

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 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 personal information on the form. The doctor is required to send the form to the department.

# Your responsibilities

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

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

### Visa subclass and visa name

To assist the department to link your medical assessment with your visa application you are required to write the visa subclass number and the name of the visa you are applying for on page 4 of this form.

For example:

- Subclass 176 Skilled Sponsored
- Subclass 405 Investor Retirement
- Subclass 679 Sponsored Family Visitor
- Subclass 890 Business Owner

This information will help the visa decision-maker in processing your visa application.

You can find the visa subclass number and the name of the visa on the department's website

# www.immi.gov.au/immigration.htm

### 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.

#### **Outside Australia**

If you are an applicant for a visa under Australia's Offshore Refugee and Special Humanitarian Program the Australian Government will 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**

To undertake a medical examination outside Australia, please contact your closest Panel doctor. For details see www.immi.gov.au/contacts/panel-doctors/

#### In Australia

To undertake a medical examination in Australia you must contact the nearest Medibank Health Solutions office on **1300 361 046**. You can make an online booking at www.medibankhealth.com.au

**Note**: If you are in Australia and you have applied for a protection visa, you must see a doctor at a Medibank Health Solutions 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 or Embassy;
- **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.

## What tests may be required

#### Permanent visas

All applicants for permanent visas to Australia 15 or more years of age are required to undergo Human)
Immunodeficiency Virus (HIV) testing. Applicants for permanent visas 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.

**Note**: These requirements also apply to applicants applying for a provisional visa that has a permanent visa pathway.

#### Temporary visas

Applicants for temporary visas 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 and paramedics

Applicants for temporary visas intending to work as (or studying to be) a doctor, dentist, nurse or paramedic 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.

## 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.

#### **Medical information**

Medical information such as a chest x-ray is used to assess an applicant's standard of health. After a decision has been made on the visa application it is usual for the department to retain the medical information. The medical information is retained by the department for use when assessing the applicant's health in the future and for panel doctor audits to ensure the quality of work undertaken by the panel doctor network.

# **Immunisation**

Visa applicants are encouraged to be immunised against infectious diseases before travelling to Australia. Visa applicants who are unable to arrange their immunisation before departure from their home country are encouraged to seek advice on arrival in Australia. The Australian state and territory health authorities assist people to obtain general medical help and advice, including immunisation.

Parents are strongly encouraged to have their children immunised against hepatitis B, diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, haemophilus influenzae type-b (Hib), pneumococcal and meningococcal infections, mumps, measles, rubella and varicella (chickenpox). Babies between the ages of 2 and 8 months of age (only) are also encouraged to be immunised against rotavirus.

Parents should bring any immunisation records for their children with them to Australia.

Rubella vaccinations are strongly encouraged for women of child-bearing age.

### 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, settlement services providers 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, superannuation, review of decisions, child protection and registration of migration agents.

The department is authorised under the Migration Act, in certain circumstances, to collect a range of personal identifiers including a facial image, fingerprints and a signature, from non-citizens, including from visa applicants. The department requires personal identifiers to assist in assessing your identity. The department is authorised to disclose your personal identifiers and information relating to your name and other relevant biographical data to a number of agencies including law enforcement and health agencies and to other agencies which may need to check your identity with this department. Where the department obtains personal identifiers they will become part of your official record with the department.

The department is involved in international information exchanges with a number of countries, including the United Kingdom, the United States of America, Canada and New Zealand. These international information exchanges may involve the sharing of personal identifiers, including facial images and fingerprint data, collected by immigration agencies such as this department. If, as a result of this sharing between countries, there is a match with your personal identifiers, the department will disclose your biographical data, copies of travel and other identity documents or information from such documents, your immigration status and immigration history (which may include any immigration abuse and offences) and any criminal history information relevant to immigration purposes. The purpose of such disclosure would be to help confirm your identity and determine if you have presented to the department and the other agency under the same identity and with similar claims.

If you are making an offshore humanitarian or protection visa application, the department will only disclose this information if none of these countries is a country of claimed persecution and only if the department is reasonably satisfied that this information will not be disclosed to your country of claimed persecution.

For more detailed information you should read forms 993i *Safeguarding your personal information* and 1243i *Your personal identifying information*, which are available from the department's website **www.immi.gov.au/allforms/** or from any office of the department or Australian mission overseas.



# Medical examination for an Australian visa

Form **26** 

# How to complete this form

## **Applicant**

- Complete **Part A and Part B** before attending the medical examination.
- Complete **Part C** 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.
- You must ensure the applicant has provided answers to all the questions in Part A
  and Part B before the applicant signs the declaration at Part C.
- · Complete Part D.
- 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

#### In Australia

If you need to bring a photo(s) to the medical appointment at Medibank Health Solutions, they 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)

/alid passport sighted?		Details of identity card or identity number issued to the applicant by his/her			
Yes▶	Passport number	government <i>(if applicable)</i> eg. National identity card. <b>Note</b> : If the applicant is the holder of multiple identity numbers because			
	Country of passport  Passport and photograph verified?	he/she is a citizen of more than one country, you need to enter the identity number on the card from the country that the applicant lives in.			
	No Yes	Identity number			
	Please attach a copy of the bio-data page of the passport sighted to identify the applicant. The copy should be certified	Country of issue			
	by the examining doctor.	Applicant's full name (as it appears in passport or national identity document)			
No D	Reason not presented	Family name			
		Given names			
	Please attach a copy of the national identity document sighted to identify the applicant, if applicable. The copy should be certified	Date of birth DAY MONTH YEAR			
	by the examining doctor.	Sex Male Female			

Office use only	
File number/PRID/CID	
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 in identity document)	it appears in your p	passport or nation	al
	Family name			
	Given names			
2	Date of birth	ay month yeai	3	
3	Sex Male	Female		
4	Your telephone nun	nbers		
	Office hours (	UNTRY CODE AREA CO	) NL	IMBER
	After hours (	) (	)	
5	Your residential add	dress		
			20070025	
			POSTCODE	
6	Intended occupation	n/activity in Austra	lia	
7	Countries in which	you have lived in t	ne last 5 years	
8	How long do you in Permanently	tend staying in Aus	stralia?	
	Temporarily	For how long?	YEARS	MONTHS
9	If you are in Austral	ia:	YEARS	MONTHS
	<ul> <li>how long have y</li> </ul>	ou been here?		
	<ul> <li>what visa subcla</li> </ul>	iss do you currentl	y hold?	: :
10	What is the visa sul		I the name of the	visa that
	For more information	on please refer to p	page 1 of this form	n.
11	No At whice	visa application? h office do you int	end to lodge an a	pplication?
	Yes At whice	h office?		

12	Have you ever undertaken a medical examination for	•	
	an Australian visa?		
	No ☐ Yes		
	, ,		
13	Are you:		
	(a) a protection visa applicant?	No 🗌	Yes
	(b) an unaccompanied minor refugee child?	No 🔙	Yes
	(c) a refugee who has lived or is living in a camp?	No 🗌	Yes
	(d) a child for adoption by an Australian resident?	No 🗌	Yes 🗌
	(e) an Australian State or Territory Welfare Supported child?	No	Yes
	(f) a non-migrating family member of an applicant?	No 🗌	Yes
14	In Australia, will you be:		
	(a) attending or teaching classes?	No 🗌	Yes
	(b) working in health care?	No 🗌	Yes
	(c) working in childcare/creche?	No 🗌	Yes

# Part B – Applicant's medical history

	Have you ever had:			If yes, list the relevant details, including dates	
15	Tuberculosis (TB), treatment for tuberculosis or close contact with a family member with tuberculosis?	No	Yes		
16	Prolonged or repeated hospital admission(s)?	No 🗌	Yes 📗		
17	A hospital admission for a psychiatric condition or extensive treatment for depression or anxiety?	No	Yes•		
18	An abnormal or reactive HIV, hepatitis B or hepatitis C blood test?	No	Yes		
19	Cancer or malignancy?	No	Yes		
20	Diabetes?	No	Yes		
21	Heart and/or blood condition?	No	Yes 📗		
22	Kidney or bladder disease?	No	Yes 📗		
23	An ongoing physical or intellectual disability?	No	Yes 📗		
24	An addiction to a drug or alcohol?	No	Yes 📗		
25	Government financial assistance for medical reasons?	No	Yes•		
26	Please list all prescription medications you are tak (excluding the oral contraceptive)	ing			
27	For female applicants – Are you pregnant?	No	Yes	What is the expected date of birth?  DAY MONTH YEAR  / /	

# Part C – Applicant's declaration

To be signed and dated by the applicant in the presence of the examining doctor.

Before signing this declaration you must have completed all the questions in Part A – Applicant's details and Part B – Applicant's medical history.

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.

- 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 understand that the Commonwealth of Australia becomes the owner of the information on this form and that the doctor is required to send the form to the department.
  - I have read the information on page 2 at 'Medical information' and I consent to the Department of Immigration and Citizenship retaining my medical information.
  - 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 ///						
If signing on behalf of a child under 16 years of age — Name of parent or guardian							
Relationship to child							

# Part D – Physical examination — to be completed by the examining doctor

	Date of examination /	MONTH YEAR						
		/						
	<ul> <li>Please answer ALL questions in I</li> <li>For Hepatitis B, C and HIV testing including advice on vaccination for Parents should be present when</li> </ul>	g, please ensure that or close contacts of	those testing Hepat			ince with local arr	rangements	3,
	Was a chaperone offered?	No [	Yes	Was a chaperone the examination?		No	Yes	Declined
1	Height and weight		Centimetres		Kilograms			
2	Eyes (including fundoscopy)	Normal	Abnormal					
	Best distance visual acuity (with or v	without correction)	Right		Left			
3	Urinalysis			Blood		repeated test at a		Blood
	Complete for all persons 5 or mo persons under 5 years of age wi				ialer (	date – Date repea	aleu	
	In women, where an abnormality oc	-		Protein	DAY	MONTH YEAR		Protein
	repeat and record urinalysis following	ng completion of men	nstruation.			/ /		
				Glucose				Glucose
	Note: If you notice any abnormalitie	s in response to the	following questions	s, you must provide	e details of the phys	sical examination.		
4	Blood pressure (required for all pers	ons 11 or more year	rs of age) Systolic		Diastolic			
	Cardiovascular system	Normal	Abnormal					
5	Respiratory system	Normal	Abnormal					
	For current or previous tuberculosis of treatment and names, strengths a Please enclose old chest x-ray films	and dosages of drug						
6	Nervous system	Normal	Abnormal •					
7	Mental and cognitive status	Normal	Abnormal					
8	Intelligence	Normal	Abnormal					
9	Developmental milestones (if less than 5 years of age)	Normal Not	Abnormal  applicable					
10	Gastrointestinal system	Normal	Abnormal					
11	Spine and limbs (including mobility for all persons 60 or more years of age)	Normal	Abnormal					
12	Skin and lymph nodes	Normal	Abnormal					
13	Evidence of drug taking (eg. venous puncture marks)	Absent	Present					
14	Breast examination where	Normal	Abnormal					
	clinically indicated	Not	applicable					
15	Endocrine system	Normal	Abnormal					
16	Ear/nose/throat/mouth	Normal	Abnormal					
17	Hearing	Normal	Abnormal					

	which may prevent this person t	for a second second second				
		-				
	a mainstream school, gaining fu or living independently <b>now or</b>					
	or living independently <b>flow or</b>	iii iutui 6:				
					If insufficient space, attach	additional details
19	Chest x-ray result (if the person	on Normal	Ab	normal	<b>&gt;</b>	
	is 11 or more years of age)	100 111				
	Panel doctors must review form report from the panel radiologist results submitted with their own	t for consistency	, and compa	ire the		
	be recorded on form 26.	· ooa. opo				
	Pathology results Please refer to Part B of the <i>Ins.</i> blood tests are required, or perf					icants to see whether the following
	<b>Note</b> : Attach the pathology repo	ort(s) to this form	l.			
	If required:				Results of initial test	If initial test is positive, repeat and perform confirmatory test and record results
20	Human Immunodeficiency	Negative	Positive	<b>→</b>		
	Virus test (HIV)	•				
21	Hepatitis B surface antigen	Negative	Positive	_ <b> </b>		
	blood test					
22	Hepatitis C antibody blood test	Negative	Positive	<b>」▶</b>		
	biood test					
22	VDDL (Cyphillia) Carology	Nagativa	Positive	¬ <b>.</b>		
23	VDRL (Syphillis) Serology Obtain and attach VDRL, RPR	Negative	Positive			
	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 13(c), of Part A – Applicant's details);					
	<ul> <li>any other person where clinically indicated.</li> </ul>					
	Where genital or internal examination is indicated please refer to the appropriate specialist.					

#### **▶** ALL VISA APPLICANTS

## For ALL VISA APPLICANTS except protection visa applicants or Australian state or territory supported visa applicants in Australia

Please consider the information you have provided about this applicant. You must consider if there exists any significant finding in the

## 24 Recommendation

history, on examination and/or 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.

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 or STATE OR TERRITORY WELFARE SUPPORTED CHILD visa applicants in Australia only

25	Reco	mmendation						
	Please consider the information you have provided about this applicant. You must consider if there exists any significant finding in the history, on examination and/or 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 <b>A</b> and <b>B</b> recommendations.							
	Note	: This is not a rating of whether the applicant will meet the h	ealth cr	iteria.				
	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 I do <b>not</b> consider that the applicant has 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	_ <b>&gt;</b>	Please list significant history or abnormal findings				
	B2	Significant history or abnormal findings present that may indicate that the applicant has 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.  Note: Any relevant results and reports should be referred to a Medical Officer of the Commonwealth for opinion		Please list significant history or abnormal findings				

#### 26 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.

Place of examination Postal address		Examining doctor's signature		
	POSTCODE	 Date	DAY MONTH YEAR	
Contact telephone number	COUNTRY CODE AREA CODE NUMBER	Full name (please print)		
E-mail address				

**Note**: 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 visa applicants outside Australia — Do not give the form and report(s) to the applicant. You may, however, provide the applicant with a copy of your report(s) for their records. Place the form and report(s) inside a secured envelope and return it directly to the office 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.