



Australian Government

Department of Immigration  
and Citizenship

## Radiological report on chest x-ray of an applicant for an Australian visa

Form

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Forms 1071i *Health requirement for permanent entry to Australia* and 1163i *Health requirement for temporary entry to Australia* provide information on Australia's health requirements.

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

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** radiology clinic 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.

### 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 (Migrant)
- Subclass 405 – Investor Retirement
- Subclass 679 – Sponsored Family Visitor
- Subclass 890 – Business Owner (Residence).

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](http://www.immi.gov.au/immigration.htm)

### How to make an appointment for your chest x-ray

#### Outside Australia

If you **only** require a chest x-ray, please contact your closest Panel radiology clinic and if necessary, obtain a referral from a Panel doctor or your local doctor. If you **also** require a medical examination, first contact a Panel doctor who will refer you to a Panel radiologist. For details see [www.immi.gov.au/contacts/panel-doctors/](http://www.immi.gov.au/contacts/panel-doctors/)

#### In Australia

To undertake a chest x-ray in Australia you must contact the nearest Health Services Australia (HSA) office on **1300 361 046**. You can make an online booking at [www.hsagroup.com.au](http://www.hsagroup.com.au)

**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.

### Pregnant visa applicants and the chest x-ray requirement

The department **does not** recommend that a pregnant visa applicant undergoes a chest x-ray. This is because there is a risk that a chest x-ray could harm the unborn child. It is recommended that a pregnant visa applicant defers her chest x-ray, and therefore the decision on her visa application, until after the child's birth.

A pregnant visa applicant should firstly contact the department to discuss her options, including the possible deferral of her visa application.

#### If you decide to defer the chest x-ray until after the child's birth

A pregnant visa applicant should advise the department if she decides to defer her chest x-ray until after the child's birth.

#### If you are prepared to undergo a chest x-ray while pregnant

If a pregnant visa applicant is prepared to undergo a chest x-ray, it is recommended that she consults with her doctor before arranging her appointment for a chest x-ray and that special precautions are taken (eg. using a protective lead shield and waiting until at least the second trimester). A pregnant visa applicant must sign the declaration on page 4 before undergoing a chest x-ray.

Undergoing a chest x-ray does not guarantee the grant of a visa. The result of the chest x-ray must be found to be normal. Where a chest x-ray shows abnormalities, the visa applicant may be asked to undergo more specific tests and a course of treatment.

## What to bring to the examination

Any previous chest x-ray films you have, particularly those from the last 5 years. The radiologist may ask you to submit these film(s) to the department if they consider it necessary to assess your health.

### Identification

#### **A valid passport is the mandatory identification document.**

However, in exceptional 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.

## 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 x-ray film and 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, will be used to assess your health for an Australian visa. Test results will not necessarily lead to a visa being denied. Your result(s) may be disclosed to the relevant Commonwealth, state and territory health agencies and chest x-ray clinics.

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 other countries. These exchanges include the sharing of personal identifiers, including a facial image 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 biographic data and immigration history to the other agency. The purpose of such disclosure would be to determine if you are presenting to the department and the other agency under the same identity and making similar claims. If you are making a humanitarian visa application or a protection visa application, the department will only disclose this information if none of the countries is a country against whom you have made a claim of persecution and only if the department is reasonably satisfied that this information will not be disclosed by that country to the country against whom you have made a claim of 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.



# Radiological report on chest x-ray of an applicant for an Australian visa

## How to complete this form

- Applicant**
- Complete **Part A** before attending the radiological examination.
  - Complete **Part B** in the presence of the radiographer.
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- Radiographer**
- 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** before the applicant signs the declaration at **Part B**.
  - Complete **Part C**.
- 
- Radiologist**
- Complete **Part D**.

## YOUR PHOTOGRAPH

**In Australia**  
 If you need to bring a photo(s) 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 26 (if required).

## To be completed by RADIOGRAPHER (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 radiographer.*

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 radiographer.*

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

**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.

Identity number

Country of issue

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

Family name

Given names

Date of birth

## Part A – Applicant's details

To be completed by the applicant before attending the radiological examination. Please use a pen, and write neatly in English using BLOCK LETTERS.

**1** Your full name (as it appears in your passport or national identity document)

Family name

Given names

**2** Date of birth

**3** Sex Male  Female

**4** Your telephone numbers

Office hours

After hours

**Office use only**

File number/PRID/CID

Date of application

Visa class

Name and address of office processing the application

**5** Your residential address

POSTCODE

**6** Intended occupation/activity in Australia

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

Permanently  (including non-migrating applicant)

Temporarily  For how long?      YEARS      MONTHS

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**8** If you are in Australia:

- how long have you been here?      YEARS      MONTHS
- what visa subclass do you currently hold?      :      :

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

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

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

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

Yes  At which office?

**11** Have you ever undertaken a medical examination for an Australian visa?

No

Yes  Give details

**12** For female applicants

Are you pregnant?

No  Go to Part B

Yes  What is the expected date of birth?

DAY	MONTH	YEAR
/	/	

**Note:** Please read the information under 'Pregnant visa applicants and the chest x-ray requirement' on page 1 of this form. Please then read and sign the declaration below.

**Pregnant visa applicant's declaration**

*I have read the information on page 1 of this form and understand that the Department of Immigration and Citizenship recommends that:*

- a pregnant visa applicant does **not** undergo a chest x-ray;
- a pregnant visa applicant defers her chest x-ray, and therefore the decision on her visa application, until after the child's birth; and
- if a pregnant visa applicant is prepared to undergo a chest x-ray, she consults her doctor before undergoing the x-ray and that special precautions are taken (eg. using a protective lead shield and waiting until at least the second trimester).

*I understand that undergoing a chest x-ray does not guarantee the grant of the visa.*

*In full knowledge of the above, I elect to undergo a chest x-ray while pregnant.*

**Applicant's signature**

Date      DAY      MONTH      YEAR

/	/	
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**Part B – Applicant's declaration**

To be signed and dated by the applicant **in the presence of the radiographer.**

Before signing this declaration you must have completed all the 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.

- 13**
- 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 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 consent to the Department of Immigration and Citizenship passing on relevant health information to the Radiologists/Panel doctors who examined me for comment. The reasons for this release of information may include, but are not limited to, investigation of inconsistencies between the Radiologist and/or Panel doctor's examination and a subsequent health assessment, investigation of a complaint against the Radiologist or Panel doctor or follow up with the Radiologist or Panel doctor of adverse audit results. Such information will be shared in order to ensure the quality of the work undertaken by the Radiologist/Panel doctor network.

**Applicant's signature**

Date      DAY      MONTH      YEAR

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

Name of parent or guardian

Relationship to child



**8** Recommendation

Please consider the information you have provided about this applicant. You must consider if there exists any significant finding on the x-ray. 'Significant' means that a finding has a current or potential future health impact. The presence of congenital fusion of the rib, benign rib anomalies, old rib fractures, cervical ribs, and mild scoliosis, should be graded as **A**. All other abnormalities, including those of the heart and other soft tissue and bony structures, must be graded **B**. This includes, but is not limited to, sternal wiring, valve replacements, vascular stents, missing breasts, osteolytic lesions. All TB, whether old and likely to be inactive, or active, must be reported as **B**.

**Note:** This is not a rating of whether the applicant will meet the health criteria. For further guidance, see 'Instructions for medical and radiological examination of Australian visa applicants' or, if a protection visa applicant, 'Guidelines for medical and radiological examination of applicants for onshore protection visas'.

**A** No abnormal findings present

**B** Abnormal findings present  ▶ Please list significant history or abnormal findings


**9** Radiologist's declaration

*I declare that I have examined the x-ray and that this is a true and correct record of my findings.*

**Signature of radiologist**

Date 

DAY	MONTH	YEAR
/	/	

Full name (please print)

Address

POSTCODE

Contact telephone number

COUNTRY CODE	AREA CODE	NUMBER
(     )	(     )	

E-mail address

**To the radiologist:**

Place the form and report(s) inside a secure envelope.

If outside Australia:

- attach the envelope to the packaged x-ray;
- **do not give the envelope containing the form and the report to the applicant.** You may, however, provide the applicant with a copy of the form and your report for their records.

If you are in Australia, the x-ray does not need to be included.

Return the package direct to:

- the officer of the department specified in the attached covering letter; and/or
- the return address specified in the 'Office use only' section on page 3 of this form; or
- to the referring panel doctor, if applicable; or
- as specified in the 'Where to send Australian visa medicals' document; or
- for cases examined in Australia, according to local arrangements with HSA.

**9** Radiologist's declaration

*I declare that I have examined the x-ray and that this is a true and correct record of my findings.*

**Signature of radiologist**

Date  /  /

Full name *(please print)*

Address

  
  
 POSTCODE

Contact telephone number

COUNTRY CODE AREA CODE NUMBER  
( ) ( )

E-mail address

**To the radiologist:**

*Place the form and report(s) inside a secure envelope.*

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