

and Citizenship

Medical examination for an Australian visa

Form **26**

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.

The Department of Immigration and Citizenship (the department) is authorised to collect and use the personal information on this form under section 60 of the *Migration Act 1958*. When you complete this form and give it to the doctor or clinic, the Commonwealth of Australia becomes the owner of the information on the form. The doctor is required to send the form to the department.

Your responsibilities

You must disclose your medical history and details of any known medical conditions.

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.

Outside Australia

If outside Australia you must attend the **same** doctor during the course of your health assessment.

If you are an applicant for a visa under Australia's Offshore Refugee and Special Humanitarian Program the Australian Government provides arrangements to cover the costs of your medical examinations.

In Australia

If you are 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 overseas, please contact your closest Panel doctor. Details are available from

www.immi.gov.au/contacts/panel-doctors/

In Australia

For a medical examination in Australia you must contact the nearest Health Services Australia (HSA) office. You can make an online booking at **www.hsagroup.com.au**

Alternatively, see **www.hsagroup.com.au** for contact numbers and address details or under HSA or Health Services Australia in the White Pages $^{\text{\tiny TM}}$ telephone book.

Note: If you are in Australia and you have applied for a protection visa, you must see a doctor at HSA city premises, not an Approved Medical Practitioner (AMP) in a regional area.

For women

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

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

A valid passport is the mandatory identification document.

However, in circumstances such as:

- 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);

the following may be acceptable:

- a verified copy of the front page of the passport endorsed by the Australian Consulate;
- **national identity document** (incorporating a photograph, name, date of birth and signature);
- **alternative identification documents** other identification documentation requested by the department or the department's contracted service provider.

If you do not bring acceptable identification documentation to the medical examination the processing of your visa application may be delayed.

Note: If you are a refugee, humanitarian or protection visa applicant special arrangements regarding identification may apply.

Continued on the next page

What tests may be required

Permanent entry

All applicants for permanent entry to Australia 15 or more years of age are required to undergo Human Immunodeficiency Virus (HIV) testing. Applicants for permanent entry under 15 years of age 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's Procedures Advice Manual, or if the doctor decides it is indicated.

Doctors, dentists, nurses

Applicants for temporary entry intending to work as a doctor, dentist or nurse 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 doctor does not have the facilities for taking blood, it will be necessary for you to attend a laboratory approved for this purpose.

Note: If you are 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.

What happens after the health examination?

You may be required to undergo further tests. The reports will 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**. Contact your case officer to determine where to send the medical results.

Note: If envelopes or reports are tampered with you may be required to repeat tests at your own expense.

About the information you give

The department is authorised to collect information on this form under the *Migration Act 1958*. The information provided on this form, including tests for 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.



and Citizenship

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How to complete this form

Applicant

- Complete Part A before attending the medical examination.
- Complete **Part B** in the presence of the examining doctor.

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

Valid passport sighted?

Yes Passport number

• 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

In 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)

	·
	Country of passport
	Passport and photograph verified?
	No Yes
	Please attach a copy of the bio-data page of the passport
	sighted to identify the applicant. The copy should be certified
	by the examining doctor.
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.
governmer Note : If the is a citizen	dentity card or identity number issued to the applicant by his/her nt (if applicable) eg. National identity card. e applicant is the holder of multiple identity numbers because he/she of more than one country, you need to enter the identity number on om the country that the applicant lives in.
Identity nu	mber
Country of	icqua
Country of	15500
Applicant's	s full name (as it appears in passport or national identity document)
Family nan	ne
Civon nom	
Given nam	
Sex: Male	Property Date of birth Date of birth
JUX. IVIAIU	Date of Differ / /

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 (a	as it appears in your passport or national
	identity docume	nt)

Given names				
	DAY	MONTH	YEAR	_

- 2 Date of birth / /
- 3 Sex Male Female
- 4 Your telephone numbers

Family name

	COUNTRY CODE	AREA CODE		NUMBER
Office hours	()	()	
After hours	()	()	

Continued on the next page

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

5	Your residential address			12	if you are outside Australia, which visa are you appl	ying for?		
				13	Have you ladged a vice application?			
	POSTCO	ODE		13	Have you lodged a visa application? No	n annlice	ation?	
6	Intended occupation/activity in Australia				At which office do you intend to louge a	ιι αμμιισο	luoni	
U	interrued occupation/activity in Australia							
					Yes			
7	Previous occupations in the last 5 years							
				14	Have you ever undertaken a medical examination for an Australian visa?	or		
•					No \			
8	Countries in which you have lived in the last 5 year	ars ————			Yes			
					and domin			
9	If you are in Australia:							
	how long have you been here? YEARS YEARS		MONTHS					
				15	Are you:			
	 what visa subclass do you currently hold? 		: :		(a) a child for adoption by an Australian resident?	No	Yes	
10	How long do you intend staying in Australia?				(b) an unaccompanied minor refugee child?	No	Yes [
	Permanently (including non-migrating app	nlicant)			(c) a refugee who has lived or is living in a camp?	No	Yes [
	YEARS	,	MONTHS					
	Temporarily			16	In Australia, will you be:			
					(a) attending or teaching classes?	No _	_ Yes [
11	If you are in Australia, are you applying for a prote	ection visa?			(b) involved in health care?	No _] Yes [
	No Which visa are you applying for?				(c) involved in childcare/creche?	No	Yes	
	Yes							
17	Have you EVER had:			You mi	ust provide all the relevant details, including dates			
• •	(a) an operation?	No	Yes	Tou mit	ast provide all the relevant details, moldaling dates			
	(b) hospital treatment or been	\Box		·				_
	admitted to a hospital for any reason?	No	Yes					_
	(c) tuberculosis or an abnormal chest x-ray,	\Box	, ,					
	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		Yes					
	complaints requiring treatment?	No	res					
	(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) an infectious disease lasting more than	No No	Yes					
	2 weeks?							
	(j) kidney or bladder disease or complaint?	No	Yes					
	(k) diabetes or sugar in the urine?	No	Yes					
	(l) any illness, injury or medical condition	\Box						
	lasting more than 2 weeks, or a recurring condition not mentioned above?	No	Yes					_
	(m) any medical, physical, psychological or other							_
	treatment in the last 5 years?	No	Yes	If inqui	ficient cooper attach an additional atatament			
				ii iiiSUl	ficient space, attach an additional statement			

18	Please answer the following questions	If you answered 'Yes' to any of the questions, you must provide all the relevant
	(a) Are you taking any pills, medicine or having other treatment? No Yes Yes	details, including dates.
	(b) Have you ever been addicted to a drug or taken drugs illegally? No Yes 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 Yes	
	(f) Do you receive a pension for medical reasons? No Yes Five 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
19	For female applicants	Details
	Are you pregnant? No Yes What is the expected date of birth? DAY MONTH YEAR	
	Have there been any complications with this pregnancy?	
	No Yes Figure Give details Note: If you are pregnant you may be	
	required to undergo Hepatitis B testing.	

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 years of age may sign if he or she is able to understand and verify the information given on the form.)

20 I declare the information I have provided on this form is correct. I understand that if I have given false or misleading information, my application may be refused, and any visa issued may be cancelled.

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	Relationship to applicant			
Name of treatin	Name of treating doctor (or General Practitioner)			
Telephone num	per of treating doctor (or General Practitioner)			
COUNTRY CODE	AREA CODE NUMBER			
() ()			

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 17(a) to 18(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 posttest 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 under 2 years of age
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

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

persons 11 or more years of age)

- 41 to 64 years of age 150/90 mmHg
- 65 or more years of age 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-ray films.	
4	Nervous system	
	Normal Abnormal •	
5	Mental state	
	Normal Abnormal	
6	Intelligence	
	Normal Abnormal ▶	
	Developmental milestones (if under 5 years of age)	
	Normal Abnormal	
7	Gastrointestinal system including hernial orifices	
•	Normal Abnormal	
8		
0	Locomotor system/physical build (for all persons 60 or more years of age, 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 Left	
	Normal Abnormal	

If insufficient space, attach an additional statement

	Normal Abnormal •				
	Visual acuity (preferably using Uncorred Snellen's or equivalent) Reading vision Normal	above for those too y	ection is less tha uire referral and	n 6/12 in the better e dilation. Examine usin	g direct ophthalmoscopy.
	history of cataract, trauma, glaucoma or other	-		acting to worke than o	72 m are botton eye, err m precentee or
16	6 Hepatitis B antigen blood test Give de	tails			
	To be undertaken and results attached for: • pregnant women; • child for adoption by Australian resident (see Question 15(a) of Part A – Applicant's details); • unaccompanied minor refugee child (see Question 15(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, dentist or nurse; • persons with clinical indications; • other persons where specific arrangements are in place. Test result Test result positive				
17	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, dentist or nurse; • persons with clinical indications. Test result Test result positive				

Give details

If insufficient space, attach an additional statement

15 Eyes (including fundoscopy)

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 or more years of age; also all	
	children under 15 years of age	
	(i) who are for adoption by an Australian	
	resident (see Question 15(a) of Part A – Applicant's details), or	
	(ii) unaccompanied minor refugee child	
	(see Question 15(b) of Part A –	
	Applicant's details), or (iii) who have a history of blood	
	transfusions, or	
	(iv) where it is otherwise clinically	
	indicated;	
	 those persons applying for a protection visa in Australia who are 15 or more years of 	
	age;	
	those temporary entrants intending to work	
	in Australia as a doctor, dentist or nurse;	
	 other persons as indicated on clinical grounds; 	
	other persons where specific arrangements	
	are in place.	
	Note : Pre-test counselling and, for positive	
	results, post-test counselling are mandatory.	
	HIV test. If the initial test is positive,	
	please repeat and perform Western Blot.	
	Test result Test result	
	negative positive	

If insufficient space, attach an additional statement

19	If the person is 11 or more years of age what is the chest x-ray result?							
	Normal Abnormal Give details							
	uetans							
20	Urinalysis		Blood	If test is repeated at a later date:	Blood			
	Complete for all persons 5 or more years of age,			Date repeated				
	5 years of age where clinically indicated. Repeat or more of protein, blood or glucose is present. If		Albumin	DAY MONTH YEAR	Albumin			
	obtain and attach results of urine microscopy cul	ture and sensitivity,		, ,				
	serum creatinine or glucose tests as indicated. In		Sugar		Sugar			
	abnormality occurs due to menstruation, please rurinalysis following completion of menstruation.	epeat and record						
	, ,							
21	VDRL Test							
	Obtain and attach VDRL, RPR or equivalent test results for:							
	 refugees 15 or more years of age who have lived in a camp or are living in camps (see Question 15(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 Test result							
	negative 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							

For ALL VISA APPLICANTS except protection visa applicants or Australian state or territory welfare supported child 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 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. No significant history or abnormal findings present. For Α applicants 11 or more years of age, the chest x-ray must also be taken into account Significant history or abnormal Please list significant history or abnormal findings B findings present For PROTECTION visa applicants and AUSTRALIAN STATE OR TERRITORY WELFARE SUPPORTED CHILD 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. No significant history or abnormal findings present. For Α applicants 11 or more years of age, the chest x-ray must also be taken into account Significant history or abnormal Please list significant history or abnormal findings findings present but I do not consider that the applicant has **B1** a disease or condition that is, or may result in the applicant being, a threat to public health in Australia or a danger to the Australian community Please list significant history or abnormal findings Significant history or abnormal findings present that may indicate that the applicant has a disease or condition that is, or **B2** may result in the applicant being, a threat to public health in Australia or a danger to the Australian community.

Note: Any relevant results and reports should be referred to a Medical Officer of the Commonwealth for opinion

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				
D	DAY MONT	TH YEAR		
Date of examination	/	/		
Full name <i>(please print)</i>				
Place of examination				
Postal address				
			POSTCODE	
0	COUNTRY CODE	AREA CODE		NUMBER
Contact telephone number	()	()	
E-mail address				

To the examining doctor

Place the form and report(s) inside a secure envelope and return it directly to the officer of the department specified in the attached covering letter, the return address specified in the 'Office use only' section on page 3 of this form or in the 'Where to send Australian visa medicals' document.

Outside Australia – please do not give the envelope containing the form and the report to the applicant.

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, Haemophilus influenzae type-b pneumococcal and meningococcal infections, chickenpox, Hepatitis B, 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 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'.)