



Australian Government

Department of Immigration
and Citizenship

AGED VISITOR HEALTH CHECK

To be completed by medical practitioner as
directed

Pro forma: March 09

(For e676 applicants, and all offshore
applicants)

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: _____

NB: Do not use this form if your application was made at a DIAC office in Australia

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 significant medical conditions, including tuberculosis; dementia; severe cardiac or respiratory disease; or any condition that may require dialysis treatment, cancer treatment, or treatment involving the use of blood products? Yes No

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?	Yes	No	
2. Do you consider the applicant functionally independent in personal care and mobility?	Yes	No	
3. Do you consider the applicant is likely to remain as well as they are now for the duration of requested stay?	Yes	No	
4. Do you consider that the applicant will stay fit enough to undertake the long, unaccompanied and unassisted journey home?	Yes	No	
5. If you answered "no" to any of the above questions, please provide an explanation ----- ----- ----- -----			
Doctor's Signature: _____		Date: _____ (dd/mm/yyyy)	
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.			