


AUSTRALIAN EMBASSY - BERLIN

Aged visitor health check offshore pro forma

	<p>AGED VISITOR HEALTH CHECK (OFFSHORE)</p> <p>To be completed by medical practitioner as directed</p> <p>Pro forma: July 2009</p> <p><u>Australian Government</u></p> <p>Department of Immigration and Citizenship</p>	<p>Firmly attach a recent photo of the applicant.</p> <p>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.</p>
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File reference (if available):	
This number links the visa application and must be used, or this report will not join the visa application file.	
Australian visa office processing application:	
Applicant's name:	
Date of birth:(dd/mm/yyyy):	
Address:	
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?	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: <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.