



Australian Government
Department of Home Affairs

Medical Officer of the Commonwealth (MOC) Advice Pack

Procedural Instruction
September 2019

Released by Department of Home Affairs
under the *Freedom of Information Act 1982*

Table of Contents

1. Introduction	3
Purpose	3
Further resources and use of this MOC advice pack	3
Further assistance	4
2. Scope	4
3. Glossary	4
4. Procedural Instruction	7
Part One: assessing applicants who may have a condition considered to be a public health threat or danger to the community	7
Tuberculosis (TB)	7
Blood Borne Viruses (BBVs)	11
Assessing onshore protection visa applicants	11
Part Two: Determining estimated health costs and understanding the “significant cost threshold”	13
What costs are relevant?	13
What period of stay is relevant?	15
Services in ‘short supply’ considered likely to result in prejudice to access	17
Part Three: Recording your opinion	18
Types of MOC opinions	18
Front-end loaded health examinations	18
Drafting MOC Opinions	19
Managing new information received after a MOC opinion has been provided	22
Part Four: Non-standard MOC assessments	24
Part Five: Other duty of care/clinical issues	25
Concerns regarding an applicant’s ability to travel to Australia or fly home	25
Part Six: MOC auditing responsibilities	25
Attachment A – MOC Opinion Examples	26
Attachment B – Drug Resistant TB case identified in visa health screening	29

1. Introduction

Purpose

This MOC Advice Pack, current as of 20 September 2019, provides policy support for Medical Officers of the Commonwealth (MOCs) when formulating their opinions on whether applicants who undertake Immigration Medical Examinations (IMEs) meet the health requirement.

This document is primarily for use by MOCs who work for the Department of Home Affairs migration medical service provider (MMSP), and provide health opinions on information provided from Australian immigration health examinations conducted both inside and outside Australia. However, it may also be used by MOCs within Home Affairs in those limited circumstances where a Home Affairs MOC provides an opinion for operational reasons as well as for audit of MMSP by Home Affairs.

Non-migrating family members, and people who intend to but have not yet applied for a visa, are also included. For the purposes of this document, all of this cohort will be regarded as “applicants”.

This document provides advice for MOCs on:

- diseases/conditions considered to be a public health threat
- assessing visa applicants against the “significant cost threshold”, including what costs and what time period are relevant to this assessment
- services in “short supply” that are considered likely to result in prejudice to access
- drafting MOC Opinions
- recording information in the Health Assessment Portal (HAP)

Clinical guidance is beyond the scope of this document and MOCs should refer to the relevant Notes for Guidance papers to support clinical opinions.

Further resources and use of this MOC advice pack

Important: Where a MOC opinion is provided, it is important to remember that a MOC must provide an individual assessment against the relevant criteria in the Migration Regulations 1994 (the Regulations), taking into consideration current policy guidelines which are outlined in the Health Requirement Procedural Instruction (Health PI)

Where particular MOC assessment outcomes are specified in this guide, they are recommendations designed to assist MOCs and encourage consistency in MOC opinions and decision making. MOCs should consult the Health PI for more specific advice regarding the legal and policy framework which they must operate within.

Copies of the relevant sections of the Regulations can be viewed on LEGEND. Hyperlinks in HAP also display the current version of the relevant regulatory criterion.

Notes for Guidance

The *Notes for Guidance for Medical Officers of the Commonwealth* (NfG) papers provide clinical guidance to MOCs with emphasis on conditions which, might result in failure to meet the health requirement. They are maintained and updated by the MMSP, approved by the Department and are publicly accessible on LEGEND.

Detail is provided about background to specific medical conditions, clinical information which will be required to allow MOCs to form an opinion, including advice about the methods used for calculating the

financial implications and in some cases, consideration of prejudice of access to services. They should be used by MOCs to ensure both transparency and consistency in MOC opinions.

HAP Advice Pack for MOCs

The Health Assessment Portal (HAP) User Guide provides technical advice and support for MOCs and can be used in conjunction with this guide.

Further assistance

Additional information or questions about this document should be directed to the Health Policy mailbox at [s.47E\(d\)](#) in the first instance.

2. Scope

This document is primarily for use by MOCs who work for Home Affairs' MMSP, and provide health assessments on Australian IMEs conducted both inside and outside Australia. However, it may also be used by MOCs within the Department in those limited circumstances where a Home Affairs' MOC provides an opinion for operational reasons, as well as for use in the audit of MOCs within MMSP. It outlines processing instructions and provides further context and background to MOCs. Clinical guidance is provided in the *Notes for Guidance for Medical Officers of the Commonwealth* paper and instructions for program and visa processing areas is covered in *Sch4/4005-4007 – The Health Requirement Procedural Instruction*. The Department may issue further directives subsequent to release of this document. MOCs need to ensure that any such directive is used in conjunction with this document.

3. Glossary

Table 1 – MOC Advice Pack terms

Term	Acronym	Definition
Administrative Appeals Tribunal	AAT	Conducts independent merits review of administrative decisions made under Commonwealth laws.
Antiretroviral	ARV	Drugs that inhibit the activity of retroviruses such as HIV.
Blood Borne Virus	BBV	Viruses which are transmitted through contaminated blood and other body fluids.
Chest X-ray	CXR	Radiological image of chest.
Communicable Diseases Network of Australia	CDNA	Provides national public health co-ordination and leadership, and support best practice for the prevention and control of communicable diseases.
Deferred		Processing of the applicant's visa application cannot continue until they provide the additional information requested by the MOC.
Deoxyribonucleic Acid	DNA	Chromosomal material.
Department of Health	DoH	The Department which seeks to promote, develop, and fund health and aged care services for the Australian public.

Term	Acronym	Definition
Department of Home Affairs	Home Affairs	A department of the Government of Australia that is responsible for national and transport security, federal law enforcement, criminal justice, cyber security, border, immigration, multicultural affairs, emergency management and trade related functions.
Disease Modifying Anti-Rheumatic Drugs	DMARDs	Group of drugs used to modify disease in immunological conditions.
Does Not Meet	DNM	The applicant has not met the health requirement and a visa cannot be granted unless a health waiver is available and exercised.
Ebola Virus Disease	EVD	An uncommon, lethal viral hemorrhagic fever.
Exposure Prone Procedure	EPP	Medical or surgical procedures with increased risk of transmission of BBV.
Extensively-drug resistant Tuberculosis	XDR-TB	TB which is resistant to first and second line medication.
Health Assessment Portal	HAP	A departmental system that allows officers to record client health declaration data, determine what health examinations clients are required to undertake, and generate health identifiers and documentation.
Health Care Worker	HCW	People delivering health care services In the context of MOC Assessments, defined as doctors, dentists, nurses or ambulance paramedics.
Health Undertaking	HU	An agreement that an applicant makes with the Australian Government to attend a health clinic in Australia to follow-up on the condition for which the Health Undertaking was requested.
Hepatitis B Virus	HBV	A hepatrophic virus.
Hepatitis C Virus	HCV	A hepatotrophic virus.
Human Immunodeficiency Virus	HIV	A BBV that targets the immune system.
Immigration Medical Examination	IME	Medical examinations required to assess whether an applicant meets the health requirement as part of the visa application process.
Interferon Gamma Release Assay	IGRA	A blood test used to identify previous exposure to TB.
International Classification of Diseases	ICD	The International Statistical Classification of Diseases and Related Health Problems (ICD) is a medical classification list containing codes for diseases, signs, symptoms, and causes of injury/disease. It is currently in its 10th revision.
Latent Tuberculosis Infection	LTBI	A state of persistent immune response to stimulation by tuberculosis antigens without evidence of clinically manifested active TB.
Medical Officer of the Commonwealth	MOC	Qualified medical practitioners employed by the Department of Home Affairs or the Medical Migration Services Provider.
Medical Treatment Visa	MTV	A visa which allows people to travel to Australia for medical treatment or consultations, to support someone needing medical treatment or to donate an organ.
Meets		The applicant has met the health requirement and the visa can be granted if all other criteria are met.

Term	Acronym	Definition
Meets (Reduced Stay)		The applicant has met the health requirement and the visa can be granted if all other criteria are met. The period that the visa officer intends to grant the visa for should not be longer than the period for which health was assessed.
Meets with Undertaking		The applicant will meet the health requirement if they provide the visa officer with a signed undertaking form (form 815).
Migration Medical Service Provider	MMSP	A network of panel clinics contracted by the department to complete applicants' immigration health examinations in Australia.
Multi-drug resistant Tuberculosis	MDR-TB	A form of TB infection caused by bacteria that are resistant to treatment with at least two first line anti-TB drugs.
Multiple Sclerosis	MS	A chronic degenerative, often episodic disease of the central nervous system.
No clearance required.		An applicant for a XC-785, UO-786, XE-790, CD-851 or XA-866 visa has completed their required health examinations and no conditions considered to be a threat to public health have been identified.
Pharmaceutical Benefits Scheme	PBS	A program of the Australian Government that provides subsidised prescription drugs to residents of Australia, as well as certain foreign visitors covered by Reciprocal Health Care Agreement.
Procedural Instruction	PI	Provides guidance and recommendations to Home Affairs staff (previously known as Policy Advice Manual (PAM)).
Public Interest Criteria	PIC	Two main public interest criteria that affect visas are health requirements and the character provisions. The PIC is often the legislative basis for granting or refusing applications or refusing entry to Australia.
Ribonucleic Acid	RNA	Chromosomal material.
The Notes for Guidance for Medical Officers of the Commonwealth	NfG	Provides clinical guidance to MOCs about specific health conditions.
Total Records and Information Management	TRIM	A departmental enterprise document and records management system for physical and electronic information designed to help businesses capture, manage, and secure business information in order to meet governance and regulatory compliance obligations.
Tuberculin Skin Test	TST	A medical test to determine previous exposure to TB.
Tuberculosis	TB	An infectious disease caused by Mycobacterium tuberculosis and which often targets the lungs.
Visa Processing Officer	VPO	Departmental officer who processes visa applications for people wanting to come to Australia.

4. Procedural Instruction

Part One: assessing applicants who may have a condition considered to be a public health threat or danger to the community

A visa applicant with tuberculosis (TB) or a disease or condition that may result in the applicant being a “threat to public health” in Australia or a danger to the Australian community will not meet the health requirement. This health requirement cannot be waived – see 4005(1) (a) and (b) and 4007(1)(a) and (b).

The Department of Health (DoH) provides information to Home Affairs on diseases or conditions that may potentially be a public health threat.

Conditions considered to be a public health threat under current immigration health policy are discussed below.

Important: temporary or country-specific arrangements may also be put in place to manage emerging health issues of particular concern such as Poliomyelitis or Ebola Virus Disease (EVD). MOCs will, however, be provided with specific instructions regarding these arrangements where this occurs.

Tuberculosis (TB)

TB, whether pulmonary or extra-pulmonary, is the only disease or condition that is specifically mentioned in the Migration Regulations and prevents the grant of a visa (see 4005(1)(a) and 4007(1)(a)). For the purposes of the health requirement, free from TB is defined as free from active TB. That is, infection with *Mycobacterium tuberculosis* that is actively replicating, and which is diagnosed through clinical, radiological or pathological methods, until completion of treatment and pathological test confirm the absence of bacteria.

A diagnosis of active TB is made using evidence obtained from the clinical examination, radiological findings, and pathology testing performed as part of the Immigration Medical Examination (IME).

The health outcome of applicants undergoing active TB treatment or monitoring should remain ‘deferred’ until they are able to demonstrate that they have successfully completed treatment, and are assessed as being free from TB. This includes applicants diagnosed with drug resistant disease.

Applicants who have indicated to the panel physician that they have refused treatment, or where it is clear that the applicant has refused to satisfactorily adhere to their treatment regimen, are considered a threat to public health. These applicants will not meet the health requirement and a “Does not Meet (DNM)” opinion is appropriate. This is because they have failed to satisfy PIC 4005/7(1)(a) and (b). Generally, though, applicants should first be counselled by panel physicians to complete treatment. A DNM opinion should only apply to those who continue to refuse appropriate treatment.

There are no exceptions to the specific requirement for visa applicants to be free from active TB. MOCs are required to assess health cases taking into consideration clinical findings, overall TB risk, radiological findings and latent TB infection testing when required. If there are CXR abnormalities these will determine if additional testing to exclude active TB is required. MOCs cannot rely on TB clinics or chest specialists who indicate sputum testing is not required (eg based on lack of symptoms or clinical signs, or based on national TB protocols). MOCs should always exercise discretion and caution in assessing cases.

This section provides guidance about some specific processing aspects of managing TB cases.

Sputum testing

MOCs should be aware that reliable sputum test results are dependent on various factors, including but not limited to collection techniques, and transport to and expertise of the laboratory used. In higher risk locations, Home Affairs reviews and regularly audits sputum testing processes, used by panel members offshore to ensure robust specimen collection and that high quality laboratories are used. A list of these approved facilities is found in the [Panel Member Instructions](#).

Panel members are required to ensure these processes are followed and MOCs should provide an Audit Comment if sputum tests do not appear to have been processed appropriately.

MOCs should always be cautious when interpreting sputum test results, especially if the sample is salivary, and/or samples have been pooled, and/or the samples were processed in a laboratory which is not on the approved list. If there is any doubt then MOCs should defer the case with a request for repeat chest x-ray (looking for stability) and repeat sputum testing in 6 months.

Molecular testing

With the expanded role of molecular testing across the world (most commonly Xpert MTB/RIF), MOCs may see IMEs with these results included in addition to or in lieu of standard smear and culture.

Whilst it is understood that molecular testing has high sensitivity and specificity, the Department's position remains that molecular testing does not replace smear and culture. Panel members are encouraged to request molecular tests in certain situations, as outlined in the Panel Instructions, but MOCs should be aware that these tests do not replace the need for culture for visa applicants who need to demonstrate that they are free from TB.

Treatment

It is understood that TB treatment is often complex and clinicians may be faced with challenges in ensuring patient compliance. This is especially the case in patients who may have a paucity of symptoms. Directly Observed Therapy (DOT), administered by a health care worker, is the best way of ensuring compliance with therapy.

Panel members must ensure that visa applicants needing TB treatment are managed according to standard regimens as outlined in the Panel Instructions. Treatment records should be comprehensive.

In well-resourced countries TB management is usually to a high standard, as evidenced in their own TB incidence rate in such countries, a clearance certificate from the National TB program may be sufficient evidence of satisfactory treatment, especially if end of treatment cultures are negative.

In some, often less well-resourced countries, TB management practices vary widely and panel members are required to provide or oversight TB treatment using standard drug regimens and with DOT. In these cases treatment records should include evidence of DOT. The Panel Member Instructions provide a list of facilities where there has been a level of assurance over treatment practices and where MOCs can be confident that adequate treatment has been provided.

When providing opinions, MOCs should have a high index of suspicion. If they are not satisfied that the patient has been treated to the point of cure, they should defer the case for 12 months from the end of treatment requesting clinical review and repeat sputum testing. At this time, the initial medical examination will have expired and repeat 501 medical examination and 502 chest X-ray examination will be required. An example of such a situation might include where treatment was not provided at an approved facility.

Drug resistant TB

The management of drug resistant TB (especially multi - or extensively - drug resistant- MDR or XDR TB) can be complex and requires specialist input. The minimum treatment period for pan-susceptible TB is 6 months, but this period can be significantly longer if drug-resistance is identified, and a subsequent monitoring period may be required before the applicant can be found to be 'free from TB'.

All cases where drug resistance has been identified (mono, poly, multi or extensively drug resistant), either before or during the Immigration Medical Examination (IME) process, require review by an expert panel of TB specialists in Australia, once treatment has been completed. This panel is known as the "Complex TB Committee".

Home Affairs liaises directly with this expert panel, which will collectively provide advice about any additional testing or monitoring which may be recommended.

Once all records are available, MOCs must complete the appropriate referral template (see Attachment D) to facilitate this referral. The case should be placed “on hold” in HAP with the wording “Drug Resistant TB has been identified. Case has been sent to expert medical panel for further advice”.

This referral should be forwarded to s. 47E(d) it will then be forwarded to the Complex TB Committee. Chest X-ray attachments do not need to be routinely provided but may be included if particularly relevant, or at the request of the Complex Committee.

The completed template, with advice received from the Complex TB Committee, will be returned to the MOC so that a definitive MOC opinion can be provided.

Note: If comprehensive treatment records are not provided to the MOC (e.g. if the treatment was not oversighted by the panel physician) the MOC should defer for 12 months as outlined above, and refer to the Complex Committee after this period, to avoid premature referrals to the Complex Committee.

MOC assessments and the 719 TB test

The 719 TB test is either a Tuberculin Skin Test (TST, sometimes referred to as a Mantoux test), or an Interferon Gamma Release Assay (IGRA, the most widely available being a Quantiferon Gold test).

Children from higher TB incidence countries are a particularly vulnerable group and Home Affairs has introduced routine TB screening for this cohort, if applying for permanent migration. This is designed to assist in identifying those children who might require further testing (usually a CXR) to exclude active disease, and to identify those who have latent TB infection (LTBI).

Please note that the 719 TB test is not required for non-migrating dependents (NMD), even if they are asked to undertake an IME. The 719 TB test applies to children who are between the ages of 2 and 11 from higher TB burden countries.

Any visa applicant known to be a close household contact of a person diagnosed with active TB within the 5 years prior to the applicant’s IME, irrespective of visa class or age, requires a 719 TB test.

What is considered to be a positive latent TB screening test result?

For the purposes of immigration health screening:

- A TB test is considered positive if the TST is greater than or equal to 10mm induration, or the IGRA test is reported as positive;
- TST results less than 10mm, or a negative or indeterminate IGRA, should be regarded as a negative (719) TB test.
- For those applicants who proceed to testing because they are close household contacts of an index case, a TST is deemed positive if greater than or equal to 5mm induration.

All cases with a positive TST or IGRA, or cases with an indeterminate IGRA **require review by a MOC.**

All applicants with a positive 719 TB test require a CXR to exclude active pulmonary TB. In children, a lateral CXR as well as a standard image is required. MOCs should defer cases with a positive 719 test if this imaging has not already been provided.

Children with CXR findings will need review by an appropriate specialist (pediatrician or pulmonologist).

***Note:** Any child with abnormal CXR even with negative sputum results must be considered to have high suspicion of active TB as children often have no, or atypical symptoms.

Applicants with negative CXR and without clinical findings will, by definition, have a diagnosis of latent TB infection (LTBI).

LTBI does not preclude health clearance, even if the applicant is on treatment for LTBI, and MOCs should finalise these cases in HAP if no additional significant health conditions have been identified. If offshore, a meets with health undertaking is appropriate. If onshore, a meets opinion is appropriate, as referral for ongoing care will be provided by the panel physician as part of their duty of care.

TB Health Undertakings

TB Health Undertakings are a means whereby visa applicants are required to attend State and/or Territory Chest Clinics after arrival in Australia. Due to workload demands of these clinics it is important that only those at greatest risk are reviewed.

Health Undertakings are not appropriate for onshore applicants, who will be reviewed by respiratory clinicians in Australia as part of their work up and deferral to exclude active TB.

Chest clinics may recommend discharge, ongoing surveillance or additional testing or treatment.

In general, for TB, where no other significant health condition is identified, MOCs should provide a "Meets with Health Undertaking" opinion for all **offshore** applicants in the following groups:

- applicants intending permanent stay in Australia
- applicants intending temporary stays of greater than 12 months
- applicants intending temporary stays less than 12 months if there are exceptional circumstances
- higher risk applicants such as health care workers and immunocompromised persons with CXR findings no matter the period of stay

And if they fit into one of the following three categories:

- Latent TB Infection - i.e. the 719 test (IGRA or TST) is positive
- Persons who are at risk of reactivation of LTBI (e.g. those with abnormal CXRs but in whom active TB has been excluded)
- Any previous TB treatment in the past five years regardless of whether the x-ray is normal or not.

MOC processing of TB cases in HAP

Cases where active TB needs exclusion need further investigation. In some cases this will have taken place prior to MOC assessment (e.g. if automatically deferred). If not, the MOC should defer the case using the 603 deferral code for chest clinic investigation. MOCs must edit this code to clearly advise the radiological abnormality identified, and to provide explicit instructions about what tests are required, removing requests for information which has already been made available, so to avoid confusing the panel physician.

All sputum samples which are smear positive require molecular testing (e.g. Xpert MTB/RIF), if available. All samples which are culture positive require first, and, if relevant, second line drug susceptibility testing (DST) regardless of whether molecular tests were undertaken. If DST test results were not provided by the panel physician, the MOC must defer. It is not necessary to defer for the results of molecular testing, if that has not been provided.

If sputum tests are negative then a minimum of three months radiological stability is required so repeat chest X- rays must be at least three months after the initial CXR.

All applicants on treatment for TB need to be managed and monitored as outlined in the Panel Member Instructions. Panel members will generally submit cases in eMedical upon receipt of a positive sputum test or chest specialist opinion recommending treatment. The MOC should defer these cases using the 607 serial code (Continued Anti-tuberculous treatment) and edit to ensure mandatory sputum testing as part of treatment monitoring is included.

Table 2 – 600 series codes available for MOC use should be used in the following situations:

Code	Description	When MOCs should use:
601	Sputum smears and cultures	If sputum tests were not provided according to panel instructions (e.g. at end of treatment).
602	TB specialist's report	If previous treatment for TB has been indicated in the history and insufficient detail has been provided or is unavailable (e.g. in previous health cases).
603	Respiratory Specialist investigation on current state of tuberculosis	Most cases needing further investigation.
604	Chest clinic investigation about radiological abnormality	Usually to investigate a CXR abnormality which is unlikely to be TB related (e.g. possible malignant condition).
606	Initial TB investigation	This code should not be used*
607	Continued anti-tuberculosis treatment	If initial diagnosis has been confirmed and treatment is on-going.
608	Await tuberculosis culture results	If smears are available but cultures have not been provided. Should only occur in paper cases where panel are advised to notify the Department if smear positive
610	Pulmonologist's report	This is for non-TB related chest conditions.

* Will be removed from the system in due course as systems allow.

The deferral is likely to require editing so it includes accurate and up to date information. MOCs must ensure the wording is edited to reflect the individual case requirements. For example, add request for molecular testing if smear positive.

ICD codes and details of sputum testing results must be entered into HAP when available and when prompted by the system. At case finalisation, the MOC should check details and edit if necessary (e.g. to add resistance patterns if those were not initially available). If this information is not provided by the panel physician, the MOC should defer requesting it.

Cases where active TB was identified during the IME process, or where the applicant was on treatment at the time of the IME, should be entered as **ACTIVE TB** (ICD A16.9) even though, at the time of the final MOC opinion, treatment would have been completed.

Cases where the applicant completed TB treatment prior to the IME (even if immediately prior) should NOT be entered as ACTIVE TB. The appropriate ICD code for these cases is INACTIVE TB (even if TB is cured) as these cases will need onshore follow up by way of health undertaking.

Blood Borne Viruses (BBVs)

As outlined in the Health Requirement Procedural Instruction, additional health examinations apply if a visa applicant intends to work as, or study to be, a doctor, dentist, nurse or ambulance paramedic. This group of applicants are referred to as Health Care Workers (HCWs).

Health care workers and students of these professions require a medical examination (501), x-ray examination (502), HIV (707), Hepatitis B (708) and Hepatitis C (716) tests, regardless of TB risk or visa class. This screening is required to identify applicants who may be a threat to public health. Under policy,

HCWs may be considered a threat to public health **if they intend to be involved in Exposure Prone Procedures (EPPs)**. This is based on the Communicable Diseases Network of Australia (CDNA) guidelines. These guidelines can be found at <https://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>.

An **exposure-prone procedure (EPP)** as defined by the CDNA as a procedure where there is a risk of injury to the HCW resulting in exposure of the patient's open tissues to the blood of the worker. These procedures include those where the worker's hands (whether gloved or not) may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

(Ref: <http://www.health.gov.au/internet/main/publishing.nsf/Content/cda-cdna-bloodborne.htm>)

As a result, in assessing HCWs against the health requirement, a MOC needs to know whether or not they will be performing EPPs as part of their employment/education in Australia. A Health Care Worker Duty Statement must be provided by the applicant.

Dentists and dental students with BBV infection as outlined above will not meet the health requirement on public health grounds as dental work always involves EPPs. A HCW Duty Statement is NOT required.

Doctors, nurses, ambulance paramedics and students of these professions with BBV infection as outlined above, and NOT involved in EPPs, should be placed on a health undertaking if offshore. If onshore, the panel physician should ensure clinical follow up as part of a duty of care issue.

If required, MOCs should defer cases with the serial code 721 "Health Care Worker Duty Statement". Applicants are then required to provide a statement from their prospective employer or educational institution stating that they will not be involved in EPPs. A statutory declaration can be submitted if such a statement is not available (e.g. if the applicant does not have a prospective employer). These statements are provided to their visa-processing officer and uploaded into the HAP for MOC review.

Please see advice below for MOCs regarding assessing HCW cases where a BBV is identified as part of the immigration health examination process.

- Health Care Workers doing EPPs who are HBV-DNA positive but the viral load is below 200 IU/ml would not be regarded as being a public health risk in terms of meeting the Health Requirement.
- Health Care Workers doing EPPs who are HIV positive but the viral load is below 200 copies/ml would not be regarded as being a public health risk in terms of meeting the Health Requirement.
- Health Care Workers doing EPPs who were HCV RNA detectable but undertook successful treatment with direct-acting antiviral (DAA) such that they had no detectable HCV RNA ≥ 12 weeks after the completion of treatment or spontaneously cleared HCV RNA as demonstrated by two undetectable tests at least, 1 month apart, would not be regarded as being a public health risk in terms of meeting the Health Requirement.

Assessing onshore protection visa applicants

Overview

This section relates to the assessment of health examinations completed by applicants who apply for the following visa subclasses. The health PICs do not apply to these subclasses with specific 'health' regulations included in the Schedule 2 requirements for these visas. Applicants for these visas cannot fail to meet the health requirement and are only assessed on public health grounds.

- Protection (subclass 866) visa;
- Temporary Protection (subclass 785) visa;
- Temporary (Humanitarian Concern) (subclass 786) visa; and
- Safe Haven Enterprise (Subclass 790) visa (SHEV).

TB and onshore protection cases

Onshore protection visa applicants can be provided with a No Clearance Required outcome unless the following scenarios apply in which case a health undertaking should be requested:

- A chest clinic (603) deferral would normally be required (see *MOC assessments and TB* section above); **and**
- The applicant has not previously been on a health undertaking and/or been referred to a chest clinic onshore with evidence provided of their attendance and review.

Note where active TB is suspected, even though a Health Undertaking is appropriate, arrangements should be put in place to ensure that applicants are immediately referred to a state or territory chest clinic or respiratory specialist.

HIV and onshore protection cases

Protection visa applicants with HIV disease and in whom TB has been excluded should be provided with a No Clearance Required with Health Undertaking for HIV disease. The only exception to this is if they have previously been provided with an HIV Health Undertaking.

Hepatitis and onshore protection cases

A No Clearance Required outcome with health undertaking is appropriate for applicants who are identified as:

- HBsAg positive; or
- HCV seropositive; and
- have not previously been requested to sign up to a health undertaking.

An undertaking should not be requested if the applicant has previously been provided with a Hepatitis B or C undertaking.

Part Two: Determining estimated health costs and understanding the “significant cost threshold”

What costs are relevant?

A visa applicant (or non-migrating family member) cannot be found to meet the health requirement for the grant of certain visas if they have a disease or condition that is likely to result in a “significant cost” to the Australian community in the areas of health care or community services – see 4005(c)(ii)(A) and 4007(1)(c)(ii)(A).

Under policy, the threshold at which costs are currently considered to be significant is **AUD 49 000**. “Health care” is not defined under migration law. Under policy, health care is taken to include:

- ongoing medical services (e.g. renal dialysis)
- hospital services (both inpatient and outpatient care)
- residential and nursing home care services
- palliative care
- community health care

- community consultations (e.g. general practitioners, specialists, allied health and other health care providers, if subject to a public subsidy)
- rehabilitation services
- disability services
- medications subsidised by the PBS (Pharmaceutical Benefits Scheme)

Regulation 1.03 of the Regulations provides that “community services” is taken to include an Australian social security benefit, allowance or pension. Under policy, the term is also taken to include:

- supported accommodation services (e.g. homes, hostels and large institutions)
- personal care services (e.g. attendant care and in-home support)
- respite care
- specialist educational services (except Education Entry Payments)
- employment support
- equipment services and rehabilitation services
- home and community care

Hypothetical person test

When assessing the likely costs involved with a disease and/or condition that an applicant has, MOCs **must apply the hypothetical person test**, which was clarified in the case of *Robinson v Minister for Immigration and Multicultural and Indigenous Affairs and Another* (2005) 148 FCR 182.

MOCs must therefore take into account the cost of health care or community services for which a **hypothetical person with the same form and level of the applicant’s condition** would be eligible. This test is given effect by the statement in the health PICs that they apply ‘*regardless of whether health care or community services will actually be used*’.

When considering if an applicant is likely to meet the health requirement, MOCs must not consider personal circumstances above and beyond the:

- nature of the health condition
- severity of the health condition
- age of the applicant
- type of visa applied for
- visa period

If a hypothetical person is likely to require a particular service on medical or other grounds, a MOC is required to assume that they will use it.

As a result, an applicant would still, for example, fail to meet the health requirement despite their argument that they would not be a significant cost to the community because:

- they indicate they will choose not to use available services
- their costs will be met through a variety of alternative means such as their savings, reciprocal health care agreements or their comprehensive health insurance
- they will not require the services they have been costed for as they will bring their own supply of medication or be travelling with a carer
- another party will cover the costs (e.g. foreign government or scholarship)

- their family members will be caring for them or providing support
- the services required are not available in particular locations in Australia

The costs of such services cannot be excluded from the MOC costing. **Important:** The only exception to this is where, as discussed below, certain services (and hence related costs) are excluded for temporary visa applicants (excluding provisional visa applications) – see PIC4005 (3) and PIC4007 (1B).

Costs that should be excluded from costing calculations for temporary visa applicants

If the applicant is applying for a temporary visa, the below services, which are listed in a legislative instrument (IMMI 11/073), are to be **excluded** from the MOCs cost assessment:

- Social security payments.
- Costs associated with issuing a Health Care Card or Pensioner Concession Card.
- Pharmaceuticals listed under the Pharmaceuticals Benefits Scheme (PBS) that, if ceased, would likely not be seriously detrimental to the applicant's life or wellbeing. Medications considered to be seriously detrimental if stopped are:
 - antiretroviral therapy (ARV) in HIV management
 - immunosuppressant therapy for post-transplant applicant
 - interferon and immunomodulating therapy for Multiple Sclerosis (MS) (if PBS eligibility criteria satisfied at the time of assessment)
 - biological Disease Modifying Anti-Rheumatic Drugs (DMARDs) (if PBS eligibility criteria are satisfied at the time of assessment)
 - synthetic blood products or recombinant factors
 - iron chelation therapy.
 - chemotherapeutic agents used to treat malignancies (if PBS eligibility criteria satisfied at the time of assessment)

What period of stay is relevant?

When assessing 'costs', a MOC must assess the visa applicant against the health requirement for:

- a period for which the Minister (or delegate of the Minister) *intends to grant the visa* if the visa applicant has applied for a *temporary* visa
- a *permanent stay* (i.e. a period commencing when the application is made) in Australia if the visa applicant has applied for a *permanent or provisional* visa

– see PIC4005(2) and PIC4007(1A).

Permanent and provisional visa applicants

Under policy, when assessing a permanent or provisional visa applicant against the significant cost threshold (AUD 49 000), the time period for estimating costs should be calculated as follows:

- if *the applicant is aged less than 75 years*: a five year period; or,
- if *the applicant is aged 75 years or older*: a three year period;

Unless:

- *the applicant has a condition that is permanent and the course of the disease is inevitable or reasonably predictable (65% likelihood) beyond the five year period* - in these circumstances, the applicant would be assessed for a maximum of 10 years. When assessing costs, the MOC should estimate costs for a period up to a maximum of 10 years.
- *the applicant has an inevitable or reasonably predictable (65% likelihood) reduced life expectancy due to their health condition or disease* - in this case, the applicant should be assessed for the reduced life expectancy up to a maximum of 10 years, with an explanatory comment entered in HAP

Temporary visa applicants

For temporary visa applicants, the estimated costs for their proposed stay in Australia must be assessed over the period of time that the visa processing officer intends to grant the visa for.

For example, a student visa applicant with health care costs of \$16,000 per annum, who will be granted a one year visa, should be found to meet the health requirement. On the other hand, a student visa applicant with costs of \$16,000 per annum, who will be granted a four year visa, would not meet the health requirement. This is because the total health care costs for that student of \$64,000 exceed the significant cost threshold.

Temporary visas with multiple stays

Some visa products allow a Home Affairs case officer to grant a visa with multiple entries to Australia. For example, a visitor visa might be granted with a validity period of five years, but with a maximum stay period of 12 months. This means that the visa holder can use the visa for a total of five years, but they are only allowed to stay for 12 months each visit.

For the purpose of MOC assessments for temporary visas, the Department's current policy is that the MOC assessment should be in relation to the stay period (that is, the maximum period that the visa holder can stay in Australia for at one time - 12 months in the example above), not the total visa validity period (that is, the period during which the visa holder can return to Australia – five years in the example above).

Note: This policy is currently under review. Assessing temporary visa applicants in practice.

At the time that a MOC is providing their opinion, they are unlikely to know the period the visa officer intends to grant a visa for. This is because this period can change depending on discussions between the visa officer and the visa applicant, and may not be decided until just before visa grant.

As a result, under policy, unless a permanent assessment is requested (see below for more information), MOCs must first provide an opinion against the assessment period that is in HAP. This (default) period is the maximum stay period for the relevant visa.

If a significant health condition is identified and the applicant will not meet the health requirement for the default (maximum) period/stay duration, the MOC should provide a 'DNM' opinion in the first instance.

It is then the responsibility of the visa officer to request a re-assessment by a MOC for a shorter period of stay, if this is appropriate. When a new assessment is requested, the visa officer will enter into HAP the revised assessment period for the MOC to use and the MOC must provide a new opinion. The minimum stay period MOCs should cost against is three months (**exception** – applicants on dialysis seeking short term visits see below).

If the applicant meets the health requirement for this reduced period, the MOC opinion in this scenario will then be recorded as Meets (Reduced Stay) and the relevant assessment period displayed to alert other MOCs and visa officers that the applicant has only met the health requirement for a shorter period of stay. The ICD code must be recorded accurately in HAP and any other pertinent comments included (e.g. the rationale for the decision). MOCs may also provide a comment for visa processing officers (VPOs) using the MOC Comment function, explaining the reasons for their decision.

In some circumstances, the applicant may, technically, and if the costs are proportionately reduced, meet for the reduced duration of stay but they may have a condition that will mean they are unlikely to be able to return home at the end of their proposed stay (such as assessed as requiring aged care accommodation due to cognitive disorder).

In these circumstances, the MOC should provide a DNM opinion, regardless of proposed duration of visa grant, with the same costs, indicating in the opinion that the applicants condition is of such severity that they are unlikely to be able to return home at the end of the proposed stay.

Note: the only exception to the above is where the visa applicant is completing full permanent health examinations for a temporary visa and is being assessed 'upfront' for a permanent stay in Australia. In this circumstance, if a DNM opinion is provided for permanent stay, again it is the visa officer who is responsible for requesting a re- assessment for the appropriate temporary assessment period.

Note: The assessment period for a permanent or provisional visa or where a permanent clearance is being sought cannot be reduced, as these applicants must be assessed for a permanent stay in Australia.

Services in 'short supply' considered likely to result in prejudice to access

A visa applicant (or non-migrating family member) cannot be found to meet the health requirement where they have a 'disease or condition' likely to prejudice the access of an Australian citizen or a permanent resident to health care and/or community services - see 4005(1)(c)(ii)(B) and 4007(1)(c)(ii)(B).

When deciding which health care services are in 'short supply', the Department takes guidance from the DoH. As of 20 November 2015, based on DoH information the following health services are deemed in short supply:

- organ transplants (including bone marrow transplants)
- renal dialysis.

The above services are listed in the HAP. If you indicate that the visa applicant is unable to meet the health requirement on prejudice to access grounds, you will need to select the applicable services as the reason for your opinion.

Add Prejudice to Access

Regulation: 4005

Does Not Meet clause: 4005(1)(c)(ii)(B) Prejudice to access

PTA Services: Organ transplants

Buttons: Cancel, Ok

Note: MOCs should assess prejudice to access for a period up to a maximum of 10 years.

Note: a costing is not required where an applicant is found not to meet the health requirement on prejudice to access grounds unless the cost is also significant, that is, greater than AUD 49 000.

Note: MOCs should refer to the Notes for Guidance for community services that may be in short supply for the Australian community.

Occasionally clients who are known to require renal replacement therapy, including dialysis, may seek to enter Australia for short periods of time (e.g. on holiday or to visit family). The Department will support this if applicants already on dialysis for a maximum period of ONE MONTH, provided that the applicant has made his or her own arrangements IN ADVANCE, and that suitable financial arrangements have been put in place.

(i.e. that the onshore dialysis unit has accepted the applicant and has confirmed financial arrangements, in writing).

Visa officers should upload relevant documentation, confirming above, into HAP. If this is not provided, MOCs should defer requesting this. If satisfied, MOCs should provide a time limited meets opinion for a maximum period of one month. Any extension to this should be discussed with the department.

MOCs should ensure that the applicant's condition is stable and well controlled, and that urgent transplant is not considered likely.

Part Three: Recording your opinion

Types of MOC opinions

The table below summarises the type of opinions provided by MOCs and the steps then required to be taken by visa processing officers.

MOC opinion	Explanation
Meets	The applicant has met the health requirement and the visa can be granted if all other criteria are met.
Meets (Reduced Stay)	The applicant has met the health requirement and the visa can be granted if all other criteria are met. The period that the visa officer intends to grant the visa for should not be longer than the period for which health was assessed.
Meets with Undertaking	The applicant will meet the health requirement if they provide the visa officer with a signed undertaking form (form 815)*.
Does Not Meet	The applicant has not met the health requirement and a visa cannot be granted unless a health waiver is available and exercised. Note: In this situation a MOC should also enter that an undertaking be signed in the event a health waiver is going to be exercised*.
Deferred	Processing of the applicant's visa application cannot continue until they provide the additional information requested by the MOC.
No Clearance Required	An applicant for a XC-785, UO-786, XE-790, CD-851 or XA-866 visa has completed their required health examinations and no conditions considered to be a threat to public health have been identified. Note: A MOC may ask that an undertaking be signed if a condition considered to be a threat to public health is identified*.
Awaiting application	See advice below under <i>Front-end loaded health examinations</i>

***Note:** See additional advice below on health undertakings

Front-end loaded health examinations

Front end loaded health examinations are examinations submitted prior to a visa application. It should be noted that front-end loaded cases are no longer encouraged due to integrity concerns, the potential for additional cost and delay for applicants, and the rapid processing of health cases that eMedical has enabled.

From a MOC perspective, the processes for assessing a front-end loaded health case (i.e. examinations completed in advance of a visa application being lodged) are the same as for other health cases **except** that

if it is determined that on the information available a 'DNM' opinion is warranted, under policy, they should **not** provide an opinion on this case until **after** a visa application has been lodged.

This ensures that before a DNM opinion is issued, all relevant information included in the visa application is available, including the proposed duration of visa grant, the purpose of the visit, that the most up to date medical information is considered and that the MOC provides an opinion as to whether a visa applicant (rather than an intended visa applicant) meets the health requirement in line with the regulations at the time of grant.

For this reason, a *Does Not Meet* option will not appear for a MOC to select in HAP until the relevant health case is linked to a visa application. Instead, the case will remain with a status of *Awaiting Application* until a visa application is lodged.

Note: once a visa application is lodged, electronic health cases will simply return to the MOC assessment queue to be re-assessed. Paper health cases will be returned to the Application Received queue so administrative staff from the MMSP can collate the necessary paper work before sending the case to a MOC.

Drafting MOC Opinions

Overview

MOCs must record their opinions in the HAP. The HAP will then generate and file in TRIM a formal opinion (known as a form 884) based on current templates.

Once generated, the MOC opinion will be visible to visa officers. In most circumstances visa officers will provide the visa applicant with a copy of the MOC opinion if they don't meet the health requirement.

Attachment A shows examples of the templates used by the HAP, and how the information that you enter into the HAP is populated into these templates. This wording is based on legal advice and reflects that of an opinion based on a hypothetical applicant with the same form and level of the condition

If a visa refusal decision is reviewed by the Administrative Appeals Tribunal (AAT) or the courts, these bodies will examine if the correct assessment based on this "hypothetical person test" or part of the PIC was applied by the MOC, as stated in the MOC opinion.

Providing a lawful MOC opinion

The HAP assists MOCs to provide a lawful opinion by ensuring that where possible the MOC opinion references the following information (**Note:** Visa officers are also expected to check this information for all DNM opinions):

- the correct health PIC (i.e. 4005 or 4007)
- the correct visa subclass
- the correct assessment period.

However, MOCs still need to ensure that in entering information in HAP that the MOC opinion references:

- details of all health examination reports that have been considered in forming the opinion;
- if there were conflicting reports, why one report was given more weight over another; and
- all conditions that enliven the PIC along with the severity of these conditions.

The HAP will provide you with a non-exhaustive list of words to describe the severity of the applicant's condition:

- Active
- Advanced

- Asymptomatic
- Extensive
- Invasive
- Mild
- Mild-To-Moderate Moderate
- Moderate-To-Severe
- Severe
- Significant
- Stable
- Profound

When recording a DNM MOC opinion in the HAP, the more information about the health assessment outcome you are able to provide the applicant, the easier it will be for them to understand why they have failed to meet the health requirement. Comment boxes are provided for each condition listed to enable you to list the reasons.

Important: This information must explain why a hypothetical person with the same form and level of condition would not meet the health requirement. The applicant's personal circumstances (e.g. that they are currently in a special education class, or are stable on a cheaper medication not likely to be used by the hypothetical person) are not relevant.

Checklist for lawful MOC Opinions

To help ensure that your MOC Opinion is lawful make sure that you:

- apply the hypothetical person test and in preparing your opinion, your advice relates to the health criteria only
- consider all relevant matters, including all available medical information, and disregard irrelevant matters
- cite details of all medical relevant reports in the opinion
- where conflicting reports exist, add a short statement to explain why one or more report(s) has been given more or less weight than another
- have proper regard to policy, including the Health PI
- apply the Notes for Guidance that are current at the time of the MOC opinion
- do not depart from policy or directions in the MOC Advice Pack unless there is strong justification and this has been discussed with and formally approved by the Department.

Note: this does occur; notes should be entered in the Notes field in HAP

Recording health cost information in HAP

Where an applicant is found not to meet the health requirement on significant cost grounds, a costing is required when recording a MOC opinion in the Department's HAP – regardless of whether a health waiver is available. This is to enable the department to monitor the cost impacts and provide greater transparency to applicants. This information may be provided to applicants by the Department, upon request (see below).

As a result, MOCs need to record which types of services have been included in the cost assessment and the period for which they have been assessed.

This advice will appear on the MOC opinion in summary for visa subclasses where health waiver is available. See example screenshots of the *Add Significant Costs* windows below.

Add Significant Costs

Regulation: 4005

Does Not Meet clause: 4005(1)(c)(ii)(A) Significant cost

Significant Cost:

Delete	Service	Cost P.A.	Years	Total Cost	Edit
	Pharmaceuticals	\$28,000	2.0	\$56,000	

Full Cost \$56,000

General Comments:

3973

Add Significant Costs

Regulation: 4005
Does Not Meet clause: 4005(1)(c)(ii)(A) Significant cost
Significant Cost:
Service required: * -- Select Required Service --
Cost estimate Per annum: * required
Time period How many years: * required
Service Comments: 4000

Cancel Save Service

Delete	Service	Cost P.A.	Years	Total Cost	Edit
	Pharmaceuticals	\$28,000	2.0	\$56,000	
				Full Cost \$56,000	

General Comments: Enter General Comments here
3973

Note: applicants or migration agents may request the detail of the costing information which has been recorded in HAP, or the estimated costs for a case, if no waiver is available. Visa officers will provide this by using the information recorded in HAP.

To assist with processing such requests for additional information, including Freedom of Information requests, and to increase transparency and consistency, MOCs must record in HAP the materials that they have referred to in providing their opinion in the *Other Identified Issues* field.

As an example, it is suggested that MOCs include the following information:

- which Notes for Guidance Paper(s) were used
- what the relevant parts/sections of those Notes for Guidance Paper(s) were used
- URLs of webpages and/or other sources (e.g. the website of the Australian Institute of Health and Welfare).
- Individual cost breakdown calculations should be included in the "Comments" field.

Recording prejudice to access information

Where an applicant is found not to meet the health requirement on prejudice to access grounds the MOC will be required to list any relevant services (i.e. those which will likely result in use of services which are listed as prejudice to access). If the prejudice to access also meets the significant cost threshold, this costing advice should also be entered in HAP. Using the Health Assessment Portal (HAP)

To assist you in using HAP to record your MOC Opinions, refer to the 'HAP User Guide for MOCs', which has been provided to the MMSP and is available on Bordernet for Home Affairs MOCs.

Managing new information received after a MOC opinion has been provided

If visa applicants do not meet the health requirement, they are invited by the department to submit additional health information for reconsideration. This is part of the "Natural Justice" process.

Non-medical information is provided

In response to advice that they have not met the health requirement, visa applicants may provide **non-medical** information that is **not** relevant to the MOC opinion that they do not meet the health requirement (e.g. letters of support that raise compassionate circumstances that they want the MOC or Department to take into account).

Visa officers are asked to manage this information as MOC involvement is not required. As a result, if this information is provided to a MOC, it should not be actioned by the MOC. Instead, the MOC or an administrative officer on their behalf should email [s. 47E\(d\)](#) asking the helpdesk to:

- reverse the newly generated assessment in HAP (a new assessment is not required as explained above)
- advise the visa officer that this has been done because the new information provided is not of a medical nature and is not something that the MOC can consider.

Medical information is provided

Where an applicant does provide additional medical information prior to a decision on their visa application (e.g. a more recent specialist report), a visa officer should create a new assessment directly in the HAP and attach any relevant medical information provided by the applicant.

The MOC must then consider this information and provide a new assessment in HAP (i.e. a new MOC opinion), even if the additional medical information does not change the outcome, or the additional medical information is in fact not new. If this new MOC opinion is not provided any subsequent visa decision may be affected by jurisdictional error (this is a term used to describe visa decisions that involved a legal error).

When recording in HAP which information has been considered in providing a subsequent opinion, it is recommended that the following text also be added:

This opinion follows the receipt of additional medical information from the visa applicant subsequent to the earlier opinion of DD/MM/YYYY. The previous opinion should be disregarded for the purpose of visa decision, as this current opinion is based on the most up-to-date medical information available.

Where a MOC provides a Meets opinion in contrast to a previous DNM assessment, additional comments must be added by a MOC in HAP in the 'Other Identified Issues' field (in Assessment Settings) explaining the reasons why the applicant is now able to meet the health requirement (e.g. because they have undergone surgery, purchased a cochlear implant, are now in remission). The below is an example of text that could be considered:

This applicant's condition has significantly improved since the previous assessment /OR/ the medical information indicates that the applicant's condition is less severe than determined in the previous assessment (whichever applies).

This opinion follows the receipt of additional medical information from the visa applicant subsequent to the earlier opinion of DD/MM/YYYY. The previous opinion should be disregarded for the purpose of the visa decision, as this current opinion is based on the most up-to-date medical information available.

Note: Where a new "Does Not Meet" opinion is provided the applicant is provided with the opportunity to submit additional medical information. This is required in line with natural justice obligations. Consequently, this process may repeat, indefinitely until the visa application is finalised. Please note, however, that visa decisions are generally made in a timely fashion.

Assessing Public Health Risk

In some situations MOCs will be asked to provide an opinion about the public health risk ONLY. This generally occurs if the visa has been granted but the client has not entered Australia within the requisite period, or in DNM cases where waiver has been exercised but the health examinations have expired.

These examinations are age dependent and may include a 501 medical examination, 719 TB screening test, or, most commonly in adults, both a 501 medical and a 502 Chest X-ray examination.

MOCs need to provide an opinion about whether or not they consider the client to be a risk to public health (i.e. whether they have active TB), based, in the first instance, on the health examinations provided to them.

These health examinations are provided by panel members to the department by email (i.e. not using eMedical) then uploaded into HAP for MOC review.

If the MOC considers the client to be no risk to public health, then they should enter a note into HAP indicating "no public health risk". Further MOC opinion against the health requirement is not required.

If the CXR provided is abnormal, the MOC should review previous images and assess radiological stability. If there are new findings, then the following is advised:

1. request a medical examination by a panel physician specifically addressing clinical findings associated with TB
2. request a single sputum sample. This can be either a spot specimen, an early morning specimen the following day or an induced specimen (if appropriately labelled). The laboratory must perform smear testing (preferably auramine staining) and molecular testing (Xpert/MTB RIF or Hain GenoType MTBDR plus testing), if available, so as to identify any positive cases

If both smear and molecular tests are negative, it is not necessary to set up a culture.

3. if, following above, there are findings consistent with active TB (e.g. clinical findings or positive sputum tests) then formal request for additional information consistent with the standard 603 deferral is advised and communicated with the case officer ccs. 47E(d)

In children, if the 719 test is now positive (and was previously negative) then the child should proceed to CXR screening.

Further information can be found in the Health Procedural Instruction.

Part Four: Non-standard MOC assessments

It should be noted that there are other types of non-standard assessments that MOCs will be requested to provide, as outlined in the table below. MOCs should consult the relevant procedural instruction and/or available guidelines when completing such assessments if required.

Type of assessment	Form of assessment	Relevant guidelines
Health Status Assessments	Form 1389	PAM 3: Act: - Compliance and Case Resolution. Community Status Resolution Service, section 24.
Fitness to travel assessments	Form 1148	Health Procedural Instruction
Unfit to Depart assessments	Form 1148	MTV PAM?
Medical Treatment visas	IME forms used	MTV PAM?

Part Five: Other duty of care/clinical issues

Concerns regarding an applicant's ability to travel to Australia or fly home

In the course of an assessment, MOCs may be presented with an applicant who meets the health requirement despite having a significant disease or condition which raises significant clinical concerns about the applicant's ability to safely travel to Australia (e.g. untreated pneumothorax). In these cases, the jurisdictional requirement to assess against the PIC applies and the MOC should provide the appropriate assessment outcome as per usual process.

Duty of care for advising applicants of their medical findings lies with medical practitioners who have conducted the original examination (i.e. the panel physician or radiologist) not with MOCs. However, if it is considered important that the applicant is reminded of their health condition prior to safe travel, a comment for the visa officer should be added to the assessment requesting that they remind the applicant of the need to consult their own doctors prior to travel to ensure any urgent health need is addressed that might put the applicant's life in danger.

Part Six: MOC auditing responsibilities

Quality control, assurance and improvement are important parts of the Immigration Medical Examination process. MOC participation in auditing performance of panel members is mandatory and should be done routinely as part of the health case assessment.

If a performance issue is identified then this should be recorded using the HAP audit function. This information is used by Migration Health Branch to provide relevant feedback to panel physicians. Note that missed likely active TB should immediately be escalated to the Immigration Migration Health Branch, via email in addition to providing a MOC Audit Comment so timely intervention and/or follow up is instigated.

Panel audit issues are identified as critical, moderate or minor. Drop down boxes provide options to assist in categorisation and the following guide should be used:

3- Critical

- failure to identify a condition that would have prevented health clearance (i.e. active TB or known DNM cost or prejudice to access condition).
- Integrity - substitution or fraud

2 - Moderate

- failure to identify a (potentially significant) condition which would have required further investigation (defer) or follow-up (HU) (e.g. opacity in lung field, absent breast, hepatitis B)
- integrity - identity not confirmed as per Instructions

1 - Minor

- administrative oversights or omissions
- lack of adherence to instructions (e.g. unnecessary blood tests)
- failings in x-ray quality
- grading errors

MOCs must provide enough detail in the comments as to the specific error. For example if lack of adherence to instructions they must specify exactly what was not adhered to.

Attachment A – MOC Opinion Examples

The following three MOC Opinions provide an example of the formal decision record of the MOC opinion and will be created electronically as a PDF document and stored in TRIM. The relevant TRIM reference will be in the HAP. They have been provided so that MOCs can see how the information provided in HAP is used by the system to generate the 884 opinion which is provided to the visa applicant.

I. FORM 884: OPINION OF A MEDICAL OFFICER OF THE COMMONWEALTH THE APPLICANT DOES NOT MEET THE HEALTH REQUIREMENT

An undertaking is required if the health requirement is waived

s. 47F(1)

Name of Applicant: Applicant One

s. 47F(1)

s. 47F(1)

s. 47F(1)

Visa Subclass: 309

The applicant has been assessed against Public Interest Criterion (PIC) 4007 [see attached extract] for a permanent stay in Australia.

The applicant does not satisfy paragraphs PIC 4007(1)(c)(ii)(A) and 4007(1)(c)(ii)(B) in Schedule 4 to the Migration Regulations.

The applicant is a 36 year old person with:

- Asymptomatic HIV infection

[If you entered any additional comments about this condition in HAP they will appear here]. This condition is likely to be Permanent.

I consider that a hypothetical person with this disease or condition, at the same severity as the applicant, would be likely to require health care and/or community services during the period specified above.

These services would be likely to include:

- Medical services
- Pharmaceutical

Provision of these health care and/or community services would be likely to result in a significant cost to the Australian community in the areas of health care and /or community services, or prejudice the access of an Australian citizen or permanent resident to health care or community services.

In preparing this opinion, I have had regard to the information available to date concerning the applicant, including, but not limited to the Immigration Medical Examination dated 5 May 2016, and a specialist report from Dr Smith, dated 25 May 2016.

Medical Officer of the Commonwealth

Position Number: 1234

A Medical Officer of the Commonwealth for the purposes of providing an opinion on whether prescribed health criteria under the Migration Regulations 1994 are met.

Department of Home Affairs

- II. If a health waiver is available, a "Health Waiver Information Letter" will also be auto created. This information will advise the delegate of the estimated health costs, as well as advice about any prejudice to access.

HEALTH WAIVER INFORMATION

s. 47F(1)

Name of Applicant: Applicant One

s. 47F(1)

s. 47F(1)

s. 47F(1)

Visa Subclass: 309

On 15/11/2011, I assessed the above named applicant as not meeting the health requirement. The information below is provided, in conjunction with the Form 884 "Does Not Meet" opinion, for the purpose of considering a waiver of paragraph 4007(1)(c) at Schedule 4 to the Migration Regulations.

Public Health / Danger to the Community

In my opinion, on the basis of the available medical evidence, the applicant satisfies the requirements of paragraphs 4007(1)(a) and 4007(1)(b) in Schedule 4 to the Migration Regulations.

That is, I am satisfied that the applicant is:

- (a) free from tuberculosis; and
- (b) free from a disease or condition that is, or may result in the applicant being, a threat to public health in Australia or a danger to the Australian community

Likely cost to the Australian Community

In my opinion, the estimated cost to the Australian Community of the services identified in the 884 is likely to be:

- Medical Services \$30,000
- Pharmaceuticals \$200,000
- Total cost \$230,000

Likely Prejudice to Access

In my opinion, granting a visa to the above applicant for the assessed period of stay would be likely to prejudice the access of an Australian citizen or permanent resident to health care or community services.

Position Number: 1234

A Medical Officer of the Commonwealth for the purposes of providing an opinion on whether prescribed health criteria under the Migration Regulations are met.

III. FORM 884: OPINION OF A MEDICAL OFFICER OF THE COMMONWEALTH THE APPLICANT DOES NOT MEET THE HEALTH REQUIREMENT

s. 47F(1)

Visa Sub Class: 309

The applicant has been assessed against Public Interest Criterion (PIC) 4007 [see attached extract] for the period of 4 years.

The applicant does not satisfy paragraphs PIC4007(1)(a) and 4007(1)(b) in Schedule 4 to the Migration Regulations.

I am not satisfied that the applicant is free from tuberculosis, or from a disease or condition that is, or may result in them being a threat to public health in Australia or a danger to the Australian community.

The applicant is a 36 year old person with:

- Tuberculosis

[If you entered any additional comments about this condition in HAP they will appear here].

In preparing this opinion, I have had regard to the information available to date concerning the applicant, including, but not limited to Immigration Medical Examination dated XXYYYY2016, and the report from the specialist Dr XXXX, dated YYYY.

Medical Officer of the Commonwealth

Position Number: 1234

A Medical Officer of the Commonwealth for the purposes of providing an opinion on whether prescribed health criteria under the Migration Regulations 1994 are met.

Department of Home Affairs

Attachment B – Drug Resistant TB case identified in visa health screening

DRUG RESISTANT TB CASE IDENTIFIED IN VISA HEALTH SCREENING

CLIENT SUMMARY

Age:	HAP ID:
Gender:	Visa Class:
Nationality:	
Case summary:	

REFERRAL REASON

We would appreciate the Expert Medical Panel's advice in respect of the following:

1. Does the Expert Medical Panel consider this treatment is adequate in view of the management outlined below?
2. What recurrence free period would the Expert Medical Panel advise is sufficient that would give confidence that this client is free of TB

INITIAL DIAGNOSIS – CURRENT EPISODE

Clinical Findings:

Initial Chest X-Ray

Findings: Initial Sputum

Test Results: HIV Status

(if known):

Treatment Regimen:

SUMMARY OF PROGRESS

Clinical Progress:

Sputum Test, Smears, Culture - Date & Results:

Chest X-Ray Date & Results (with respect to stability):

POST TREATMENT FINDINGS

--

OTHER COMMENTS

--

RESPONSE FROM EMP

--

DATE

Bupa Completion	
EMP Advice	
MOC to Bupa	



For Official Use Only

HAP - Health Assessment processes

This tip sheet is designed to assist visa processing officers (VPO) with the system processes that are involved in viewing and understanding the progression of a health case. It will also explain other functions that are available in HAP - Health Assessment to visa officers after the applicant has completed their health.

There are also a number of other tip sheets regarding health related processes available on the intranet at: <https://intranet.bcz.gov.au/border-ops/processing/visa/health/processing-guidelines-visa-officers>

Migration Medical Services Provider (MMSP) Communication protocols

Our MMSP is Bupa Medical Visa Services (Bupa). If you require assistance to progress an assessment of a health case, please use the agreed communication protocols noted on the intranet.

<https://intranet.bcz.gov.au/border-ops/processing/visa/health/migration-medical-services-provider-communication-protocols>

CSP Merge

Note: If you are required to complete a client merge, instructions are available via the below TRIM links. If you require an urgent merge, please ensure you set the priority accordingly.

- ADD2015/382336 - Requesting a client merge using the Client Search Portal (CSP)
- ADD2015/382356 - Requesting a client merge using the Client Search Portal (CSP), if PIDs already merged in TRIPS

Contents

Glossary	2
How do I access HAP - Health Assessments?	3
How do I search for a health case	4
I have found the case but I don't know what I am looking for?	4
Health Case Details	5
Health Case History	5
Current Health Case	6
Health Summary Panel	7
Can you explain the terms used in HAP – Health Assessments?	8
What does the action panel allow me to do?	11
How can I tell why a health case failed auto clearance?	11
How do I find all the health correspondence that has been generated for the HAP ID?	12
Waiver processes in HAP – Health Assessments	12
How do I upload extra attachments into HAP – Health Assessments?	13
How do I extend the validity of an applicant's health clearance?	14

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

Health Undertakings	16
Recording the 815 Health Undertaking Form in HAP	17
How do I create a New Assessment ?	19
1. Request a new assessment against a different regulation	19
2. Organise for the applicant to complete repeat health examinations	20
3. Request a new assessment based on additional medical information being received	21
4. Request a new assessment for a different assessment period	23
5. Request a new assessment as the applicant intends to study/work in health care	24
When do I need to seek assistance to create a new assessment?	24
How can I find out if an applicant has declared pregnancy at the time of IME?	25
How can I find an applicant's polio vaccination status?	26
How do I record Hepatitis B paper results?	27

Glossary

Term	Acronym (if applicable)	Definition
Department of Home Affairs	Home Affairs	A department of the Government of Australia that is responsible for immigration, citizenship and border control.
Does not meet	DNM	The applicant has not met the health requirement and a visa cannot be granted unless a health waiver is available and exercised.
Health Assessment Portal	HAP	A departmental system that allows officers to record applicant health declaration data, determine what immigration medical examinations applicants are required to undertake, and generate health identifiers and documentation.
Health Care Worker/Student	HCW/HCS	An applicant intending to work as, or study to be, a doctor, dentist, and nurse or ambulance paramedic in a health care environment.
Integrated Client Services Environment	ICSE	A departmental visa processing system that provides support for the processing and evidencing of citizenship applications as well as other onshore visa processing tasks.
Immigration Records Information System	IRIS	A departmental visa processing system used primarily to support the processing of visa applications offshore. Used to be the primary offshore visa processing system.
Immigration Medical Examinations	IME	The medical examinations required to determine whether a visa applicant satisfies the health requirement.
Medical Officer of the Commonwealth	MOC	Registered medical practitioner appointed by the Department of Home Affairs . They may work directly for the Department, or be employed by the Migration Medical Services Provider.
Migration Medical Services Provider	MMSP	The Department's contracted onshore MMSP. The current provider is Bupa Medical Visa Services (Bupa).
State and Territory Health Clinic	STHC	The designated authority within that state or territory that deals with the comprehensive investigation, management, treatment and reporting of a specific health condition.

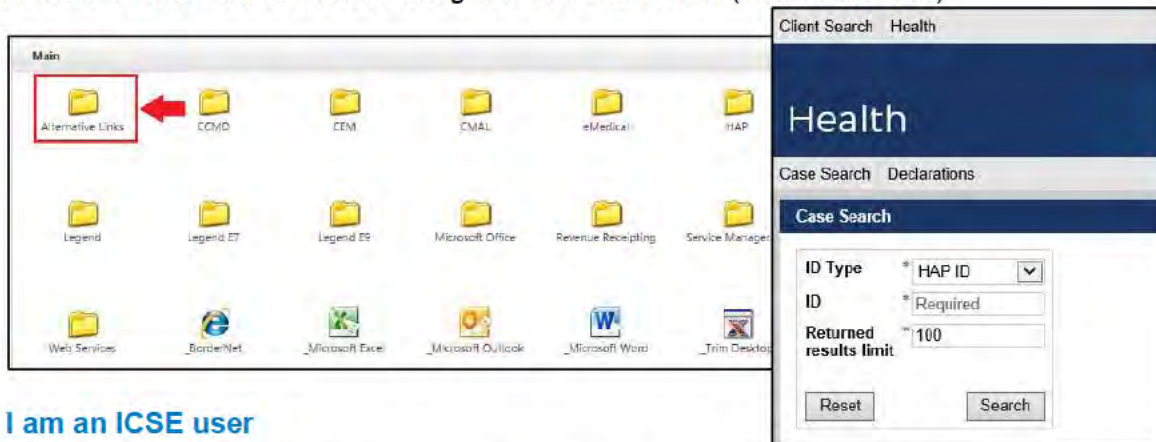
For Official Use Only

For Official Use Only

How do I access HAP - Health Assessments?

I am an IRIS/CITRIX user

Offshore IRIS/CITRIX users need to logon to HAP via CITRIX (Alternative Links).

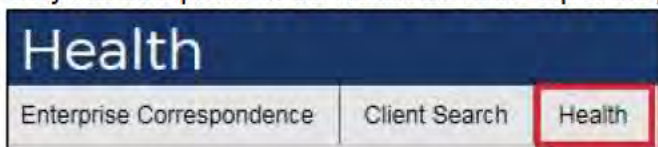


I am an ICSE user

VPOs need to select **Health Assessment** under Quick links on the intranet home page. You can manage your preferences by selecting "Manage" to display the most used portals. Alternatively, if this does not appear you should select **Client Search**.



They can then press on the Health tab at the top of the portal screen.



The HAP - Health Assessment can also be accessed by selecting the blue hyperlink [HAP](#) when a HAP ID is associated to a visa applicant on their visa application in ICSE.

For Official Use Only

For Official Use Only

How do I search for a health case

1. Open the **Case Search** screen in HAP
2. Select ID Type, the relevant IDs are **HAP ID**, **Visa Request ID** or **TRN** and type in the unique identifier
3. Press **Search**.

The case you are looking for will appear with the Current Health Case open by default.

I have found the case but I don't know what I am looking for?

The panel on the left of the page contains summary information, which will assist you to understand the current status of the health case. You can use the “twisty” (these are arrows) to expand the screen to see more details of the health case.

See below for further details.

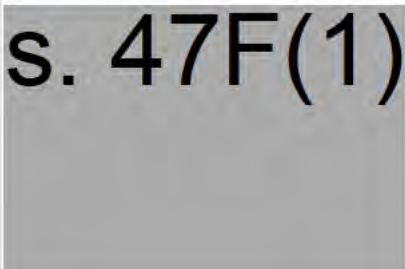

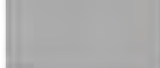
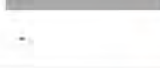


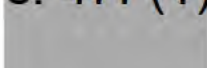
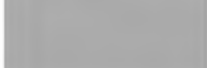

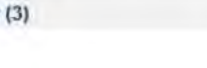
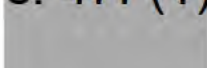
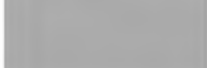

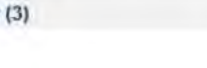
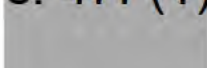
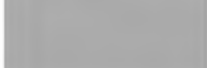

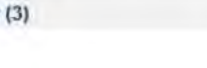
For Official Use Only

For Official Use Only

Health Case Details

This section displays important information in relation to the health case and its creation.

Health Case Details

Client Personal Details 		System Reference HAP ID: s. 47F(1) Related HAP ID(s):  TRN:  HRI:  Visa Request ID:  ELMA Case ID:  IRIS Schedule: -		Other system identifiers associated to this HAP ID																											
Health Case Details <table border="1"> <tr><td>Source system</td><td>eVisa</td></tr> <tr><td>Case Created</td><td>19 Jul 2017</td></tr> <tr><td>Batch number</td><td>-</td></tr> <tr><td>Process Type</td><td>Electronic</td></tr> <tr><td>Priority</td><td>Normal</td></tr> <tr><td>Health case type</td><td>Offshore</td></tr> <tr><td>TB risk Level</td><td>Higher</td></tr> </table>		Source system	eVisa		Case Created	19 Jul 2017	Batch number	-	Process Type	Electronic	Priority	Normal	Health case type	Offshore	TB risk Level	Higher	Visa Details <table border="1"> <tr><td>Processing Centre</td><td>-</td></tr> <tr><td>Subclass/type</td><td>485 - Temporary Graduate</td></tr> <tr><td>Stream</td><td>34 - Post-Study Work</td></tr> <tr><td>Assessment Period</td><td>4 years</td></tr> <tr><td>Visa status</td><td>-</td></tr> <tr><td>Intended length of Stay</td><td>48 month(s)</td></tr> <tr><td>Cumulative stay in Australia</td><td>597 day(s)</td></tr> </table>		Processing Centre	-	Subclass/type	485 - Temporary Graduate	Stream	34 - Post-Study Work	Assessment Period	4 years	Visa status	-	Intended length of Stay	48 month(s)	Cumulative stay in Australia
Source system	eVisa																														
Case Created	19 Jul 2017																														
Batch number	-																														
Process Type	Electronic																														
Priority	Normal																														
Health case type	Offshore																														
TB risk Level	Higher																														
Processing Centre	-																														
Subclass/type	485 - Temporary Graduate																														
Stream	34 - Post-Study Work																														
Assessment Period	4 years																														
Visa status	-																														
Intended length of Stay	48 month(s)																														
Cumulative stay in Australia	597 day(s)																														
Travel Document Details <table border="1"> <tr><td>Passport number</td><td>s. 47F(1)</td></tr> <tr><td>Travel Doc ID</td><td></td></tr> <tr><td>Issuing country</td><td></td></tr> <tr><td>Issue date</td><td></td></tr> <tr><td>Expiry date</td><td></td></tr> </table>		Passport number	s. 47F(1)	Travel Doc ID		Issuing country		Issue date		Expiry date		System Links <table border="1"> <tr><td>TRIM Communications</td><td>BCC2017/2571679</td></tr> <tr><td>TRIM - Paper medicals box</td><td>-</td></tr> <tr><td>TRIM - Film x-rays box</td><td>-</td></tr> <tr><td>Movement History</td><td>Portal Link</td></tr> <tr><td>CMAL</td><td>Portal Link</td></tr> </table>			TRIM Communications	BCC2017/2571679	TRIM - Paper medicals box	-	TRIM - Film x-rays box	-	Movement History	Portal Link	CMAL	Portal Link							
Passport number	s. 47F(1)																														
Travel Doc ID																															
Issuing country																															
Issue date																															
Expiry date																															
TRIM Communications	BCC2017/2571679																														
TRIM - Paper medicals box	-																														
TRIM - Film x-rays box	-																														
Movement History	Portal Link																														
CMAL	Portal Link																														

Health Case History (3)

Health Case History

This section will display any health cases that are related to the client. You can click on the HAP ID hyperlink to take you directly to that health case.

Health Case History (3)

s. 47F(1)	Expires	Actioned By	Outcome	Subclass	View
	-	-	-	417	Q
	-	HAPLOAD	-	600	Q
	-	Iadmin Four	Does Not Meet	457	Q

For Official Use Only

Current Health Case

This section displays important information in relation to the examinations, attachments and assessment of the visa applicant's health case.

Current Health Case							
Client Checks							
Is this Health Case linked to a Visa application?	Yes	This examination section displays details of the examinations undertaken by the visa applicant. You can also view the information recorded for this exam by clicking on the magnifying glass					
Does the client have a previous Does Not Meet opinion?	Yes						
Does the client have Identity concerns?	No						
Examinations							
Examinations	Status	Exam. Date	Service Provider	Grade	Source	Re-used from	View
Chest X-ray Examination	Expired	12 Feb 2015	Mr Radiologist TESTING Central Health Testing Clinic	-	eMedical	-	
Current Assessment							
s. 47F(1)							
Previous Assessment							
No Previous Health Assessments							
Assess ID	Assessed	Expires	Actioned By	Centre	Outcome	View	
Attachments							
Filename	View	Result	Delivery	Arrived	Details	Associated exam	Date Attached
Glasgow0192 dcm	View	Uploaded		Yes		502 - Chest X-ray Examination	12 Feb 2015

For Official Use Only

Health Summary Panel

The side panel of a health case in the HAP is the best place to start as this displays comprehensive details of the health case. See below for an explanation of the different fields displayed in this panel.

The diagram illustrates the Health Summary Panel with the following fields and their descriptions:

- s. 47F(1)**: The applicant's **health case** or HAP ID appears at the top of the side panel. For eMedical cases, the digital photo taken by the panel clinic will appear, with the applicant's bio-data below the photograph.
- IME Summary**:
 - Status**: Finalised
 - Clearance expires**: 12 Sep 2018
 The **IME Summary** will provide an overview of the status of the health case (e.g. outstanding or finalised). If the case is in progress, then the next step and who is required to action will display. If the status is finalised, the clearance expiry date will also display.
- Health Alerts**:
 - Identity concern raised**: ●●●
 - Previous DNM**: ●●●
 The **Health Alerts** field will only appear if there any identity concerns has been raised by the panel clinic and/or if there a previous DNM opinion for this visa applicant.
- Type**:
 - 417 - WORKING HOLIDAY**
 - Assessment**
 - Temporary (1 yr)**
 The **Type** field will display the visa subclass and the clearance type (Permanent or temporary). The assessment period will also be displayed for a temporary clearance.
- Assessment Status**:
 - Meets 12 Sep 2017**
 The **Assessment Status** field will display the status of the health case and when the assessment was finalised (i.e. in this case a 'Meets' outcome was given on the 12 Sep 2017). *Note: see below for a full list of status terms used in HAP*

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

For Official Use Only

Can you explain the terms used in HAP – Health Assessments?

Value	Meaning
Assessment Status	
New	This is the default setting for this field. It essentially means that there is no indication that medicals have been started and/or been received for this applicant.
Pre Exam	An eMedical clinic has searched for and managed this applicant's health case. It is now in their inbox for processing.
Exams in Progress	An eMedical clinic has completed the preliminary administrative steps within eMedical for the applicant's health case (e.g. uploaded photo and checked identity) and has now started to process at least one exam for the applicant (e.g. Chest X-ray).
Auto Clear Denied	Health case has already been completed and submitted, but the case has failed auto clearance rules in HAP – Health Assessments. These cases can be processed by MMSP administrative staff or will be referred to a MOC.
On hold admin	A MMSP health-processing officer has put this case on hold.
Sent to MOC	Case has been referred to a MOC for an assessment.
On hold MOC	This case has been put on hold by a MOC.
Awaiting application	For cases, which have been front-end, loaded, a MOC will not proceed to make an opinion as to whether or not the person meets the health requirement until a valid visa application is lodged.
Application Received	An application has subsequently been lodged and linked to the health case previously "Awaiting Application" and contains 'Paper' exams and awaiting MMSP health processing officer action.
Awaiting Assessment	A health case has a paper component and examinations are being re-used, the MMSP health processing officers will retrieve the paper files and complete the assessment.
Not required	HAP has determined that no health examinations are required for the applicant - given their circumstances/declarations at the time.
Sent for Processing Onshore	An offshore user (e.g. VPO at Post), has indicated that the case is not eligible for 'local clearance' and as such, has been "Sent for health processing onshore", to be assessed by a MOC.
Defer	More information, such as a specialist report or further tests, is needed before the MOC can provide an opinion.
SMOC Review	A MOC has provided a Does not Meet Opinion and the case is now with a Senior MOC (SMOC) for review.
Does Not Meet	The applicant has not met the health requirement and a visa cannot be granted unless a health waiver is available and exercised.
Return to MOC	A Senior MOC has sent a Does Not Meet opinion back to the MOC to re-consider.
Compactus Defer or Compactus	This case has been deferred and paper examinations have been filed in the compactus, pending receipt of additional medical information.
Auto Cleared	The health case has passed auto clearance rules and has automatically been finalised.
Recommend Cleared	The MMSP health processing staff have not identified any health concerns, and recommend the health case be cleared.
Locally Cleared	A VPO has made a decision that the applicant meets the health requirement in line with Local Clearance guidelines
Deferred	More information, such as a specialist report or further tests, is needed before the MOC can provide an opinion.

For Official Use Only

For Official Use Only

Value	Meaning
Referred to Clinic	Onshore health cases Deferred for additional 600 series examinations are referred to State and Territory Health Clinics (STHCs) to be completed.
Meets	A MOC has determined the applicant has met the health requirement.
Meets with Comments	A MOC has determined the applicant has met the health requirement and sent comments for the VPO.
Meets with Undertaking	A MOC has determined the applicant has met the health requirement subject to the applicant providing the VPO with a signed 815 undertaking form.
Does Not Meet	A MOC has determined the applicant has not met the health requirement.
No Clearance Required (NCR)	A MOC has indicated that an applicant is not a threat to public health.
NCR with Undertaking	A MOC has indicated that an applicant must sign an 815 undertaking form due to potential public health issues.
NCR – Auto	The health case has passed auto clearance rules and has been automatically finalised.
NCR– Admin	The MMSP health processing staff have not identified any public health concerns, and recommend the health case be cleared.
NCR – VPO	The VPO has not identified any public health concerns, and recommends the health case be cleared.
Health not completed	This health case has been closed because the applicant did not complete their health examinations or the case was created in error.
Waiver Status	
Waiver Must Be Considered	A MOC had determined the applicant did not meet the health requirement and a health waiver is available and must be considered.
Sent to Immigration Health	A VPO has uploaded a health waiver submission into HAP – Health Assessments and sent to Immigration Health for a recommendation on whether a health waiver is supported or not.
Waiver Supported	Immigration Health has recorded their recommendation indicating that a health waiver is supported.
Waiver not supported	Immigration Health has recorded their recommendation indicating that a health waiver is not supported.
Waived	A VPO has recorded the delegate's decision to waive the health requirement.
Not Waived	A VPO has recorded the delegate's decision not to waive the health requirement.
AAT Remit	A VPO has recorded the AAT direction that the applicant meets the health requirement in HAP – Health Assessments.
Undertaking Status	
Required	The applicant is required to sign an 815 health undertaking form.
Form sent	The applicant has been sent the 815 health undertaking form.
Form received	A completed and signed 815 health undertaking form has been received by Home Affairs from the applicant.
Arrived	The visa holder on a health undertaking has now arrived in Australia.
Primary non - compliant	Visa holder who has failed to contact the Health Undertakings Service (HUS) within 28 days of arriving in Australia as required.
Interim compliant	Visa holder called HUS but could not be allocated to a clinic as they were departing Australia shortly.
Interim non compliant	Visa holder who advised HUS they could not attend a clinic due to an imminent departure from Australia, but failed to depart as advised. Case now requires further management.
Primary Non - Compliant - Uncontactable	The visa holder failed to contact HUS and HUS have been unable to contact the visa holder despite attempts to do so on at least 3 occasions.

For Official Use Only

For Official Use Only

Value	Meaning
Allocated to clinic	Visa holder has been referred to a clinic and no outcome has been recorded yet.
Appointment Attended	Visa holder has attended an appointment but is yet to be discharged. Visa holders are not considered Compliant with their Health Undertaking until they have been discharged from a State/Territory Clinic.
Clinic follow up required	Visa holder has failed to advise Home Affairs whether they attended their appointment.
Departed	Visa holder was allocated to a clinic but then departed Australia.
Compliant	Visa holder has complied with their health undertaking obligation.
Secondary noncompliant	Visa holder has been recorded as failing to attend their clinic appointment, but Home Affairs has not yet recorded as "non-compliant".
Non-compliant	Visa holder who Home Affairs has recorded in HAP- Health Assessments as "non-compliant" and need to be sent a non-compliance letter and placed on MAL.
Inactive	The visa holder has been given a subsequent MOC opinion that has superseded the health undertaking.
Undertaking Administratively Closed	Visa holder is no longer required to comply with their Undertaking as: <ul style="list-style-type: none"> • new medical information has been received and a new MOC opinion will be provided; • visa holder has received a subsequent 'unconditional' health clearance; • Visa holder has since become an Australian citizen.

Departure Health Check (DHC) Advice

* This applies to all 200 subclasses except subclass 202.

Cleared to travel	DHC has been completed and the visa holder is fit to travel without any special arrangements.
Cleared to travel with Escort	DHC has been completed and the visa holder is cleared to travel with an Escort. Note: This only applies to subclass 202 visa holders in which case the Escort costs are the responsibility of the sponsor and a MOC/ Home Affairs financial delegate is not required to consider the escort request. The sponsor's approval needs to be obtained before the DHC is finalised with this outcome.
* Escort Requested	DHC provider identifies the need for an Escort and request Home Affairs consideration and approval. Note: This is not a final outcome.
* Escort clinically supported and approved	MOC supports the Escort on clinical grounds and the financial delegate has approved this. Note: The escort request requires clinical support of a MOC and approval of a Home Affairs financial delegate for the Escort travel costs.
* Escort clinically not supported	A MOC does not support the need for an Escort on the basis that an Escort is not necessary i.e. travel should proceed without Escort.
* Escort Not Approved	The financial delegate does not approve request for an Escort (clinically supported).
Travel deferred - MOC	The MOC does not support travel. The visa holder's condition may require stabilisation before future travel.
Travel deferred - Clinic	DHC provider decides not to proceed with the planned travel based on the visa holder's condition.
DHC Not Completed	DHC provider is unable to complete the DHC for any number of reasons.

For Official Use Only

For Official Use Only

What does the action panel allow me to do?

- Create a [New assessment](#) on the health case
- [Manage health case](#) to allow access to other functions such as:
 - [extend health clearance validity](#)
 - [recording paper medical results](#)
 - [Uploading of any health related attachments](#)
- View action history – This allows you to audit the health case and see what has happened at various steps of the process.

Action

☐ No action chosen
☐ New assessment
☒ Manage health case
☐ View Action History

Confirm

How can I tell why a health case failed auto clearance?

VPO's have the ability to view in HAP – Health Assessments why a health case has failed the HAP's auto clearance rules. This information can be found under Auto-clear failed details under the Current health case information. **Note:** Health cases with an assessment status of 'Auto clear denied' or 'Sent to MOC' require assessment by a person and are not finalised outcomes.

Current Health Case

Client Checks

Is this Health Case linked to a Visa application?	Yes
Does the client have a previous Does Not Meet opinion?	No
Does the client have Identity concerns?	No

Auto-clear failed details

- Rule Id 10020 - Medical Exam - Abnormal, Present or Yes value detected.
- Rule Id 10036 - Health Case has Expired Exams.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

For Official Use Only

How do I find all the health correspondence that has been generated for the HAP ID?

Correspondence generated during the process of a health case assessment may include any 884 MOC opinion correspondence generated for the applicant, including Waiver regulations.

The System Links panel within the Health Case Details section will let you know the TRIM container that has been used to store any health related correspondence and health case attachments, including blood reports and x-rays

s. 47F(1)

Health Case Details	
Client Personal Details	
Title	
Family Name	s. 47F(1)
Given Name/s	
Sex	
Date of Birth	
Preferred language	
Interpreter required	-
Advised departure	-
Health Case Details	
Source system	ICSE
Case Created	15 Sep 2017
Batch number	-
Process Type	Electronic
Priority	Normal
Health case type	Cinshore
TB risk Level	Higher
System Reference	
s. 47F(1)	
Visa Details	
Processing Centre	-
Subclass/type	417 - WORKING HOLIDAY
Stream	-
Assessment Period	1 year
Visa status	-
Intended length of Stay	12 month(s)
Cumulative stay in Australia	-
System Links	
TRIM Communications	BCC2017/41362
TRIM - Paper medicals box	-
TRIM - Film x-rays box	-
Movement History	Portal Link
CMAL	Portal Link

Health Alerts

Previous DNM ***

Type

417 - WORKING HOLIDAY
Assessment
Temporary (1 yr)

Assessment Status

Meets 15 Sep 2017

Travel Document Details

Passport number -

Travel Doc ID -

Issuing country -

Issue date -

Expiry date -

Waiver processes in HAP – Health Assessments

Where a MOC has provided a Does Not Meet outcome on a health case, and a health waiver is available, VPO's at the EL1 or above level must give careful consideration as to whether a health waiver should be exercised. VPO's are required to prepare the relevant health waiver submission template to document and record their decision. All health waiver submissions must be attached in HAP – Health Assessments for reporting purposes. For detailed instructions on processing a health waiver in the HAP, refer to the [Managing health waivers](#) tip sheet on the intranet.

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

For Official Use Only

How do I upload extra attachments into HAP – Health Assessments?

To upload any additional health related attachments onto the health case, you will need to:

1. Search for the health case in Health Assessments
2. Select **Manage Health Case** in the Action panel and press the **Confirm** button.
3. Scroll to the bottom of the health case.
4. Click **'Add attachment'**

Attachments

No attachments on this health case

Delete	Filename	View	Result	Delivery	Arrived	Details	Associated exam	Date Attached	Edit
<div> Add attachment Add exam result </div>									

5. Fill in the **Details** of the attachment, **Browse** your computer for the file and press **Ok**

Add attachment

Delivery: Uploaded

Details: Additional medical report

File name: *\\DIN.BCZ.GOV.AU\USE Browse...

Buttons: Cancel, Ok

6. The attachment will display successfully attached to the health case under the **Attachments** panel.

Attachments

Delete	Filename	View	Result	Delivery	Details	Associated exam	Date Attached	Edit
	Additional medical report.pdf		Uploaded		: Additional medical report		17 Nov 2020	

Buttons: Add attachment, Add exam result

For Official Use Only

For Official Use Only

How do I extend the validity of an applicant's health clearance?

In line with the Health Requirement Procedural Instruction, VPO's can, in certain situations, extend the validity of an applicant's health clearance. VPO's should only extend a health clearance in exceptional circumstances and after careful consideration of health policy, and should not just provide an extension automatically. VPO must use the functionality in HAP – Health Assessments to extend the validity of an applicant's health clearance. If extension of a health clearance is available under policy, however the VPO is unable to provide the extension in HAP – Health Assessments, VPO's should contact s. 47E(d) to investigate.

1. Search for the health case in HAP - Health Assessments
2. Select **Manage Health Case** in the Action panel and press the confirm button.
3. Scroll to the bottom of the health case.
4. Press the **Extend** button next to current assessment.

Current Health Case

Client Checks

Is this Health Case linked to a Visa application? No

Does the client have a previous Does Not Meet opinion? Yes

Does the client have Identity concerns? No

Examinations

Examinations	Status	Exam. Date	Service Provider	Grade	Source	Re-used from	Audit	View
Medical Examination	Expired	13 Oct 2014	Mr Doctor TESTING Central Health Testing Clinic	A Grade	eMedical	149971	Audit	Q
Chest X-ray Examination	Expired	13 Oct 2014	Mr Radiologist TESTING Central Health Testing Clinic	A Grade	eMedical	149971	Audit	Q

Current Assessment

Expires	Actioned By	Centre	Outcome	View
s. 47F(1) 13 OCT 2015	HAPLOAD	Australian Service Provider	ACLR(4005)	Q Extend

Previous Assessment

No Previous Health Assessments

The *Extend Assessment Expiry* window will appear.

5. The Assessment Expiry Date will automatically default to an additional 6 months when you complete the process and you must select one of the two assessment extension reasons listed below.

Note: Details are required if you are selecting compelling and compassionate reasons for the extension reason.

Extend Assessment Expiry

Assessment Current Expiry Date: 13 Oct 2015

Assessment Extension Reason: **Compelling or compassionate reasons**

Details:

Cancel Ok

6. Press the **OK** button. The expiry date on the current assessment will now have been updated + 6 months to reflect the extension that you have just actioned.

For Official Use Only

For Official Use Only

s. 47F(1)

Current Health Case

Client Checks

Is this Health Case linked to a Visa application? Yes

Does the client have a previous Does Not Meet opinion? Yes

Does the client have Identity concerns? No

Examinations

Examinations	Status	Exam. Date	Service Provider	Grade	Source	Re-used from	View
Medical Examination	Expired	13 Oct 2014	Mr Doctor TESTING Central Health Testing Clinic	A Grade	eMedical	149971	q
Chest X-ray Examination	Expired	13 Oct 2014	Mr Radiologist TESTING Central Health Testing Clinic	A Grade	eMedical	149971	q

Current Assessment

Expiry	Actioned By	Centre	Outcome	View
s. 47F(1) Expires 13 APR 2016	HAPLOAD	Australian Service Provider	ACLR(4005)	q

IME Summary

Status
Finalised

Clearance expires
13 Apr 2016

Health Alerts

Previous DNM ***

Type

417 - WORKING HOLIDAY
Assessment
Temporary (1 yr)

Assessment Status

Auto Cleared 13 Oct 2014

An updated expiry date will also be sent to CSP and the visa processing system:

- In ICSE - a new event will be added reflecting the new expiry date

s. 47E(d)

- In IRIS - the expiry date will simply be updated (i.e. overridden) with the new expiry date

Additional HAP Information

HAP Outcome: T - Auto Cleared System: E

Health Asmt Expiry: 05-FEB-15 ID Concerns: N MOC Comments: N

Waiverable: Undertaking:

F1	F2	F3	F4	F5	F6	F7	F8	F9	F10	F11	F12	SEND
INFO				MARK		PGUP	PGDN	SCHED		HELP	EXIT	HAP
HWVR	UNDR			ORIDE				REQ		HELPS		

Note: HAP – Health Assessments will also display the following information on the 'View Previous Assessment' window:

- Extension reason
- Name of the officer requesting the extension
- Date the extension was actioned
- The new expiry date

View Current Assessment

s. 47F(1)

Pre Exam

501 Medical Exam - Full Report

502 Chest X-Ray Exam - Full Report

Decision - Auto Cleared

Assessment History

New Assessment created

s. 47F(1)

Assessment Expiry extended

Extended by: VPOReadWrite Two

Date extended: 14-10-2015 12:34:43

Assessment Extension Reason: Delays in processing not caused by visa application

Details: Extended from 13 Oct 2015 to 13 Apr 2016 by VPOReadWrite Two (VPOReadWrite Two)

For Official Use Only

For Official Use Only

Health Undertakings

If a health undertaking is required, it will be displayed in the department's visa and health processing systems. It will also be indicated in the 'Form 884' MOC opinion that is generated.

Note: An undertaking is required for all *Meets with Undertakings* outcomes. Undertakings can also be requested for *Does Not Meet* opinions and *No Clearance Required* opinions. This will be displayed on the 884, but is also shown in the HAP – Health Assessments and in CSP under the 'Undertaking Required' field.

- In CSP: the *Undertaking Required* field will display **Yes**.

Source	Positive Declaration	Examinations Generated	Last Activity Date
HAP	No	No	12 Sep 2017
Expires	Assessment Type	Reduced Stay	Undertaking Required
12 Mar 2018	Temporary	No	Yes
Status Date			
12 Sep 2017			

- In HAP – Health Assessments: the status bar on the left of the screen will display **Required** in the Undertaking Status panel.

Undertaking Status

Required 12 Sep 2017

- In ICSE: A 'Follow up outstanding' event will display to remind the officer that they are required to record Health Undertaking details in HAP – Health Assessments.

Follow Up Outstanding

Reason: Record health undertakings details in HAP

Client Name (DOB, Sex): TEST, Client (15/04/1987, M)

Status: Unactioned

Status Date: 29/06/2016

Reversal Reason:

Information:

Event Detail:

Event: Client Followup Required

Qualifier: Record health undertakings details in HAP

By: HAPLOAD, HAPLOAD

At: Central Office

Original Qualifier: Record health undertakings details in HAP

On: 29/06/2016

- In IRIS:
- You will not be able to grant until all information is recorded in HAP – Health Assessments
- A 'C' code 'Meets with Undertaking' will display as in the health code field on the visa processing screen and in HAP – Health Assessments.
- More detailed information about the undertakings process can also be viewed by pressing F2 to access the Health Undertakings screen.

Additional HAP Information

HAP Outcome: C - MEETS WITH UNDERTAKING

Health Asmt Expiry: 11-08-2015

ID Concerns: Y

Waiverable: N

System:

MOC Comments:

Undertaking:

F1 INFO HWVR

F2 UNDR

F3

F4

F5 MARK ORIDE

F6

F7 PGUP

F8 PGDN

F9 SCHED REQ

F10

F11 HELP

F12 EXIT

SEN HAP

For Official Use Only

For Official Use Only

Recording the 815 Health Undertaking Form in HAP

VPO's need to ensure that the applicant is provided with a copy of 815 Health Undertaking form. Once the applicant has signed and returned the 815 Health uUndertaking form, VPOs will need to update HAP – Health Assessments with the following:

- Scanned/Signed copy of 815 form
- The date the 815 Health Undertaking form was sent
- The date the 815 Health Undertaking form was received
- Also, ensure ICSE/IRIS is updated with the most up to date contact information for the client – this will assist with the undertaking process onshore.

1. Search for the health case in Health Assessments
2. Select **Manage undertaking** in the Action panel and press the **Confirm** button

3. The *Manage Undertaking* screen will appear which allows you to record undertaking form details in HAP – Health Assessments.
4. Scroll to the bottom of the screen and select **Record undertaking form details** in the Action panel.
5. Record the **Date Sent** – This is the date that the 815 Form was sent to the applicant and the **Date Received** – This is the date that the applicant signed and returned the completed 815 form

6. Select **Attach Form 815** to upload a copy of the completed / signed Form 815

For Official Use Only

For Official Use Only

7. Once the signed Form 815 has been uploaded, select the **Confirm** button.

Action

Required

Date 17 Nov 2020

Status Required

☐ No selection made
☐ Change status
☒ Record undertaking form details

Date Sent: 17 Nov 2020

Date Received: 17 Nov 2020

FORM 815 ALREADY ATTACHED, PLEASE SEE THE ATTACHMENT PANEL

Cancel
Confirm

8. The Undertaking status for the health case will be updated

Success

Undertaking details recorded successfully

Undertaking Status

Form received 17 Nov 2020

ICSE case - The health outstanding event in ICSE will be finalised with the qualifier 'Meets with Undertaking-Form Received'. No further action is required to be undertaken. The Record health undertakings details in HAP follow up event will also be automatically finalised.

s. 47F(1)

IRIS case - will be updated to reflect that undertaking processing has been completed and you will be able to proceed to visa finalisation.

(IR191-V#59.02) - HAP UNDERTAKING INFORMATION -

Family Name: TEST Given Names: CLIENT

Over-riden:

Undertaking Required: Y

Undertaking Sent: Y Date (DD-MM-YYYY): 20-03-2015

Undertaking Received: Y Date (DD-MM-YYYY): 20-03-2015

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

For Official Use Only

How do I create a New Assessment ?

Please ensure you have assessed all factors before proceeding with creating a new assessment. If you incorrectly create a new assessment, please contact s. 47E(d) for assistance.

To create a New assessment you need to:

1. Navigate to the *Case Search* screen and enter the applicant's HAP ID then press **Search**. The *Health Case Details* screen will appear.
2. Scroll to the bottom of the health case and select the correct **New Assessment** option for the case that you are managing from within the Action panel.

Note: more detailed instructions for each option are provided below.

1. Request a new assessment against a different regulation

Applicant's health clearance has been assessed against the wrong regulation (PIC) and the VPO requires the MOC to re-assess their health case to provide a new MOC opinion against a different PIC.

- a) Select the regulation that you want the health cases to be assessed against from the drop down list

Note: only valid PICs listed in the regulations for the relevant visa subclass will appear.

- b) Press the **Confirm** button

Note:

- **If the health case is electronic:** the case will automatically be Sent to the MOC for re-assessment and no further action is required by the officer to facilitate this.
- **If the health case is paper:** the case will be updated to a status of Awaiting Assessment. Please note that the Migration Medical Services Provider (MMSP) will be unable to re-assess the case until they obtain any required health examination reports that need to be considered. MMSP (Bupa) will arrange to obtain these reports themselves directly or via Immigration Health Branch (IHB). No further action is required by the officer to facilitate this (unless paper files are held by the visa

IME Summary
Status Outstanding
Next step Medical officer to assess
Type 417 - WORKING HOLIDAY
Assessment Status Sent to MOC 27 Jun 2016

IME Summary
Status Outstanding
Next step Case being prepared for Medical officer
Type 417 - WORKING HOLIDAY
Assessment Status Awaiting Assessment 27 Jun 2016

For Official Use Only

For Official Use Only

2. Organise for the applicant to complete repeat health examinations

The VPO requires the applicant to undergo repeat health examinations as their previous ones have or are about to expire on the visa being processed. The VPO will have access to this if:

- Health case is expired
- Health case will expire within 6 months
- Health case is not a DNM or No Clearance Required (NCR) outcome

Note: HAP will generate standard exams and therefore, you must ensure that all required exams have been generated in line with policy. If examinations are missing, please contact

s. 47E(d)

- a) Press the **Confirm** button

- b) You will be promoted with a message to confirm you would like to create a new assessment, to proceed press **Ok**.

- c) Once the new assessment has been created, you will see that the Assessment Status will have been updated to New.

Note: the applicant can now be provided with the same HAP ID and they will be able to attend a panel clinic to complete their repeat set of health examinations.

For Official Use Only

For Official Use Only

3. Request a new assessment based on additional medical information being received

The applicant was given an outcome, but the visa officer has since received new **medical** information that a MOC needs to consider and provide a new opinion.

Note: Do not create a new assessment if the applicant has only provided **non-medical** information. If the visa officer is unsure whether the information provided is medical in nature please contact s. 47E(d) before proceeding any further.

- a) Scan the additional information the visa officer received (if the visa officer did not already receive it electronically) and press the **Add Attachment** button

- b) The visa officer will be prompted with a message to confirm the attachments the visa officer is attaching is new "Medical Information" that the MOC has not already seen. **Note:** This action cannot be undone - please ensure you would like to create new assessment based on new Medical Information.

- c) **Browse** to find and attach the attachment and press **OK**. The visa officer will be returned to the previous action panel

For Official Use Only

For Official Use Only

d) Press **Confirm** button

Action

☐ No action chosen
☒ New assessment
☐ Manage health case
☐ View Action History

Information

Document HIV test report.pdf attached, Continuing will create an assessment.

New assessment reason

☐ Organise for the client to complete repeat health examinations
☒ Request a new assessment based on additional medical information being received
☐ Study/work in health care

Add attachment

Confirm

Attachments

Filename	View	Result	Delivery	Arrived	Details	Associated exam	Date Attached
Glasgow01922.dcm	View	Uploaded		Yes		502 - Chest X-ray Examination	14 Sep 2015
alf.jpg		Uploaded		No			27 Apr 2016
HIV test report.pdf		Uploaded		Yes			27 Jun 2016

Note:

- **If the health case is electronic:** the case will automatically be Sent to the MOC for reassessment and no further action is required by the visa officer to facilitate this – with the attachment now attached under the attachments panel.
- **If the health case is paper:** the case will be updated to a status of Awaiting Assessment. MMSP will be unable to re-assess the case until they obtain any required health examination reports that need to be considered in conjunction with any new **medical** evidence that the visa officer has attached in HAP or sent through to MMSP as per normal arrangements. MMSP (BUPA) will arrange to obtain these reports themselves directly or via IHB. No further action is required by the visa officer to facilitate this (unless paper files are held by the visa officer).

Message

Important: This action cannot be undone. Please make sure that you require the client to complete repeat health examinations for this visa application because their health clearance has expired before proceeding.

Cancel

Examinations

S. 47F(1)

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

For Official Use Only

4. Request a new assessment for a different assessment period

The visa officer requires a MOC to re-assess a case for a different assessment period – e.g. because the visa officer intends to grant the visa for a shorter period than they were originally assessed for.

Note: This is relevant for cases where the MOC provided a DNM opinion. If the applicant received a DNM when completing permanent health examinations for a temporary visa, you **MUST** request a reassessment for the correct period of stay that you intend to grant the visa for.

- a) Enter the assessment period you wish the applicant's health case to be re-assessed for.

Note: the permanent assessment period box will only appear checked where the correct set of permanent health examinations has been completed by the applicant.

- b) Press **Confirm** button

Action

☐ No action chosen
☒ New assessment
☐ Manage health case
☐ View Action History

New assessment reason

☐ Request a new assessment based on additional medical information being received
☒ Request a new assessment for a different assessment period

Assessment Period

☒ Permanent
 Years: 0
 Months: 6

Confirm

Note:

- **If the health case is electronic:** the case will automatically be Sent to the MOC for re-assessment and no further action is required by the visa officer to facilitate this
- **If the health case is paper:** the health case will be updated to a status of Awaiting Assessment. MMSP will be unable to re-assess the health case until they obtain any required health examination reports that need to be considered in conjunction with any new **medical** evidence that the visa officer has attached in HAP or sent through to MMSP as per normal arrangements. MMSP (Bupa) will arrange to obtain these reports themselves directly or via IHB. No further action is required by the visa officer to facilitate this (unless paper files are held by the visa officer).

Message

Important: This action cannot be undone. Please make sure that you require the client to complete repeat health examinations for this visa application because their health clearance has expired before proceeding.

Cancel

Examinations

s. 47F(1)

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

For Official Use Only

5. Request a new assessment as the applicant intends to study/work in health care

The applicant is intending to work as (or study to be) a doctor, dentist, nurse or paramedic, but failed to declare this when they applied for their visa/submitted their My Health Declarations form. Consequently, their health case does not currently contain all the required health examinations (i.e. medical, x-ray and blood tests).

Note: If the health case has any exam that is "Finalised Incomplete" that exam will be re-added to the case.

- a) Select **Study/work in health care** option from **New assessment** reason and press **Confirm** button

Action

☐ No action chosen
☒ New assessment
☐ Manage health case
☐ View Action History

New assessment reason

☐ Organise for the client to complete repeat health examinations
☐ Request a new assessment based on additional medical information being received
☒ Study/work in health care

Confirm

- b) Once the new assessment has been created, you will see that the Assessment Status will have been updated New.

- c) The additional health examinations that are required will also have been added to the health case.
- Note:** the applicant can now be provided with the same HAP ID and they will be able to attend a panel clinic to complete their outstanding set of health examinations.

IME Summary

Status
Outstanding

Next step
Health to be undertaken

Type
500 - Student (Temporary)

Assessment Status
New 27 Jun 2016

Examinations								
Examinations	Status	Exam. Date	Service Provider	Grade	Source	Re-used from	View	
HIV test	Required	-		-	-	-		
Hepatitis B test	Required	-		-	-	-		
Hepatitis C test	Required	-		-	-	-		
Medical Examination	Finalised	09 Jun 2016	Dr Automation Team Automation Clinic	A Grade	Paper	-		
Chest X-ray Examination	Finalised	09 Jun 2016	Dr Automation Team Automation Clinic	A Grade	Paper	-		

When do I need to seek assistance to create a new assessment?

There are still scenarios where a new assessment may be required but visa officers will not be able to create a new health assessment in HAP – Health Assessments themselves, refer to the Health Requirement Procedural Instruction.

For Official Use Only

How can I find out if an applicant has declared pregnancy at the time of IME?

1. Search for the health case in HAP - Health Assessments
2. Scroll to the bottom of the screen to view the **Current Health Case** examinations that the applicant completed for their IME assessment.

- Health Case Details
- Health Case History (40)
- Current Health Case**

3. If the status of the 502 (Chest x-ray examination) is **Set aside** (Lower TB risk applicants) or **On Hold** (Higher TB risk applicants), this confirms that the applicant was pregnant at the time of the IME health assessment.

Chest X-ray Examination	Set aside	-		-	-	-	
-------------------------	-----------	---	--	---	---	---	--

Examinations

Examinations	Status	Exam. Date	Service Provider	Grade	Source	Re-used from	View
Medical Examination	Required	-		-	-	-	
Chest X-ray Examination	On hold	-		-	-	-	

4. The visa officer can also view the HAP ID assessment to confirm the pregnancy declaration on the 502 provided by the applicant at the time of IME.

Current Assessment			
s. 47F(1)	Actioned By	Centre	Outcome
		Global Health	MEET(4005)
			View

s. 47F(1)

☒ Pre Exam

☒ 501 Medical Exam - Full Report

☒ **502 Chest X-Ray Exam - Full Report**

☐ Expand all ☐ Collapse all

☒ Clinic And Examination Details

☐ Expand all ☐ Collapse all

☒ Radiologist Report

Pregnancy

Is the client pregnant? Yes

When does the client expect to give birth? 30-Dec-2017

Pregnancy declaration date 15-Sep-2017

Does the client wish to proceed with the required X-ray examination(s)? Yes

Pregnancy declaration examiner Mr Radiologist TESTING

Client has undertaken the x-ray(s) and has agreed to the declaration below Yes

Do you intend to give birth in Australia? Yes

For Official Use Only

How can I find an applicant's polio vaccination status?

To determine which applicants are required to present a polio certificate and for further information regarding polio requirements refer to the Health Requirement Procedural Instruction.

For electronic cases

1. Search for the health case in HAP - Health Assessments
2. Scroll to the bottom of the screen to view the Current Health Case examinations that the applicant completed for their IME assessment.
3. You can press the view magnifying glass on the 951 Vaccination examination to view any details recorded by the panel physician or any attachments added

Examinations								
Examinations	Status	Exam. Date	Service Provider	Grade	Source	Re-used from	View	
s. 47F(1)								

4. Alternatively the clinic may have recorded this information in the 501 Medical examination general supporting comments. You can press the view magnifying glass on 501 Medical examination to view this information.

Note: Any attachments attached to the health case can be found under the attachments panel.

Examinations								
Examinations	Status	Exam. Date	Service Provider	Grade	Source	Re-used from	View	
s. 47F(1)								

s. 47F(1)

<p>General Supporting comments</p> <p>OPV administered on 22/04/2017 and certificate issued.</p> <p>Warning</p> <p>No exam attachments found</p>

For paper cases


Check the panel physician's responses in the Form 26, particularly any notes regarding polio vaccination certificates.

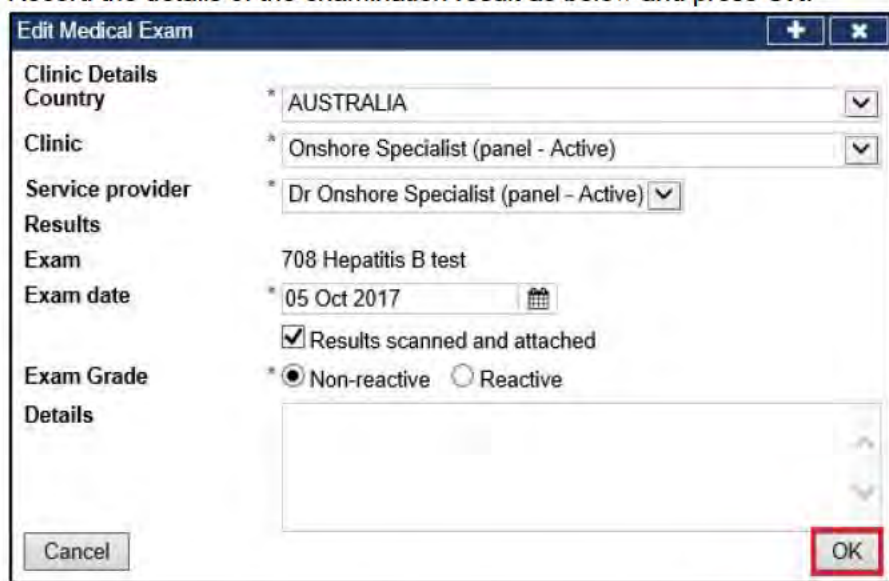
For Official Use Only

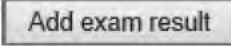
For Official Use Only

How do I record Hepatitis B paper results?

As per the Health Requirement Procedural Instruction, the visa officer is required to record Hepatitis B results that have been received for a pregnant visa applicant in Australia.

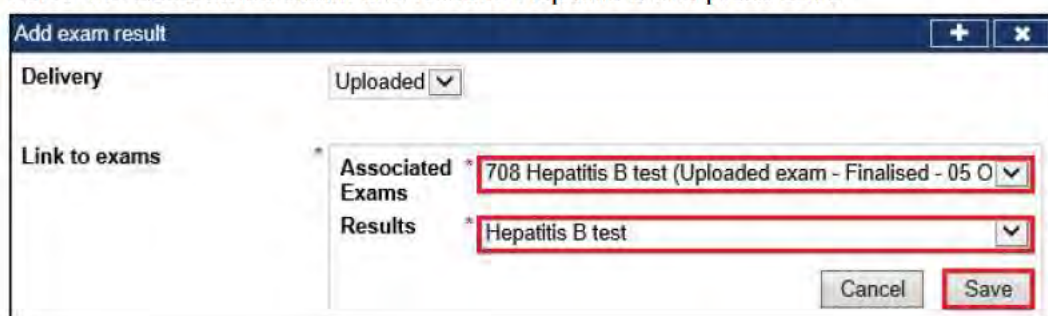
1. Search for the health case in HAP - Health Assessments
2. Scroll to the bottom of the screen and press **Manage Health Case** in the Action panel and press the **Confirm** button.
3. Press the 'edit pencil icon'  to edit the Hepatitis B test result.
4. Record the details of the examination result as below and press **OK**.



5. Upload the Hepatitis B scanned results by pressing on the  button under attachments.

6. Press the **Add Link** button 

7. Select the **Associated Exam** and **Results** Hepatitis B and press **Save**



For Official Use Only

For Official Use Only

8. **Browse** the file to be uploaded and press **Ok** to upload the Hepatitis B results

Add exam result

Delivery: Uploaded ▾

Link to exams:

Add Link

Delete	Associated Exam	Result	Description	Edit
	708 - Hepatitis B test	Hepatitis B test		

Details:

File name: \\IMMI.LOCAL\Dfs\Users' Browse...

Cancel Ok

9. The results will then be uploaded into the **Attachments** panel.
10. Proceed to locally clear the results or send to onshore for processing to the MMSP as per the Health Requirement Procedural Instruction.

Note: Steps to locally clear or send onshore for processing can be found within tip sheet '*Processing paper health examinations in HAP*' on the [intranet](#)

For Official Use Only



For Official Use Only

Managing declared health conditions

If a temporary visa applicant answers **yes** to a health declaration question in their visa application form regarding a health condition, additional health examinations may need to be requested that would **not** generally be required in accordance with the health matrix.

In these cases, HAP – Health Declarations will automatically generate a minimum set of health examinations if the applicant declares that they:

- have TB or close house hold contact with TB; or
- are expected to incur medical costs, or require treatment or medical follow up whilst in Australia.

If the positive declaration is the **only** reason for the health examinations being prompted (that is, if otherwise in line with the health matrix no health examinations would generally be required), officers will be referred by HAP – Health Declarations to this policy guideline. This is because under policy, additional health examinations **may not be necessary in all circumstances**. For example, where a minor health condition is declared (e.g. dermatitis) and the applicant is intending to travel to Australia for a short period only.

The following table outlines cases officers should:

- require the applicant to complete the health examinations generated by HAP – Health Declarations;
- edit the health examinations generated by HAP – Health Declarations.

For advice on how to manually update the health examinations generated by HAP – Health Declarations - see the relevant Immigration Health Processing guideline on the [intranet](#).

What if the declared condition is actually a type of ‘medication’?

If the declared condition is a type of medication (e.g. Warfarin or Panadol), please contact the applicant in the first instance and ask them to confirm the medical term of their health condition (for which they are taking this type of medication/prescription). Once, you have received this information, please refer to the below table to determine if a health examination is required. Do **not** contact s. 47E(d) in these cases.

What if the declared condition is not listed in the table below?

If the declared condition is **not** listed anywhere in the tables below, the applicant should complete the health examinations listed in **PART B: Non-TB declared conditions which do require health examinations**.

There is no need to contact s. 47E(d) unless you have a genuinely exceptional case (e.g. high profile or sensitive case otherwise). If you notice a common condition that is not included in this guideline, please notify s. 47E(d) to consider inclusion.

Note: the table below has been compiled using actual words used by visa applicants to declare their conditions on application forms to assist officers – consequently the terms used may not be the formal clinical terms for these conditions in all cases.

For Official Use Only

Condition declared by the applicant (past or present unless specified)		Action required
PART A: Tuberculosis (TB)		Applicant should be asked to complete:
Active TB (current or past) – including where the applicant has had previous close household contact with a person with active TB .		<ul style="list-style-type: none"> • 501 Medical Examination (form 26); and • 502 Chest x-ray examination (form 160)
PART B: Non-TB declared conditions which do require health examinations		Applicant should be asked to complete:
<ul style="list-style-type: none"> • Acute lower respiratory tract infection (including pneumonia or acute bronchitis) • Alzheimer's • Amputation (previous) • Aneurism (including: Brain) • Angina • Angioplasty • Ankylosing Spondylitis • Arrhythmia • Arthritis (including osteoarthritis, rheumatoid, psoriatic and ankylosing spondylitis) • Arthrogryposis (Muscle disorder) • Atrial fibrillation • Attention Defecit Hyperactivity Disorder (ADHD) • Behcet's disease • Birth defect • Bipolar Disorder • Blindness • Blood disorders (including sickle cell anaemia, thalassemia and aplastic anemia) • Bone Marrow Transplant • Brain issues (including clots, cystss, tumours, injury due to motor vehicle accident) • Breast Operation • Breathing issues (that is chest issues NOT asthma) • Bronchiectasis • Cancer in the last 5 years • Cerebral handicapped • Cerebral palsy • Cerebrovascular (CVA) issues • Charcot-Marie-Tooth (CMT) disorder • Chest pain/issues • Chromosomic issues 	<ul style="list-style-type: none"> • Haemophilia • Hallucinations • Hearing conditions or deafness • Heart condition (except heartburn) • Hepatitis B • Hepatitis C • Hemicolecotomy • Hemiparesis • High blood pressure • Human Immunodeficiency Virus (HIV) • Hydrocephalus • Hypertension over the age of 50; • Injury due to motor vehicle accident • Intellectual impairment (including autism, Down Syndrome); • Laparotomy • Liver dysfunction • Lupus including localised scleroderma • Renal/kidney disease (but NOT kidney stones) • Macular Degeneration • Mastectomy • Mental illness • Mixed Connective Tissue Disease • Mobility issues • Mood Issues • Moyamoya disease • Multiple sclerosis • Muscular Dystrophy • Neurological issues • Optic Nerve Atrophy • Organ transplant recipient • Panuveitis 	<ul style="list-style-type: none"> • 501 Medical Examination (form 26) <p>as already auto-generated by HAP – Health Declarations.</p> <p><u>PLUS</u></p> <ul style="list-style-type: none"> • an additional 502 Chest x-ray examination (form 160) <p>To be added manually by officers in HAP – Health Declarations, if not auto-generated.</p>

Released by Department of Home Affairs under the Freedom of Information Act 1982

For Official Use Only

Condition declared by the applicant (past or present unless specified)		Action required
<ul style="list-style-type: none"> Chronic Bronchitis Chronic Fatigue Syndrome (CFS) Chronic obstructive pulmonary disease (COPD) Chronic Paraplegia Crohn Disease; Cystic Fibrosis; Depression - within the last five years and/or if has been hospitalised; Developmental Delay Diabetes in applicants over the age of 50 Dialysis Discoid Lupus Down Syndrome Epilepsy Fibromuscular Dysplasia Fibromyalgia Genetic disease Growth Hormone Deficiency 	<ul style="list-style-type: none"> Parkinson's Disease Physical impairment Pneumonia (in the last 5 years) and applicant is from a higher TB-risk country Pneumothorax if applicant is from a higher TB-risk country; Post-Acute Withdrawal Syndrome Primary Lateral Sclerosis Proteinuria Psychiatric condition Retinitis pigmentosa Renal failure Schizophrenia; Scleroderma (on medication) Seizures Sickle Cell Anaemia Sphenoid Wing Meningioma Stroke - current/previous Systemic Lupus Erythematosus Ulcerative colitis Uveitis 	

Condition declared by the applicant (past or present unless specified)		Action required
PART C: Non-TB declared conditions which do <u>not</u> require health examinations		
<ul style="list-style-type: none"> Abortion Accident Acid reflux Acne Acromegaly Adenocarcinoma in situ Adenomyosis Allergic rhinitis Allergy (dust, food, pet, skin, gluten) Anal diseases Anal fistula Anterior cruciate ligament Anticoagulated blood Anxiety Appendicitis Asthma Atherosclerosis Atrial Septal Azgyous fissure/lobe (or other accessory fissures) Baby check-up / vaccination 	<ul style="list-style-type: none"> Ictus issues Idiopathic thrombocytopenic purpura (ITP) disorder Immunisation Indigestion Issues Infantile spasma Infertility issues Inflammatory bowel disease (IBD) Ischemia Joint Issues Keloids Ketotic hypoglycaemia Kidney stones Knee issues (including reconstruction) Laparoscopic surgery Limb Issues (including: stiffness, injury, pain) Lipoma Lumbado Marfan's syndrome 	<p>Applicant should <u>not</u> be required to complete any additional health examinations.</p> <p>Edit out any examinations auto-generated by HAP – Health Declarations.</p>

 Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

Condition declared by the applicant (past or present unless specified)	Action required
<ul style="list-style-type: none"> • Back pain • Bacterial infection • Baldness or hair loss • Bell's palsy • Benign ovarian cyst • Benign prostatic hypertrophy • Benign right thyroid nodule • Bile duct issues • Bladder issues • Bowel issues • Broken bones, fractures and injuries • Caesarean section • Celiac disease • Cervical issues • Cholesteatoma • Chronic thyroiditis (Hashimoto disease) • Chronic acid reflux • Chronic cluster headache • Chronic prostatitis • Cold (including fever, tonsillitis, flu, hay fever, migraine, headaches, cough) • Colon polyps • Colorectal Issues • Colposcopy • Congenital scoliosis • Deformities (including birth defects) • Dengue fever • Dental or gum disease • Depression 5+ years ago (unless was hospitalised) • Dextrocardia • DHPR deficiency • Diabetes in applicants 50 years of age and under • Diarrhoea • Disc desiccation • Diverticulitis • Dizziness • Dyscalculia • Dyspepsia • Elevated lipids • Endometriosis • Enlarged prostate • Erection issues • Eustachian tube dysfunction • Eye issues including astigmatism, glasses, infection, short-sided, 	<ul style="list-style-type: none"> • Meniere's disease • Menopause • Metachromatic leukodystrophy • Myasthenia gravis • Microprolactinoma • Migraine • Minor Surgeries: appendectomy, cholecystectomy, cosmetic surgery, haemorrhoidectomy, herniorrhaphy (hernia repair), rhinoplasty or other cosmetic surgery), sterilisation, tonsillectomy; • Non-ulcer dyspepsia • Non-radiologic axial spondylarthropathy • Numbness • Obsessive compulsive disease (OCD) • Obstructive sleep apnoea • Ocular Myositis • Oesophagus Issues • Osteogenesis Imperfecta • Osteoporosis • Otitis externa • Ovarian Issues • Pains (e.g. due to neck, back, muscles, motor vehicle accident) • Pancreas issues • Polycystic Ovary Syndrome (PCOS) • Pulmonary Embolism (Warfarin) • Pectus excavatum • Pemphigus • Peptic ulcers • Period pain • Phenylketonuria (PKU) • Physiotherapy • Pneumonia (5+ years ago or from lower TB-risk country) • Pneumothorax if applicant is from a lower TB-risk country; • Polycystic ovarian syndrome • Pregnancy • Proctitis • Prolactinoma • Prostate issues • Pulmonary embolism • Pyrosis • Restless Leg Syndrome • Rheumatism

Released by Department of Home Affairs
under the Freedom of Information Act 1982

For Official Use Only

Condition declared by the applicant (past or present unless specified)	Action required	
<p>laser surgery, corneal scar, ulcer, ocular hypertension, double vision, myopia, cataracts</p> <ul style="list-style-type: none"> • Familial hypocholesterolaemia • Fertility issues and treatment • Fibroadenoma • Fibrocystic disease • Fibroids (including uterine) • Flu • Focal Epilepsy • Frozen Shoulder • Gall stones • Gastric • Gastroesophageal reflux • Gland issues • Glaucoma • Glomerulopathy • Gluten Intolerance • Gout • Grave's disease • Guillain-Barre syndrome • Gynecological problems • Haemoglobin issues • Haemorrhoids • Hand injury • Hay fever • Headache • Heartburn • Hepatitis A • Hernias • High cholesterol • Hip Replacement (due to / follow up) • Hirshprung's diseases • Hormone replacement therapy or hormone issues • HemoPyrollactanUria (HPU) • Human papillomavirus (HPV) • Hypercholesterolemia • Hyperlipidaemia • Hyper/hypo - thyroidism; • Hypophysis postoperative hypofunction of peripheral endocrine glands • Hyper-Tension under the age of 50 • Hypothyreosis 	<ul style="list-style-type: none"> • Rib abnormalities (e.g. cervical ribs, previous rib fractures, bifid ribs, congenital rib fusion) • Salpingo-oophorectomy • Skin conditions (e.g. psoriasis, asthma, eczema, dermatitis) • Scoliosis • Sepsis • Shoulder issues (including: surgery, replacement, dislocation) • Shrapnel (war; • Sick sinus syndrome • Sjogren's syndrome • Sleep apnea • Sleep Issues • Speech issues (including: therapy) • Spinal epidural abscess • Spine issues • Spleen removed • Spondylitis • Sport injury • Stomach issues (including: ulcer) • Stones (kidney, gall-bladder). • Subdural haematoma in the past • Suprasellar tumour • Supraventricular tachycardia • Sinus • Tachycardia • Talipes (club foot) • Teeth Issues • Tenosynovitis • Thrombocytosis • Thyroid Issues - current/previous (including: glands, underactive, removed, Graves' disease) • Thyroidectomy • Tissue Growth • Tonsillitis • Transverse myelitis • Trembling • Ulcer • Urethral Issues • Urethrotomy • Vaccinations • Vasculitis • Vitamin D deficiency • Vitiligo 	

Released by Department of Home Affairs
under the Freedom of Information Act 1982