of office processing the application

Passport/National Identity Document number	Doctor's initials
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**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** If you are in Australia, are you applying for a protection visa?  
 No  ▶ Which visa are you applying for?  
  
 Yes  ▶ Go to Question 13

**12** If you are outside Australia, which visa are you applying for?

**13** Have you lodged a visa application?  
 No  ▶ At which office do you intend to lodge an application?

Yes  ▶ Which office?

**14** 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

**15** 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

**16** Have you **EVER** had:

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

You must provide all the relevant details, including dates


*If insufficient space, attach an additional statement*

Passport/National Identity Document number	Doctor's initials
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**17** 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*

**18** 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
- Note:** If you are pregnant you may be required to undergo Hepatitis B testing.

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.)

**19** I declare the information I have provided on this form is correct.

I agree to the examining doctor contacting my treating doctor to discuss and seek further information about any medical condition(s) that may relate to my health assessment for a visa.

I consent to the Department of Immigration and Citizenship passing on relevant health information to the Panel doctor(s) who examined me for comment. The reasons for this release of information may include, but are not limited to, investigation of inconsistencies between the Panel doctor's examination and a subsequent health assessment, investigation of a complaint against the Panel doctor or follow up with the Panel doctor of adverse audit results. Such information will be shared in order to ensure the quality of the work undertaken by the Panel doctor network.

**Applicant's signature**

Date 

DAY	MONTH	YEAR
/	/	

Name of parent or guardian (if signing on behalf of a child under 16 years of age)

Relationship to applicant

Name of treating doctor (or General Practitioner)

Telephone number of treating doctor (or General Practitioner)

COUNTRY CODE	AREA CODE	NUMBER
( )	( )	

Passport/National Identity Document number

Doctor's initials

## 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 visas for Australia are met are made by the relevant Australian Government authorities.

- Please answer ALL questions in English.
- Please write clearly. Illegible forms will be returned for clarification.
- Wherever the examinee answers 'Yes' to Questions 16(a) to 17(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 are necessary, please obtain.
- 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><b>3</b> 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-ray films.</p>	<p>Give details</p>
<p><b>4</b> Nervous system</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p><b>5</b> Mental state</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p><b>6</b> 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><b>7</b> Gastrointestinal system including hernial orifices</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p><b>8</b> 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><b>9</b> Skin and lymph nodes</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p><b>10</b> Breast examination where clinically indicated</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p><b>11</b> Endocrine system</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p><b>12</b> Evidence of drug taking (eg. venous puncture marks)</p> <p>Absent <input type="checkbox"/> Present <input type="checkbox"/> ▶</p>	
<p><b>13</b> Ear/nose/throat/mouth/teeth</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	
<p><b>14</b> Hearing</p> <p>Right</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p> <p>Left</p> <p>Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> ▶</p>	

*If insufficient space, attach an additional statement*

**15 Eyes (including fundoscopy)**

Give details

Normal

Abnormal  ▶


Visual acuity (preferably using Snellen's or equivalent)

Uncorrected

Right

Left

Corrected

Right

Left

Reading vision

Normal

Abnormal  ▶

N
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*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:** Fundoscopy 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 14(a) of Part A – Applicant's details);
- unaccompanied minor refugee child (see Question 14(b) of Part A – Applicant's details);
- persons applying for a protection visa in Australia who have been in detention facilities (whether in Australia or overseas);
- those temporary entrants intending to work in Australia as a doctor, nurse or dentist;
- persons with clinical indications.

Test result   
negative

Test result  ▶  
positive


**17 Hepatitis C antibody blood test**

To be undertaken and results attached for:

- persons applying for a protection visa in Australia who have been in detention facilities (whether in Australia or overseas);
- those temporary entrants intending to work in Australia as a doctor, nurse or dentist;
- persons with clinical indications.

Test result   
negative

Test result  ▶  
positive

*If insufficient space, attach an additional statement*





Passport/National Identity Document number	Doctor's initials
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**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 5 years of age or over, and those under 5 years of age 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 14(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


**For ALL VISA APPLICANTS except protection visa applicants in Australia**

**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 *'Instructions for Panel Doctors and Radiologists: medical and radiological examination of Australian visa applicants'* 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


**For PROTECTION VISA APPLICANTS only**

**24** 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 medical and radiological examination of applicants for onshore protection visas'* 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

**B1** Significant history or abnormal findings present but not considered likely that applicant will present a threat to public health  **▶** Please list significant history or abnormal findings


**B2** Significant history or abnormal findings present which may indicate a threat to public health – for Medical Officer of the Commonwealth opinion  **▶** Please list significant history or abnormal findings


**25 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

Postal address

<input type="text"/>
<input type="text"/>
POSTCODE

Contact telephone  
number

COUNTRY CODE	AREA CODE	NUMBER
(        )	(        )	

E-mail address

**To the examining doctor**

*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 another envelope and return it **direct** to the office of the department 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 before travelling to Australia and to bring any immunisation records with them.*

*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 'Instructions for Panel Doctors and Radiologists: medical and radiological examination of Australian visa applicants' and, if a protection visa applicant, refer to the 'Guidelines for medical and radiological examination of applicants for onshore protection visas'.)*