



**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 number:**

**Country of passport:**

**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?	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. <hr/> <hr/> <hr/>		
<b>Doctor's signature:</b>	Date:  (dd/mm/yyyy)	
Doctor's name:		
<b>Doctor's address:</b>		
Doctor's telephone number:		
<b>Medical qualifications:</b>		

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