



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.

How to make an appointment for your chest x-ray

Outside Australia

For a chest x-ray offshore, please contact your closest Panel doctor. For details see www.immi.gov.au/allforms/doctors

Inside Australia

For a chest x-ray in Australia you must contact the nearest Health Services Australia (HSA) office. Online bookings can be made with HSA at www.healthoz.com.au. Alternatively, contact numbers and addresses are at www.healthoz.com.au or under HSA or Health Services Australia in the White Pages™ telephone book.

Note: If in Australia and you have applied for a protection visa, you must use HSA city premises, not Approved Medical Practitioners (AMP) in regional areas.

What to bring to the examination

- Your **valid** passport for identification (if you hold one);
- If you do not hold a passport a **National Identity Document** (incorporating a photograph, name, date of birth and signature) may be acceptable in the following circumstances:
 - you are unable to obtain a passport without a visa due to laws in your country of origin;
 - your passport is at the Department of Immigration and Multicultural Affairs (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).

Note: If you are a protection visa applicant special arrangements regarding identification may apply;

- Old chest x-rays if you have them.

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.

Note: If in Australia and you have applied for a protection visa, special arrangements may apply in regard to the costs of medical examinations.

About the information you give in this form

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, review of decisions, child protection and registration of migration agents.

The information form 993i *Safeguarding your personal information*, available from offices of the department, gives details of agencies to which your information might be disclosed.

At the completion of the examination

- The documents may be returned to you if you are in Australia.
- You may be required to undergo further tests.
- **Do not open the envelope which contains the documents.** If envelopes or documents are tampered with you may be required to repeat tests at your own expense.

**This page is intentionally blank.
Please do not write on this page.**



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.
 - Record your passport/National Identity Document number at the top of each page.
-
- 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.
 - Assist the applicant with **Part B**.
 - Complete **Part C**.
-
- Radiologist**
- Complete **Part D**.

YOUR PHOTOGRAPH

Outside Australia

Please attach a recent photograph of yourself firmly to the form by staples or other means. The same photo should be used for form 26 (if required).

Inside Australia

At the time of making an appointment HSA will advise you if a digital photo will be taken by HSA or if you need to bring a photo(s).

To be completed by RADIOGRAPHER

Valid passport sighted?

Yes Passport number

Country of passport

Passport and photograph verified?

No Yes

Please attach a copy of the passport sighted to identify the applicant.

No Reason not presented

Please attach a copy of the National Identity Document sighted to identify the applicant, if applicable.

Applicant's full name (as it appears in passport or National Identity Document)

Family name

Given names

Sex Male Female 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

5 Your residential address

 POSTCODE

6 Intended occupation/activity in Australia

Office use only

File number/PRID/CID

Date of application

Visa class

Name and address of office processing the application

- 7** How long do you intend staying in Australia?
 Permanently (including non migrating applicant)
 Temporarily ▶ For how long?
- 8** If you are in Australia, are you applying for a protection visa?
 No ▶ Which visa are you applying for?

 Yes ▶ Go to Question 10
- 9** If you are outside Australia, which visa are you applying for?
- 10** Have you lodged a visa application?
 No ▶ At which office do you intend to lodge an application?

 Yes ▶ Which office?

Part B – Applicant’s declaration

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

Note: The radiographer must ensure that the applicant has provided answers to all 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 may sign if he or she is able to understand and verify the information given on the form.)

- 11** I declare the information I have provided on this form is correct.
 I consent to the Department of Immigration and Multicultural Affairs passing on relevant health information to the Radiologists/Panel doctors who examined me overseas 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

Name of parent or guardian (if signing on behalf of a child under 16 years of age)

Relationship to applicant

Part C – Radiographer to complete

Please provide large posteroanterior (PA) film if possible, otherwise 100mm minimum.

The x-ray film must bear the date of the examination, the applicant’s family and given names, and the file number (if available).

This information is to be automatically inscribed during the photographic process or written in white ink.

Refer, if known, to any history or clinical evidence of tuberculosis.

If the examinee is pregnant the film must be full sized, the field size must be strictly limited and there must be abdominal shielding. If the pregnant woman does not wish to be x-rayed, please comment and return this form. Refer, if known, to any history or clinical evidence of tuberculosis.

For further guidance, see ‘Guidelines for medical and radiological examination for Australian visa applicants’ or, if a protection visa applicant, ‘Guidelines for medical and radiological examination of applicants for onshore protection visas’.

- 1** Date of x-ray
- 2** Is this person pregnant? No Yes
- 3** Radiographer’s certification

I certify that I have carried out the x-ray of the person whose photograph and signature are on this form.

Radiographer’s signature

Date

Part D – Radiologist to complete

Please use a pen and write neatly in English. Illegible forms will be returned for clarification.

Comment is required on any and all aspects found not to be entirely normal.

1	Skeleton and soft tissue	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Give a full description of all abnormal findings.
2	Cardiac shadow	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
3	Hilar and lymphatic glands	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
4	Hemidiaphragms and costophrenic angles	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
5	Lung fields	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	
6	Evidence of TB	Absent <input type="checkbox"/>	Present <input type="checkbox"/>	
7	Details of other abnormalities			

If insufficient space, attach an additional statement

8 Radiologist's declaration

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

Radiologist's signature

Date DAY / MONTH / YEAR

Full name (please print)

Address

 POSTCODE

Contact telephone number
 COUNTRY CODE AREA CODE NUMBER

E-mail address

To the Radiologist:

Please put this completed form 160 together with any further reports into a secured envelope. Seal the envelope and place your signature or rubber stamp over the junction of all flaps of the envelope. If outside Australia, place the envelope inside another envelope and attach it firmly to the packaged x-ray. If you are in Australia, the x-ray does not need to be included.

Return the package direct to:

- *the office of the department specified in the attached covering letter; and/or*
- *the return address specified in the 'Office use only' section on the front of this form; or*
- *to the referring panel doctor, if applicable; or*
- *for cases examined in Australia, according to local arrangements with HSA.*