



This form is for applicants who are required to undergo a chest x-ray as part of an application for an Australian visa. For information on health examinations see

[www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination](http://www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination)

The Department of Immigration and Border Protection (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 panel physician or clinic, the Commonwealth of Australia becomes the owner of the information on the form. The panel physician is required to send the form to the department.

## Your responsibilities

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 outside Australia you must attend the **same** radiology clinic during the course of your health examinations.

If you are an applicant for a visa under Australia's Offshore Refugee and Special Humanitarian Programme the Australian Government provides arrangements to cover the costs of your health 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 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 (Residence).

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

[www.border.gov.au/pages/welcome.aspx](http://www.border.gov.au/pages/welcome.aspx)

## 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

[www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination](http://www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination)

You must undertake the required health examinations, as requested by the panel physician.

Please be aware that if you do not 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.

## 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 physician. If you **also** require a medical examination, first contact a panel physician who will refer you to a panel radiologist. For details see

[www.border.gov.au/busi/pane/pane-1](http://www.border.gov.au/busi/pane/pane-1)

### In Australia

To make an online booking to undertake a chest x-ray in Australia you must contact the Migration Medical Services Provider. For information on how to contact the Migration Medical Services Provider see

[www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination](http://www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination)

## 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 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 [www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination](http://www.border.gov.au/trav/visa/health/meeting-the-health-requirement/arranging-a-health-examination)

The radiology clinic is 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 the processing of your visa application may be delayed or may not proceed if the clinic is not satisfied with the identification documentation.

**Note:** If you are a refugee, humanitarian or protection visa applicant special arrangements regarding identification may apply.

### **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.

### **Important information about privacy**

Your personal information is protected by law, including the *Privacy Act 1988*. Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of your personal information, including sensitive information, is contained in form 1442i *Privacy notice*. Form 1442i is available from the department's website [www.border.gov.au/allforms/](http://www.border.gov.au/allforms/) or offices of the department. You should ensure that you read and understand form 1442i before completing this form.



Australian Government

Department of Immigration and Border Protection

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

Form  
**160**

## How to complete this form

- Applicant**
- Complete **Part A** before attending the radiological examination. All questions must be answered.
  - Complete **Part B** in the presence of the radiographer.
- 
- 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 card (if provided) and record passport/national identity card 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 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 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 card sighted to identify the applicant, if applicable. The copy should be certified by the radiographer.*

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

Sex Male  Female

## 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 HAP ID

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

Family name

Given names

3 Date of birth

4 Sex Male  Female

5 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

**6** Your residential address

|          |
|----------|
|          |
|          |
| POSTCODE |

**7** Intended occupation/activity in Australia

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

Permanently  (including non-migrating family member of an applicant)

Temporarily  For how long? YEARS MONTHS

**9** If you are in Australia:

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

**10** 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.

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

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

Yes  At which office?

**12** Have you undertaken a health examination for an Australian visa in the last 12 months?

No

Yes  Give details (including HAP ID if available)

|  |
|--|
|  |
|  |
|  |
|  |

**13** 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 Border Protection 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 / /

**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.

- 14**
- 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 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 radiologists/panel physicians 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 (including digital x-ray images and photographs) 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 DAY MONTH YEAR / /

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

Name of parent or guardian

Relationship to child

## Part C – Radiographer to complete

Please provide large (14 x 17 inch) posteroanterior (PA) film if possible.

The x-ray film must bear the date of the examination, the applicant's family and given names, the HAP ID (if available), and the name of the clinic. This information is to be automatically inscribed during the photographic process or written in white ink.

If the examinee is pregnant the film must be full sized, the field size must be strictly limited and there must be double abdominal shielding. If the pregnant woman does not wish to be x-rayed, please comment and return this form.

1 Date of x-ray 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

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.*

**Signature of radiographer**

|  |
|--|
|  |
|--|

Date 

|     |       |      |
|-----|-------|------|
| DAY | MONTH | YEAR |
| /   | /     |      |

## 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.**

|  |   | Give a full description of all abnormal findings. |
|--|---|---|
| 1 Skeleton and soft tissue                                 | Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> |   |
| 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 Tuberculosis (TB)                            | Absent <input type="checkbox"/> Present <input type="checkbox"/>  |   |
| 7 Are there strong suspicions of active Tuberculosis (TB)? | No <input type="checkbox"/> Yes <input type="checkbox"/>          |   |
| 8 Details of other abnormalities                           |   |   |

*If insufficient space, attach an additional statement*

