



Australian Government

Department of Immigration  
and Citizenship

# Medical examination for an Australian visa

Form

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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 panel physician or clinic, the Commonwealth of Australia becomes the owner of the personal information on the form. The panel physician 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** panel physician during the course of your health examinations.

## Visa subclass and visa name

To assist the department to link your health examinations with your visa application you must write the visa subclass number and the name of the visa you are applying for on page 6 of this form.

For example:

- Subclass 405 – Investor Retirement
- Subclass 600 – Sponsored Family Visitor stream
- Subclass 890 – Business Owner

This information is required for the visa decision-maker to process 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](http://www.immi.gov.au/immigration.htm)

## Completing health examinations before you lodge your visa application

In some circumstances, the department allows visa applicants to complete health examinations before they lodge their visa application. The department's website provides information on where this is possible. For details see [www.immi.gov.au/allforms/health-requirements](http://www.immi.gov.au/allforms/health-requirements)

You must undertake the required health examinations, as requested by the panel physician.

Please be aware that if you do complete your health examinations before lodging your visa application you may need to undertake additional health examinations if:

- you later lodge a visa application for a different visa subclass;
- you decide to stay in Australia for a longer period;
- you do not complete all the required health examinations; or
- your health examinations expire prior to a decision being made on your visa application.

If you have not lodged a visa application and a significant health condition is identified which may impact on your ability to meet the health requirement you will **not** be provided with an opinion of the Medical Officer of the Commonwealth until after you lodge your visa application.

## Costs

The costs of health examinations are paid by you directly to the panel physicians 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 health 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 health examinations.

## How to make an appointment for your medical examination

### Outside Australia

To undertake a medical examination outside Australia, please contact your closest panel physician. For details see [www.immi.gov.au/contacts/panel-doctors/](http://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](http://www.medibankhealth.com.au)

**Note:** If you are in Australia and you have applied for a protection visa, you must see a panel physician 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 original passport is the form of identity documentation preferred by the Australian Government.

You **must** bring a valid original passport with you where possible.

There are limited circumstances in which the department will accept alternative identity documentation. For details see [www.immi.gov.au/allforms/health-requirements/arranging-health-exam.htm](http://www.immi.gov.au/allforms/health-requirements/arranging-health-exam.htm)

Panel physicians are required to confirm the identity of individuals who present at their clinic for Australian immigration health examinations.

If you do not bring acceptable identification documentation to the medical examination the processing of your visa application may be delayed or may not proceed if the panel physician is not satisfied with the identification documentation.

**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 panel physician decides it is indicated.

### Doctors, dentists, nurses and paramedics

Applicants 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.

## 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 physician audits to ensure the quality of work undertaken by the panel physician 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 physician(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/](http://www.immi.gov.au/allforms/) or from any office of the department or Australian mission overseas.



**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 physician.
- 
- Examining physician**
- 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 PHYSICIAN (or staff)**

Valid passport sighted?

Yes  **▶** Passport number   
 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 physician.*

No  **▶** Reason not presented

*Please attach a copy of the national identity card sighted to identify the applicant, if applicable. The copy should be certified by the examining physician.*

Details of national identity card or identity number issued to the applicant by his/her government (if applicable).

**Note:** If the applicant is the holder of multiple identity numbers because 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.

National identity card number   
 Country of issue

Applicant's full name (as it appears in passport or national identity card)

Family name   
 Given names

Date of birth  DAY MONTH YEAR  
 / /

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 it appears in your passport)

Family name

Given names

**2** Date of birth

DAY	MONTH	YEAR
/	/	

**3** Sex Male  Female

**4** Your telephone numbers

COUNTRY CODE	AREA CODE	NUMBER
( )	( )	

Office hours

COUNTRY CODE	AREA CODE	NUMBER
( )	( )	

After hours

COUNTRY CODE	AREA CODE	NUMBER
( )	( )	

**5** Your residential address

POSTCODE

**6** Intended occupation/activity in Australia

**7** Countries in which you have lived in the last 5 years

**8** How long do you intend staying in Australia?

Permanently

Temporarily  For how long?

YEARS	MONTHS

**9** If you are applying for a temporary visa, would you like your health to be assessed ‘up-front’ for a permanent stay in Australia?

No

Yes

**10** If you are in Australia:

- how long have you been here? 

YEARS	MONTHS
- what visa subclass do you currently hold? 

:	:

**11** What is the visa subclass number and name of the visa that you are applying for?

For more information please refer to page 1 of this form.

**12** Have you lodged a visa application?

No  At which office do you intend to lodge an application?

Yes  At which office?

**13** Have you undertaken a health examination for an Australian visa in the last 12 months?

No

Yes  Give details (including HAP ID if available)


**14** 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

**15** In Australia, will you be:

(a) attending or teaching classes? No  Yes

(b) working in childcare/creche? No  Yes

(c) working or studying to be a doctor, dentist, nurse or paramedic? No  Yes

Part B – Applicant’s medical history

If yes, list the relevant details, including dates

- 16 Have you ever been diagnosed with, or had to take treatment for, Tuberculosis (TB)? No  Yes  ▶
- 17 Have you ever been in close contact at work or at home with a person known to have Tuberculosis (TB)? No  Yes  ▶
- 18 Have you ever been admitted to hospital and/or received medical treatment for an extended period for any reason (including for a major operation or treatment of a psychiatric illness)? No  Yes  ▶
- 19 Do you suffer, or have you ever suffered, from mental health problems? No  Yes  ▶
- 20 Have you ever been told you are HIV positive? No  Yes  ▶
- 21 Do you have, or have you ever had, hepatitis, problems with your liver or yellowing of the skin? No  Yes  ▶
- 22 Do you have, or have you had, cancer in the last 5 years? No  Yes  ▶
- 23 Do you have high blood sugar/diabetes? No  Yes  ▶
- 24 Do you have heart problems, including high blood pressure or a heart condition that you were born with? No  Yes  ▶
- 25 Do you have a blood condition? No  Yes  ▶
- 26 Do you have bladder or kidney problems? No  Yes  ▶
- 27 Do you have a physical or intellectual disability that make it difficult for you to function (for example, to move around or learn) or work full-time? No  Yes  ▶
- 28 Do you need to take drugs or drink alcohol regularly? No  Yes  ▶


29 Please list any prescribed pills or medication (excluding oral contraceptives, over-the-counter medication and natural supplements) you are taking


30 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 physician.**

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.

- 31**
- *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 physician 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 panel physician 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 physician(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 physician’s examination and a subsequent health assessment, investigation of a complaint against the panel physician or follow up with the panel physician of adverse audit results. Such information will be shared in order to ensure the quality of the work undertaken by the panel physician 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 physician

Date of examination 

DAY	MONTH	YEAR
/	/	

- Please answer ALL questions in English.
- For Hepatitis B, C and HIV testing, please ensure that pre and post-test counselling are carried out in accordance with local arrangements, including advice on vaccination for close contacts of those testing Hepatitis B surface antigen positive.
- Parents should be present when children are examined.

Was a chaperone present during the examination?      No       Yes       Declined

**1** Height and weight      Centimetres       Kilograms

**2** Blood pressure (required for all persons 15 or more years of age)      Systolic       Diastolic

**3** Eyes (including fundoscopy)      Normal       Abnormal  ▶

Best distance visual acuity (with or without correction)      Right       Left

**4 Urinalysis**

**Complete for all persons 5 or more years of age, and those persons under 5 years of age where clinically indicated.**

In women, where an abnormality occurs due to menstruation, please repeat and record urinalysis following completion of menstruation.

Blood <input type="text"/>	For a repeated test at a later date – Date repeated	Blood <input type="text"/>						
Protein <input type="text"/>	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="text-align: center; font-size: small;">DAY</td><td style="text-align: center; font-size: small;">MONTH</td><td style="text-align: center; font-size: small;">YEAR</td></tr><tr><td style="text-align: center;">/</td><td style="text-align: center;">/</td><td></td></tr></table>	DAY	MONTH	YEAR	/	/		Protein <input type="text"/>
DAY	MONTH	YEAR						
/	/							
Glucose <input type="text"/>		Glucose <input type="text"/>						

**Note:** If you notice any abnormalities in response to the following questions, you must provide details of the physical examination.

<b>5</b> Cardiovascular system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/> ▶	<input type="text"/>
<b>6</b> Respiratory system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/> ▶	<input type="text"/>
For current or previous tuberculosis, provide date and duration of treatment and names, strengths and dosages of drugs used. Please enclose old chest x-ray films.			<input type="text"/>
<b>7</b> Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/> ▶	<input type="text"/>
<b>8</b> Gastrointestinal system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/> ▶	<input type="text"/>
<b>9</b> Musculoskeletal system (including mobility for all persons 60 or more years of age)	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/> ▶	<input type="text"/>
<b>10</b> Endocrine system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/> ▶	<input type="text"/>
<b>11</b> Mental and cognitive status	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/> ▶	<input type="text"/>
<b>12</b> Intellectual ability	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/> ▶	<input type="text"/>
<b>13</b> Ear/nose/throat/mouth	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/> ▶	<input type="text"/>
<b>14</b> Hearing	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/> ▶	<input type="text"/>

<p><b>15</b> Developmental milestones (if less than 5 years of age)</p>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not applicable <input type="checkbox"/>	
<p><b>16</b> Skin and lymph nodes</p>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> 	
<p><b>17</b> Breast examination where clinically indicated</p>	Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not applicable <input type="checkbox"/>	
<p><b>18</b> Are there any physical or mental conditions which may prevent this person from attending a mainstream school, gaining full employment or living independently <b>now or in the future?</b></p>	No <input type="checkbox"/> Yes <input type="checkbox"/>	
<p><b>19</b> Evidence of drug taking (eg. venous puncture marks)</p>	Absent <input type="checkbox"/> Present <input type="checkbox"/>	

If insufficient space, attach additional details

**Pathology results**

Please refer to Part B of the *Instructions for medical and radiological examination of Australian visa applicants* to see whether the following blood tests are required, or perform if clinically indicated and comment on the clinical indication(s).

**Note:** Attach the pathology report(s) to this form.

If required:

**20** Human Immunodeficiency Virus test (HIV)      Negative  Positive

**21** Hepatitis B surface antigen blood test      Negative  Positive

**22** Hepatitis C antibody blood test      Negative  Positive

**23** Syphilis Test (VDRL or RPR)      Negative  Positive

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 14(c), of *Part A – Applicant's details*);
- any other person where clinically indicated.

Results of initial test	If initial test is positive, repeat and perform confirmatory test and record results



▶▶ ALL VISA APPLICANTS

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

24 Examination grading

Please consider the information that you have recorded regarding this client and provide a grading on their medical examination below. Supporting comments must be provided if you decide to provide a B grading.

A No significant history or abnormal findings present.

B Significant history or abnormal findings present

▶ Please list significant history or abnormal findings

Three horizontal lines for text input.

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

25 Examination grading

Please consider the information that you have recorded regarding this client and provide a grading on their medical examination below. Supporting comments must be provided if you decide to provide a B1 or B2 grading.

Note: This is not a rating of whether the applicant will meet the health criteria.

A No significant history or abnormal findings present.

B1 Significant history or abnormal findings present but I do not 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

▶ Please list significant history or abnormal findings

Three horizontal lines for text input.

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.

▶ Please list significant history or abnormal findings

Four horizontal lines for text input.

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

26 Declaration

This declaration must be signed and dated by the panel physician 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   
  
 POSTCODE

Contact telephone number COUNTRY CODE AREA CODE NUMBER  
( ) ( )

E-mail address

Panel physician's signature

Date DAY MONTH YEAR  
/ /

Full name (please print)

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 5 of this form or in the 'Where to send Australian visa medicals' document.

For protection visa applicants — Forward the form and report(s) according to local arrangements with Medibank Health Solutions.