



Australian Government

Department of Home Affairs

# Medical examination for an Australian visa

Form  
**26**

This form is for applicants who are required to undergo a medical examination as part of an application for an Australian visa. For information on health examinations see <https://immi.homeaffairs.gov.au/help-support/meeting-our-requirements/health>

The Department of Home Affairs (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 4 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 <https://immi.homeaffairs.gov.au/visas/getting-a-visa/visa-listing>

## 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 <https://immi.homeaffairs.gov.au/help-support/meeting-our-requirements/health/when-to-have-health-examinations>

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 humanitarian program the Australian Government will cover the costs of your 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 <https://immi.homeaffairs.gov.au/help-support/contact-us/offices-and-locations/list>

### In Australia

To make an online booking to undertake a medical examination in Australia you must contact the Migration Medical Services Provider. For information on how to contact the Migration Medical Services Provider see <https://immi.homeaffairs.gov.au/help-support/meeting-our-requirements/health/arrange-your-health-examinations>

## 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 <https://immi.homeaffairs.gov.au/help-support/meeting-our-requirements/health/your-health-examinations-appointment>

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 or if the panel physician decides it is clinically 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 Hepatitis 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.

## Important information about privacy

The *Privacy Act 1988* contains 13 Australian Privacy Principles which regulate the way that the Department collects and handles personal information. Information about how the Department collects, uses and discloses personal information for its key functions can be found in form 1442i *Privacy notice*. More information about the Department's general information handling practices (including form 1442i) can be found in the Department's Privacy policy at <https://www.homeaffairs.gov.au/access-and-accountability/our-commitments/privacy>

*Please keep these information pages for your reference*



## How to complete this form

- Applicant**
- Complete **Part A and Part B** before attending the medical examination. All questions must be answered.
  - 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**.
- 
- 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 the Migration Medical Services Provider, 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     Indeterminate / Intersex / Unspecified

### 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 open this form using Adobe Acrobat Reader.

Either type (in English) in the fields provided or print this form and complete it (in English) using a pen and BLOCK LETTERS.

Tick where applicable

1 Your HAP ID

2 Your full name (as it appears in your passport)  
Family name   
Given names

3 Date of birth   
DAY MONTH YEAR

4 Sex Male  Female  Indeterminate / Intersex / Unspecified

5 Your telephone numbers  
Office hours   
After hours   
COUNTRY CODE AREA CODE NUMBER

6 Your residential address  
  
  
POSTCODE

7 Intended occupation/activity in Australia

8 Countries in which you have spent more than 3 consecutive months in the last 5 years

9 How long do you intend staying in Australia?  
Permanently   
Temporarily  For how long?  YEARS  MONTHS

10 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  Additional medical examinations may be required.

11 If you are in Australia:  
• how long have you been here?  YEARS  MONTHS  
• what visa subclass do you currently hold?  :

12 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.

13 Are you:  
(a) a protection visa applicant? No  Yes   
(b) an unaccompanied minor refugee child? No  Yes   
(c) a refugee? 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 childcare/creche? No  Yes   
(c) working or studying to be a doctor, dentist, nurse or paramedic? No  Yes



## 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.

- 30**
- I declare the information I have provided on this form is correct and I have answered all questions.
  - 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 retaining my medical information.
  - I consent to the Department passing on relevant sensitive information (including about my health) to the panel physician(s) who examined me, clinic administrative staff, Australian law enforcement, health agencies and international agencies, including overseas recipients with whom we have a Memorandum of Understanding. The reasons for this release of information may include, but are not limited to, investigation and resolution of inconsistencies, complaints or audit recommendations.
  - I consent to the Department destroying my personal data after a certain period of time where consistent with the Department’s archiving obligations and any current disposal authorities. Consequently if I do not request a copy of this data from the clinic I attend when undergoing my immigration health examinations, I understand it may not be available for me to retrieve at a later date.

**Applicant’s signature**

Date

*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 the panel instructions, 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

<b>1</b>	Height and weight	Centimetres	<input style="width: 80%;" type="text"/>	Kilograms	<input style="width: 80%;" type="text"/>
<b>2</b>	Blood pressure (required for all persons 15 or more years of age)	Systolic	<input style="width: 80%;" type="text"/>	Diastolic	<input style="width: 80%;" type="text"/>
<b>3</b>	Eyes	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
	Best distance visual acuity (with or without correction)	Right	<input style="width: 80%;" type="text"/>	Left	<input style="width: 80%;" type="text"/>
<b>4</b>	Cardiovascular system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
<b>5</b>	Respiratory system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
	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 and/or report if available.				
<b>6</b>	Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
<b>7</b>	Gastrointestinal system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
<b>8</b>	Musculoskeletal system (including mobility for all persons 60 or more years of age)	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
<b>9</b>	Endocrine system	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
<b>10</b>	Mental and cognitive status	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
<b>11</b>	Intellectual ability	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
<b>12</b>	Ear/nose/throat/mouth	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
<b>13</b>	Hearing	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
<b>14</b>	Developmental milestones (if less than 5 years of age)	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
			Not applicable <input type="checkbox"/>		
<b>15</b>	Skin and lymph nodes	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
<b>16</b>	Breast examination where indicated	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		
			Not applicable <input type="checkbox"/>		

*If insufficient space, attach additional details*





## ▶ 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


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 **B** grading.

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

**A** No significant history or abnormal findings related to public health present

**B** 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 related to public health

**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

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

Email address

**Panel physician's signature**


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Date

Full name *(please print)*

**Note:** Australia strongly recommends all persons 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, the Caribbean, Central or South America. If the client does not hold an international yellow fever certificate, the client will still be permitted to enter Australia and will be issued with a 'Yellow Fever Action Card' on arrival in Australia. The card provides instructions on what visa holders should do. For further information, refer to [www.health.gov.au](http://www.health.gov.au)

**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 immigration medical forms, results and x-rays' document.

**For protection visa applicants — Forward the form and report(s) according to local arrangements with the Migration Medical Services Provider.**