



Australian Government

**Department of Immigration and
Citizenship**

**AGED VISITOR HEALTH
CHECK**

To be completed by medical
practitioner as directed

Pro forma: July 09

**Firmly attach a recent photo of the
applicant.**

**Doctor to certify in writing across
the top of the photo (not across the
image) and running onto the page,
that it is a true likeness of the
applicant**

TRN:

This number links an electronic visa application and must be used for an eVisa, or this report will not join the visa application file.

Australian visa office processing application:

Address:

Applicant's name:

Date of birth: (dd/mm/yyyy)

Duration of intended stay:

Passport no:

Passport Citizenship:

Medical history

(Please tick appropriate box)

Does the applicant currently have:

- any significant medical conditions, or a history of such conditions, including tuberculosis; dementia; severe cardiac or respiratory disease? **Yes No**

or

- any condition that may require dialysis treatment, cancer treatment, or treatment involving the use of blood products?

If 'yes' please provide details:

Personal care

With whom does the applicant normally live?

Does the applicant require assistance in day-to-day living **Yes No**

If 'yes' please describe:

Mobility

Is mobility limited by shortness of breath, joint pain, or musculoskeletal problems? **Yes No**

Mental state and communication*(Please tick appropriate box)*

Is the applicant confused or disoriented (including about proposed journey to, and length of stay in, Australia)? **Yes** **No**

Physical examination

General appearance:

BP:

Heart rate:

Respiratory rate:

Respiratory rate within normal limits for age? **Yes** **No**

Cardiovascular system:

If an ECG is indicated, are the results within normal limits for age? **Yes** **No**

Opinion*(Please circle)*

1. Do you consider the applicant fit to travel unaccompanied and without assistance to Australia, given it will involve several hours of exposure to a low oxygen environment on the flight, as well as the stress of the journey itself?	<i>Yes</i>	<i>No</i>
2. Do you consider the applicant functionally independent in personal care and mobility?	<i>Yes</i>	<i>No</i>
3. Do you consider the applicant is likely to remain as well as they are now for the duration of requested stay?	<i>Yes</i>	<i>No</i>
4. Do you consider that the applicant will stay fit enough to undertake the long, unaccompanied and unassisted journey home?	<i>Yes</i>	<i>No</i>
5. If you answered 'no' to any of the above questions, please provide an explanation.		
Doctor's Signature:		Date:
		<i>(dd/mm/yyyy)</i>
Doctor's name:		
Doctor's address:		
Doctor's telephone number:		
Medical qualifications:		

Please return the completed report to the visa processing office identified on the front of this report.