အသက္ ၁၆ ႏွစ္ေအာက္၊ တရားဝင္ အသက္မျပည့္ေသးသူျဖစ္လ်င္၊ ပံုစံ ၈၁၅ ကို ၾကီးၾကပ္ေရး က်န္းမာေရးဝန္ေဆာင္မွဳေပး သည့္ေဆးခန္း တစ္ခုခုသို႔ လႊဲ အပ္ထားျပီး အက္စ္ HUS) ကို ဆက္သြယ္ရမည္။ သင့္၏ဗီဇာကို ၾသစေၾတးလ်ားႏိုင္ငံအတြင္းတြင္ ခ်ေပးလ်င္၊ သင္သည္ ၾသစေၾတးလ်ားႏိုင္ငံသို႔ေရာက္ျပီး ၄ ပတ္အတြင္း က်န္းမာေရးတာဝန္ခံအဖြ ဲ ႔ (အိတ္ခ် ္  ယူ အက္စ္ HUS ကိုဆက္သြယ္ရန္မလိုပါ။ အိတ္ခ် ္  ယူ လိုက္နာပါမည္ဟု သေဘာတူညီရာ ေရာက္သည္။ က်န္းမာေရးေဆးခန္းက ေဆးကုသမႈ သို႔မဟုတ္ စမ္းသပ္စစ္ေဆးမႈ  ျပဳရန္ညႊန္ၾကားလ်င္လည္း ဤက်န္းမာေရးဆုိင္ရာ ခံဝန္ခ်က္စာခ်ဳပ္ကို လက္မွတ္ေရးထိုးျခင္းအားျဖင့္ သင္သည္ သေဘာတူစာခ်ဳပ္ျဖစ္သည္။ ဤစာခ်ဳပ္အရ သင္သည္က်န္းမာေရးအာဏာပိုင္ ေဆးခန္းသို႔ အလားအလာကို ေထာက္ခ်င့္ျပီး ေရာဂါပိုမို၍ မဆိုးဝါးႏိုင္ေစရန္အတြက္ ၾသစေၾတးလ်ားတြင္ သင္ေဆးစစ္ခံခဲ့သည့္အခ် ိ န္က ကြ်ႏု္ပ္တို၏ ဆရာဝန္မ်ားအေနႏွင့္ သင္၏ရင္ဘတ္ကို ရိုက္ထားေသာ ဤက်န္းမာေရးဆိုင္ရာ ခံဝန္စာခ်ဳပ္၏ ရည္ရြယ္ခ်က္သည္ မလႈပ္မရွားဘဲ ေနခဲ့သည့္ တီဘီေရာဂါပိုးမ်ား ၾသစေၾတးလ်ားႏိုင္ငံတြင္ တီဘီ အဆုတ္ေရာဂါသည္ အမ်ားျပည္သူအတြက္ စိုးရိမ္ဖြယ္ရာ ျဖစ္သည့္ ဗီဇာ ေလ်ာက္ထားသူမ်ားသည္ က်န္းမာေရးစစ္ေဆးရာတြင္ တီဘီ အဆုတ္ေရာဂါပိုး သို႔မဟုတ္ အျခားစိုးရိမ္ဖြယ္ရာ လိုအပ္ပါသနည္း။

က်န္းမာေရးဆိုင္ရာ ခံဝန္ခ်က္စာခ်ဳပ္ကို မည္သူေတြလက္မွတ္ထိုးရန္ ဤသတင္းလႊာကို အရင္ ေသခ်ာစြာ ဖတ္ရႈပါ။ ခံဝန္ခ်က္စာခ်ဳပ္ကို လက္မွတ္ ထိုးျပီးေသာ္ မိတၱဴကို Department of Home Affairs ဤသိမွတ္ဖြယ္ရာစာတမ္းကို လိုအပ္ေသာအခါ ဖတ္ရႈရန္ သိမ္းထားပါ။
ဤစာမ်က္နာကို တမင္သက္သက္ ဗလာခ်န္ထားသဉ၁္။
Your details

1. Your full name

   Family name

   Given names

2. Date of birth

   Day
   Month
   Year

3. Do you have a passport?

   Yes   Give details
   No

   Passport number

   Country of passport

   Date of issue

   Date of expiry

   Issuing authority/Place of issue as shown in your passport

Note: Most visa applicants will be required to hold a valid passport before they can be granted a visa. It is strongly recommended that the passport be valid for at least 6 months.

If you change your passport after you have been granted a visa you must notify the nearest Australian Visa Office or office of the Department.

WARNING: You will not be granted a visa without this information
4 Contact details in Australia

Note: Give full residential address, including postcode and telephone number where possible. If you do not know what your address in Australia will be, you must give the name and address of a person in Australia who will know how to contact you (for example, a relative, a friend, your employer or a staff member at your proposed study institution).

Fax number

Address

Telephone numbers

Office hours

After hours

Mobile

5 Do you agree to the Department communicating with you by fax, email, or other electronic means?

No [ ]

Yes [ ]

Give details

Fax number

Email address

6 Intended duration of stay in Australia

[ ] permanent

[ ] temporary

Indicate length of stay in Australia

[ ] months

[ ] weeks

[ ] days

Client undertaking

WARNING: Giving false or misleading information is a serious offence.

7 I undertake the following:

- (for applicants outside Australia) to contact the Health Undertaking Service within 4 weeks of my arrival in Australia;
- to report to the health clinic to which I am referred;
- to place myself under the health clinic’s professional supervision and to undergo any required course of treatment, chest x-ray examination or investigation;
- to inform that health clinic each time I change my address in Australia throughout the period during which my health is being monitored;
- to inform that health clinic whenever I am about to leave Australia and to report upon my return, throughout the period during which my health is being monitored; and
- (for applicants outside Australia) to inform the Australian Visa Office where I lodged my application if, before my departure, I change my proposed address in Australia or travelling times.

Note: If you are an applicant under 16 years of age then a parent or guardian should sign this form.

WARNING: Giving false or misleading information is a serious offence.

If signing on behalf of a child under 16 years of age –

Name of parent or guardian

Your signature

Date

If signing on behalf of a child under 16 years of age –

Name of parent or guardian

Relationship to child
Consent for release of health information
က်န္းမာေရးဆိုင္ရာ ခံဝန္ခ်က္စာခ်ဳပ္

As a part of the health undertaking the Department and state and territory health authorities and the relevant health clinic need to release health information to each other. Information will only be released if it relates to the visa and will be strictly guided by the Privacy Act 1988.

I consent to the Department disclosing my personal information to state and territory health authorities and the relevant health clinic for the purpose of monitoring this health undertaking.

I consent to authorise the state and territory health authorities and the relevant health clinic to disclose to the Department:

- the result of the health examination that I will attend; and
- information about any follow-up treatment required.

Note: If you are an applicant under 16 years of age then a parent or guardian should sign this form.

Your signature

[Signature]

Date

[Day] [Month] [Year]

If signing on behalf of a child under 16 years of age –

Name of parent or guardian

[Name]

Relationship to child

[Relationship]

You should keep a copy of your signed health undertaking.

[Copy]

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