



Australian Government
Department of Home Affairs

Medical Officer of the Commonwealth (MOC) Advice Pack

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1 Introduction

1.1 Purpose and background

The Medical Officer of the Commonwealth (MOC) Advice Pack provides policy guidance for MOCs when formulating their professional opinion in determining whether visa applicants who undertake Immigration Medical Examinations (IMEs) meet the Health Requirement.

Most visa applicants applying for a visa to visit or migrate to Australia must meet certain Health Requirements outlined in the *Migration Regulations 1994* (the Regulations) and policy framework. A key focus of the Health Requirement is to protect the Australian community from increased public health risks, including tuberculosis (TB), emerging health epidemics and biosecurity risks.

Most visa subclasses are subject to the Health Requirement as a criterion for visa grant. The Health Requirement is set out in the Public Interest Criteria (PIC) (4005 and 4007) in Schedule 4 of the Regulations and is applied to applicable visa subclasses as a criterion in Schedule 2 of the Regulations.

The purpose of the Health Requirement is to:

- Protect the Australian community from threats to public health,
- Contain public expenditure on health and community services, and
- Safeguard the access of Australian residents to health and other community services in short supply.

1.2 Scope

This advice pack is primarily for the use of MOCs engaged by the Migration Medical Services Provider (MMSP) contracted to the Department of Home Affairs (the Department) to provide health assessments on IMEs conducted in Australia and offshore. It is also used by MOCs engaged directly by the Department in the provision of opinions and when undertaking quality assurance activities on the services provided by the MMSP.

The MOC Advice Pack provides policy guidance and processing instructions relevant to the MOC opinion. Clinical guidance is beyond the scope of this document.

MOCs should refer to the relevant Notes for Guidance (NfG) papers, available on LEGEND, for guidance on the clinical aspects, the financial implications and consideration of prejudice of access to services of various medical conditions of their opinions.

The MOC assessment outcomes reflected in this pack are recommendations designed to encourage consistency in decision-making and in the MOC opinion process. MOCs should consult the Health PI for specific guidance regarding the legal and policy framework within which, they must operate.

All MOC opinions **must** reference relevant regulatory criteria. The Department's online database, LEGEND, contains information on migration legislation, policies, and operational materials. MOCs can access relevant sections of the *Migration Regulations 1994* (the Regulations) through LEGEND.

The Department may issue further directives subsequent to the release of this document. MOCs need to ensure they consider such directives, or interim instructions in conjunction with this document when undertaking an assessment.

Note: *Non-migrating family members (NMFMs), and people who intend to apply for a visa, but have yet to do so, are also captured in this guidance document. For the purposes of this document, they are to be regarded as 'applicants'.*

2 Structure

To assist MOCs in navigating this document, it is comprised of the following Parts:

Part A: Public health threat – assessment of Tuberculosis

Part B: Public health threats – other

Part C: Significant cost threshold (SCT)

Part D: Prejudice to access (PTA)

Part E: Additional medical examinations required upon reaching age milestones

Part F: Non-standard MOC assessments

Part G: Drafting a MOC opinion

Part H: MOC opinion outcomes

Part I: Other duty of care/clinical issues

Part J: MOC auditing responsibilities

Important: A MOC must provide an assessment against the relevant criteria specified in the:

- *Migration Regulations (1994)* (including PIC 4005 and 4007)
- associated Instruments relevant to an assessment of an applicant's health requirement; and
- relevant policy guidance

in place at the time the application was lodged.

For policy guidance relating to the Health Requirement, refer to Sch4/4005-4007 - The Health Requirement – Procedural Instruction (PI) – VM-1027 (the Health PI).

2.1 Additional resources

2.1.1 Australian Panel Member Instructions

The Australian Panel Member Instructions (Panel Member Instructions) provide guidance to the Panel Member Network, consisting of physicians and radiologists (Panel Members) who conduct IMEs both within and outside of Australia. Physicians and radiologists employed by the MMSP in Australia also form part of the network and are guided by the Panel Member Instructions in undertaking IMEs and in carrying out their responsibilities as a Panel Member. The Panel Member Instructions are available in electronic format on the Department's website.

Link: Conducting Australian visas Medical (homeaffairs.gov.au).

2.1.2 Notes for Guidance

The Notes for Guidance (NfG) papers are reference documents which may be used by the MOC. They contain objective information about available treatments and costs for a specific condition or disease. It is a matter for the MOC to determine the most likely medication or treatment which should be used for a **hypothetical person** with the same form and severity of condition or disease. The MOC can consider this information in forming their judgement about whether an applicant meets or does not meet the Health Requirement.

The use of the NfG is not mandated and the MOC is not required to use a particular recommended treatment when determining what a **hypothetical person** may require. However, it does provide some guidance. The assessment of significant costs remains a matter for the MOC's own evaluation and clinical judgement, having regard to such information, as they consider relevant in any given case. Whichever information they rely on must be considered and well documented in the Department's Health Assessment Portal (HAP) for reference.

2.2 Further assistance

Additional information or questions about this document are to be directed to the Health Policy mailbox at s. 22(1)(a)(iii) @homeaffairs.gov.au in the first instance.

3 Glossary

Table 1 – MOC Advice Pack terms

Term	Acronym	Definition
Active Tuberculosis	Active TB	A person who is currently infected with TB and can infect others.
Administrative Review Tribunal	ART	Conducts independent merits review of administrative decisions made under Commonwealth laws.
Antiretroviral Therapy		Drugs that inhibit the activity of retroviruses such as HIV.
Blood Borne Virus	BBV	Viruses transmitted through contaminated blood and other body fluids.
Content Manager	CM	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.
Chest X-ray	CXR	Radiological image of chest.
Communicable Diseases Network of Australia	CDNA	Provides national public health co-ordination and leadership, and supports 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	The nucleic acid containing the genetic code that determines the proteins produced by cells, which in turn determines the makeup of all living cells and many viruses. It consists of two long strands.
Department of Health, Disability and Ageing		A department of the government of the Commonwealth of Australia, which seeks to promote, develop, and fund health and aged care services for the Australian public.
Department of Home Affairs	Department	The Department of Home Affairs is responsible for centrally coordinated strategy and policy leadership in relation to domestic and national security arrangements, law enforcement, emergency management, counter-terrorism, social cohesion, the protection of our sovereignty, and the integrity of our border and the resilience of our national infrastructure.
Disease Modifying Anti-Rheumatic Drugs	DMARDs	Drugs used to modify the course of disease in immunological conditions.

Term	Acronym	Definition
Does Not Meet	DNM	DNM - The applicant has not met the Health Requirement and a visa cannot be granted unless: a) the visa applicant is a child meets the born in Australia and ordinarily resident criteria for an exemption of the Health Requirement, or b) a health waiver is available for the visa subclass applied for and is exercised by the delegate. Otherwise, the applicant has not met the Health Requirement and a visa cannot be granted.
Ebola Virus Disease	EVD	An uncommon, potentially lethal viral haemorrhagic fever.
Exposure Prone Procedures	EPP	Medical or surgical procedures with increased risk of transmission of BBV.
Extensively-Drug Resistant Tuberculosis	XDR-TB	TB which is resistant to at least four of the core anti-TB drugs.
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 employed in a health care environment for the purposes of MOC assessments.
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.
Health Requirement		For most visas, this is Public Interest Criteria 4005 or 4007. Other visas may include alternative health requirements, such as Medical Treatment visas or Protection visas.
Hepatitis B Virus	HBV	A vaccine-preventable hepatotropic virus that causes both acute and chronic liver disease.
Hepatitis C Virus	HCV	A hepatotropic virus that causes both acute and chronic liver disease.
Human Immunodeficiency Virus	HIV	A currently incurable BBV that targets the immune system and that can lead to Acquired Immune Deficiency Syndrome (AIDS) if untreated.
Immigration Medical Examination	IME	Medical examinations required to assess whether an applicant meets the Health Requirement as part of the visa application process.

Term	Acronym	Definition
Interferon Gamma Release Assay	IGRA	A blood test used to identify previous exposure to TB. It tends to remain positive lifelong for this group.
International Classification of Diseases	ICD	The International Classification of Diseases (ICD) is a medical classification list containing codes for diseases and injuries.
Latent Tuberculosis Infection	LTBI	LTBI is defined as a state of persistent immune response to stimulation by Mycobacterium tuberculosis antigens with no evidence of clinically manifest active TB.
Medical Officer of the Commonwealth	MOC	Qualified medical practitioners employed by the Department or the Medical Migration Services Provider.
Medical Treatment Visa	MTV	A visa allowing people to travel to Australia for medical treatment or consultations, or 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.
Meets (Reduced Stay)		The applicant has met the Health Requirement and the visa can be granted if all other criteria are met. The period for which the delegate intends to grant the visa should not be longer than the visa 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 service provider contracted by the Department to complete applicants' IMEs in Australia via a network of panel clinics and undertake health assessments of onshore and offshore cases.
Multi-Drug Resistant Tuberculosis	MDR-TB	TB which is resistant to two first line anti-TB drugs (rifampicin and isoniazid).
Multiple Sclerosis	MS	A chronic degenerative, often episodic disease of the central nervous system.
Mycobacterium Tuberculosis	MTB	A bacterium causing tuberculosis.
No clearance required		No clearance required outcomes apply to visa subclasses where the applicant is not required to satisfy PIC 4005 or PIC 4007. These subclasses include 192, 785, 786, 790, 802, 851, and 866.
Notes for Guidance for Medical Officers of the Commonwealth	NfG	The Notes for Guidance (NfG) papers are reference documents which may be used to provide clinical guidance to MOCs about specific health conditions in relation to the Health Requirement.

Term	Acronym	Definition
Panel Member Instructions	PMI	Guidance for the Panel Member Network, consisting of physicians and radiologists who conduct IMEs both within and outside of Australia.
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 Agreements.
Procedural Instruction	PI	Provides guidance and recommendations to departmental staff (formerly the Procedure Advice Manual - PAM).
Polymerase Chain Reaction	PCR	A test used to identify DNA (for instance, for TB bacteria and drug resistance genes) that has a high specificity and positive predictive value.
Public Interest Criteria	PIC	Health, character and security requirements prescribed in Schedule 4 of the <i>Migration Regulations 1994</i> that an applicant must meet prior to visa grant.
Ribonucleic Acid	RNA	A nucleic acid present in all living cells. Its principal roles are to act as a messenger carrying instructions from DNA for controlling the synthesis of proteins (mRNA), and for translating the mRNA code into protein (rRNA). It consists of a single strand of nucleotides.
Rifampicin	RIF	Is an antibiotic used to treat several types of bacterial infection including tuberculosis.
Tuberculin Skin Test (also known as a Mantoux test)	TST	A skin prick test to determine previous exposure to TB. It is conducted over 48-72 hours.
Tuberculosis	TB	An infectious bacterial disease characterised by the growth of nodules (tubercles) in the tissues, especially in the lungs.
Visa Processing Officer	VPO	Departmental officer who processes visa applications for people wanting to come to Australia.

4 Advice Pack

4.1 Part A: Public health threat – assessment of Tuberculosis

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 PIC 4005(1)(a) and (b), and 4007(1)(a) and (b).

Sub-clause (1)(a) of PIC 4005 and PIC 4007 require that an applicant is 'free from tuberculosis'. TB is the only health condition specified in the Regulations which precludes the grant of a visa. Consequently, an applicant who is not free from TB will not meet the Health Requirement and cannot be granted a visa until they are free from TB.

Under the Health Requirement policy, the requirement to be 'free from tuberculosis' is considered as being free from active TB, either pulmonary and/or extra-pulmonary. That is, an infection with *Mycobacterium tuberculosis* that is actively replicating, as evidenced through clinical, radiological or pathological signs.

In practice, the applicant is considered 'free from TB' where the applicant:

- has no clinical or radiological signs that give rise to suspicion of active TB, or
- has clinical or radiological signs that might represent active TB, however, appropriate further investigation has ruled this out, or
- had confirmed active TB, however, has completed an appropriate course of treatment with monitoring having demonstrated clearance of bacteria on pathological testing, resolution of symptoms, and radiological stability.

MOCs are required to assess health cases by taking into consideration clinical findings, overall TB risk, radiological findings and latent TB infection testing when required. If there are chest X-ray (CXR) abnormalities these will determine if additional testing to exclude active TB is required. For offshore cases, MOCs cannot rely on TB clinics or chest specialists who indicate sputum testing is not required (e.g. based on lack of symptoms or clinical signs, or based on national TB protocols). MOCs should always exercise clinical judgement and caution in assessing cases.

If there is any suspicion of active TB (see Panel Member Instructions for details), further investigation is required in the form of pathology testing and specialist review.

Onshore specialist TB service reports may be accepted and a health clearance be provided by a MOC even in the absence of sputum testing if the State and Territory health clinic advises that the client is considered to be free from TB.

4.1.1 Assessing tuberculosis through the IME

4.1.1.1 Health declaration

Visa applicants are required to complete a health declaration as part of the IME process. The declaration includes disclosing whether they have a history of TB. Where a declaration of TB is made, the Panel Physician should obtain additional information from the applicant which is to form part of the IME record (either through eMedical or paper forms). These cases should be B-graded for MOC assessment.

If history of TB is declared, further investigation to exclude TB is not required unless current clinical or radiological features are present which suggest active disease.

Exceptions to the rule include instances where:

- Previous drug-resistant TB is known or suspected. All such cases, even if adequately treated and/or with a normal CXR, require further investigation to exclude active TB.

- Applicants are HIV positive and declare a history of TB or close contact with a person who has active TB. Such cases require further investigation to exclude active TB, even if they are clinically well and radiologically normal.
- Applicants declare they are receiving TB treatment. The treatment will need to be completed with successful monitoring results demonstrated before a health clearance can be provided. Full details of the original diagnosis and treatment regimen should be requested at the initial MOC assessment, if not already provided.

If applicants declare that they have previously had or are currently undergoing treatment for latent TB (LTBI), this does not preclude health clearance which requires the absence of active TB.

Note: *Offshore applicants receiving treatment for LTBI may have their health case finalised with a Health Undertaking which requires appropriate follow up once onshore. Refer to TB Health Undertakings for further information.*

However, the health declaration is only one source of information and MOCs are to have regard for clinical and radiological indicators which might be suggestive of TB.

4.1.1.2 Clinical signs

All applicants who are required to complete an IME, or who make a significant health declaration, will be required to undergo a medical examination (501 examination). As part of the examination, Panel Physicians are directed to:

- question applicants about signs and symptoms of TB, and
- conduct a thorough respiratory examination.

Any applicant with a clinical presentation that is consistent with active TB will require further investigation, even if their CXR is normal. This is particularly the case for children, who typically have paucibacillary disease with more subtle radiological findings than occur in adults.

4.1.1.3 Radiological signs

In most cases, decisions to investigate suspected TB are made solely on the radiological appearance, in the absence of a declared history (or close household contact) or detectable physical findings.

While MOCs should have regard to the report from the Panel Radiologist, it is their responsibility to independently and carefully evaluate the CXR for signs of TB.

4.1.1.4 Findings which can be consistent with active TB

- CXR findings: Any cavitating lesion or overt pleural effusion will require further investigation, regardless of whether such investigation was conducted previously. Refer to the below.
- If these findings are present, radiologists are directed to answer 'present' to Q7 of the 502 examination (strong suspicion of active TB). If they have done this, the 603 examination will be auto-added at the time of IME, and the health case cannot be submitted until this additional examination is complete. If they have not done this, MOCs will need to request the 603 examination in the initial MOC opinion.
- MOCs must be mindful of interpreting test results in cases of pleural effusion. Pleural TB is a form of extra-pulmonary TB, and the pleural effusion it produces is often sterile on TB microscopy and culture. Sputum test results may be negative in cases of pleural TB, unless pulmonary disease is also present. MOCs should consider the presence of TB if a patient presents with pleural effusion from an endemic area and/or a comorbidity of HIV.

In general, findings which may represent TB will require further investigation, unless previous CXRs or other test results are available which rule out active disease.

- Fibro-nodular and fibro-calcific lesions should be investigated as routine. So should pulmonary nodules (single/multiple pulmonary nodules/masses ≥ 1 cm), unless they are calcified with distinct borders.

- Non-calcified hilar or mediastinal masses may indicate extra pulmonary disease. Supplemental tests may be clinically indicated in the presence of a negative sputum finding.
- Ragged apical thickening is a lower risk finding which should be investigated with clinical discretion. Younger persons, those at higher risk (e.g. refugees), or those going into higher-risk settings in Australia (e.g. health care workers) will require this finding investigated. Those at lower risk (e.g. older visitors) may not require investigation.

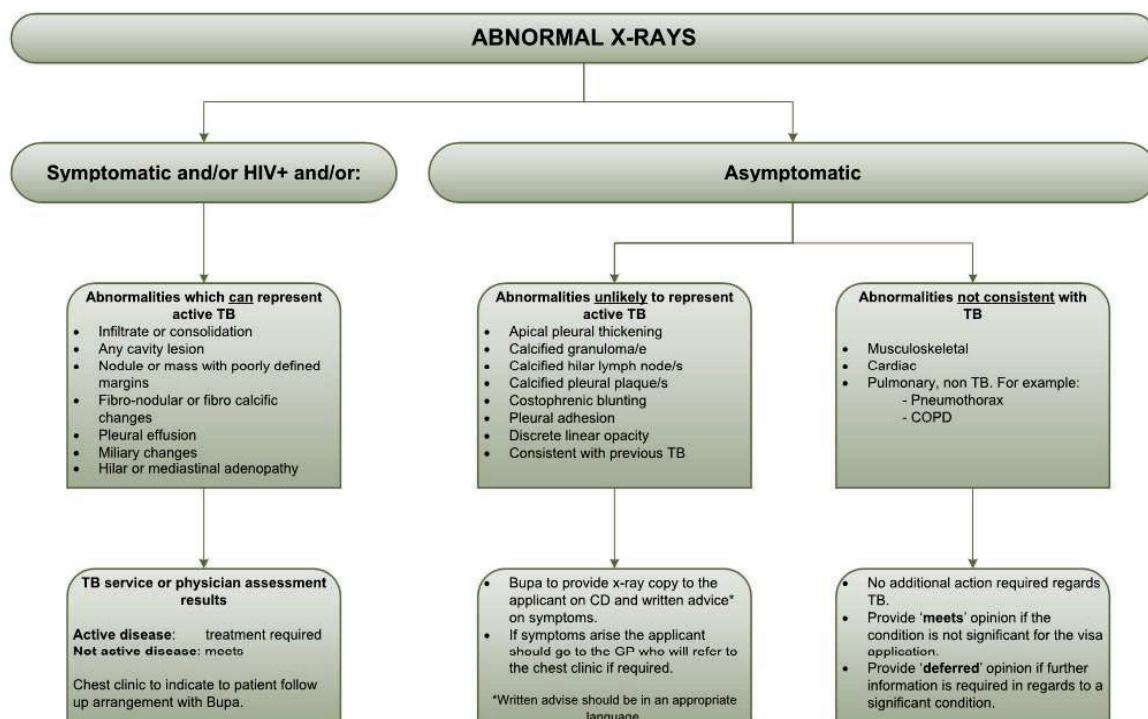
4.1.1.5 Minor findings, occasionally associated with tuberculosis

In general, such findings do not require further investigation to exclude active TB. Exceptions would be where the applicant is at higher risk, such as being a recent contact of an active TB case or having a history of TB treatment which was not adequate.

4.1.1.6 Minor findings which in isolation are not usually associated with tuberculosis

These findings are insignificant and should not be investigated, bearing in mind that certain applicants (such as those with HIV or a history of drug-resistant TB) require further investigation regardless of CXR appearance.

For onshore applicants, MOCs should refer to the 'TB Abnormal X-Ray Flowchart' below as guidance in determining which cases should be given a 'Deferred' opinion and referred to a state and territory chest clinic for review and possible treatment.



4.1.2 Assessing tuberculosis through further investigation

With the exception of applicants for whom the 603 examination has been auto-added due to strong suspicion of TB identified by the radiologist, all applicants requiring such investigation must be MOC-deferred. The health case must remain in a deferred state until active TB has either been excluded or successfully treated.

The 603 examination requires a combination of specialist review, sputum testing, repeat chest imaging and other testing as clinically appropriate to identify if the applicant has active TB.

Note: Individual health examinations are valid for 12 months from the date they are first submitted to the Department. If a health case is deferred and finalisation of a health case is delayed, a MOC will determine whether additional examinations are required. If a MOC determines additional examinations are not required, notes must be added to HAP providing the reason.

4.1.2.1 Specialist review

It is important that a chest or respiratory specialist, further evaluates the applicant once suspicion of TB is identified. It is also important that TB investigation and (if needed) treatment is overseen by an appropriately qualified person, and their specialist TB report forms a key component of the 603 examination.

It may not always be possible for applicants to access a specialist for such oversight. In these cases, a report from a suitably qualified and experienced Panel Physician is often the preferred alternative, as they are better placed to understand the visa health process and requirements than other clinicians.

4.1.2.2 Sputum testing

Sputum smears and cultures are the primary testing tool to diagnose pulmonary TB. The reliability of sputum testing is dependent on the quality of specimen collection and subsequent laboratory processing.

Panel Members are responsible for ensuring that the laboratories used for sputum testing have either:

- relevant International Organisation for Standardisation (ISO) accreditation,

- the equivalent national or state accreditation in the country in which they are located,
- or are working towards either of these accreditations.

Ideally, laboratories should be equipped to perform both first and second-line drug sensitivity testing (DST). Panel Members must be able to provide evidence of this to the Department upon request (e.g. email confirmation from the laboratory, reference to laboratory's website etc.).

MOCs should always be cautious when interpreting sputum test results. Poor specimen collection, storage or culture technique may produce false negatives. Even in the best laboratories, no TB test has 100% sensitivity and specificity, meaning MOCs must always consider the overall clinical picture in combination with sputum results. If there is any doubt, 6 months CXR stability can be sought from the initial CXR examination (502). If the assessing MOC still has high suspicion of active TB following the smears and cultures return negative.

2 categories of sputum testing are available in the form of microbial and molecular tests.

(a) Sputum testing – Microbial tests (smear and culture):

- Smear technique involves obtaining a sputum specimen, smearing it across a glass slide, and staining it to make mycobacteria visible under a microscope through colour contrast.
- The usual (and oldest) staining technique uses an acid-fast stain (such as the Ziehl-Neelson stain), so the bacteria it identifies are also known as acid-fast bacilli (AFB).
- A more sophisticated staining technique involves fluorescence microscopy, with the specimen stained with a fluorescent agent (such as auramine) which makes the Mycobacteria 'glow' against a dark background. This higher visibility gives fluorescence a higher sensitivity than acid-fast staining.
- MOCs are not required to specify which type of staining should be used. In higher quality laboratories, both techniques are often used on the same sample, whereas lower quality laboratories would be likely to use AFB staining only.
- The advantage of sputum smear is that it is quick, cheap, and relatively easy. The disadvantage is that it has lower sensitivity to detect disease as there may be insufficient bacteria in the specimen to be identified by microscopy. For this reason, additional testing (such as culture or molecular testing) is required. However, treatment commencement need not be delayed pending such results. A positive smear in combination with clinical and/or radiological signs of TB is sufficient indication that TB treatment is required.
- Sputum culture is usually performed in a liquid medium using the Bactec automated culture system or on solid media, if available. It is not the responsibility of the MOC to direct laboratories as to a choice of media type. The only practical difference for MOCs is that liquid culture can be declared negative if no growth occurs after 6 weeks, whereas the equivalent period for solid culture is 8 weeks.
- If Mycobacterium Tuberculosis (MTB) is isolated, drug sensitivity testing (DST) is required for first line drugs. If resistance is found, testing for second-line drugs will be performed if the lab has the capability. Panel Members must refer to a laboratory that has the capability for second line DST.
- Where active TB is suspected, negative smear and culture results are required, to determine an applicant is free from TB.

(b) Sputum testing – Polymerase Chain Reaction (PCR) or molecular tests

- More recently, PCR testing for TB has emerged as an additional TB diagnostic tool. PCR tests identify DNA of TB bacteria and drug resistance genes and have a high specificity and positive predictive value. Compared to sputum smear alone, PCR tests are considered a more sensitive initial diagnostic test. In some resource-poor and isolated settings, PCR tests have largely replaced microbial testing, due to ease of use, affordability, and portability. PCR tests require only one to 2 sputum samples to be collected.

- The most commonly used PCR tests are the Cepheid GeneXpert MTB/RIF, MTB/RIF Ultra and MTB-XDR assay. These are portable tests which can be used in the field as well as the laboratory and can identify TB and rifampicin drug resistance within hours. Although smear and culture remains the gold standard test for TB diagnosis as it can provide more detailed drug susceptibility testing, results can take weeks to be finalised, potentially delaying the commencement of treatment. The newer GeneXpert MTB/RIF Ultra and MTB-XDR assays are preferred as they are more sensitive than the original assay.
- The other PCR test likely to be encountered in the IME setting is a line probe assay (LPA) manufactured by Hain Lifesciences, sometimes referred to as the 'Hain test'. LPA is much more expensive and difficult to perform than GeneXpert, and is only found in high quality laboratories. However, LPA products have the capability to test for a wider drug-resistance profile than Xpert MTB/RIF and are therefore favoured by laboratories that encounter substantial numbers of drug-resistant cases.

In the IME setting, molecular tests act as an adjunct to smear and culture, which remains the default requirement in all cases. Panel Members are encouraged to request molecular tests in certain situations, as outlined in the Panel Member Instructions. 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, unless the clinic has been 'enabled' to use molecular testing as part of the 603 examination (see below). However, a positive molecular result should not be ignored if made available to a MOC as part of the IME process.

The below table provides guidance on the actions that should have been taken by the treating chest physician, as part of the 603 examination, if molecular test results were available.

Microbial result	Molecular test result	Action
1. Positive smear	Positive MTB, negative drug resistance	First-line Rx required.
2. Positive smear	Positive MTB, positive drug resistance	Second-line Rx required, awaiting confirmation through culture-based DST if/when available.
3. Positive smear	Negative MTB	Consider NTM infection. If clinical and/or radiological signs of active TB, and/or young applicant, Rx should be commenced. If asymptomatic older applicant with CXR consistent with previous TB, Rx commencement can be delayed pending culture result.
4. Negative smear	Positive MTB	All 3 sputum specimens are required for smears as well as cultures (regardless of smear results) for those who underwent the microbial testing.
5. Positive culture	Positive MTB, negative drug resistance	First-line Rx required, subject to change pending culture-based DST results.
6. Positive culture	Positive MTB, positive drug resistance	Implement second-line Rx awaiting culture-based DST results for confirmation.
<i>Rx: medications; NTM: non-tuberculous mycobacteria</i> See also: <u>WHO operational handbook on tuberculosis: module 3: diagnosis: rapid diagnostics for tuberculosis detection, 3rd ed</u>		

4.1.3 GeneXpert enabled clinics

The Department has approved the use of Cepheid GeneXpert MTB/RIF, MTB/RIF Ultra and MTB-XDR for cases deferred for a 603 examination in select panel clinics that have limited access to an accredited TB laboratory and/or where integrity of samples are compromised given long transit times to the laboratory.

For these GeneXpert approved clinics, deferred cases may have initial GeneXpert testing in place of smear and culture. Given higher sensitivity, GeneXpert MTB/RIF Ultra and MTB-XDR are the preferred assays, however, GeneXpert MTB/RIF assay can be used where MTB/RIF Ultra and MTB-XDR is not available. Clients being tested with GeneXpert MTB/RIF Ultra or MTB-XDR will require one sputum test while those with GeneXpert MTB/RIF will require a second sputum test if the original test did not detect TB.

If Xpert is recorded as positive on the 603 examination, eMedical will automatically generate 3 smears, 3 cultures and drug sensitivity testing for completion.

When Xpert detects MTB, a rifampicin (RIF) resistance result is also generated, with RIF resistance likely to signify MDR-TB. An appropriate course of treatment will need to be provided, with referral to the Department for review following treatment completion.

Note: *the referral process does not apply for an onshore case where applicants have received a clearance by an onshore chest clinic, regardless of where the treatment was received.*

Applicants who have TB detected on GeneXpert testing should be deferred for a 607 examination, which involves referral to the country's National TB Program, where possible, for commencement of TB treatment.

For GeneXpert_enabled clinics, MOCs should delete the 603 default text and paste the following text:

Respiratory specialist (pulmonologist) investigation and report required for current status regarding tuberculosis. A recent chest x-ray showed <add details>.

Please include the following information:

- *Clinical examination findings;*
- *Results of 1 Xpert MTB/RIF Ultra (preferred) OR 2 Xpert MTB/RIF (taken on different days);*
- *Results of 1 Xpert MTB/XDR, if this assay has been performed by the testing laboratory.*
- *Old chest x-rays for comparison (if available). Reports can be submitted if images available are not digital;*
- *Repeat PA image 3 months after the initial CXR;*
- *Any previous reports regarding any treatment of tuberculosis;*

If TB has been excluded, please exclude other pathology that could cause the abnormal x-ray findings.

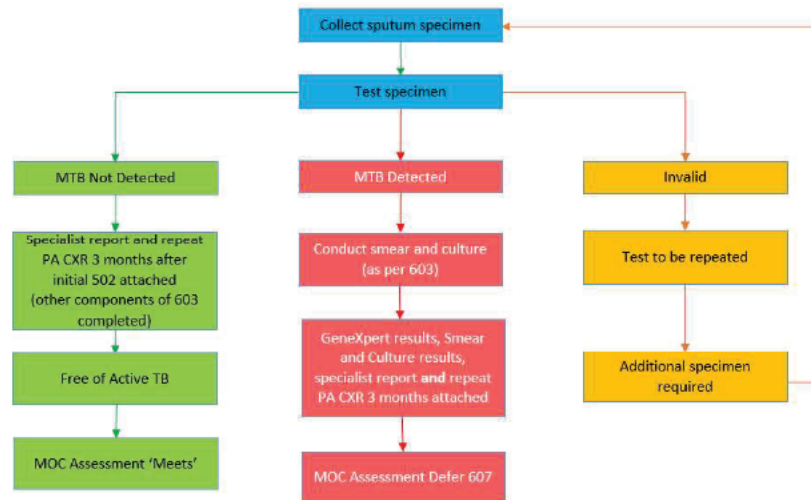
Both positive and negative GeneXpert cases should have a specialist report and repeat CXR examination 3 months after the initial CXR examination (502).

Given GeneXpert has a slightly lower test sensitivity than culture, applicants who return a negative GeneXpert result, the assessing MOC should request smear and culture testing if they still deem the case to be at high risk of active TB (i.e. given CXR findings or other signs on history or examination).

4.1.4 MOC GeneXpert flowcharts

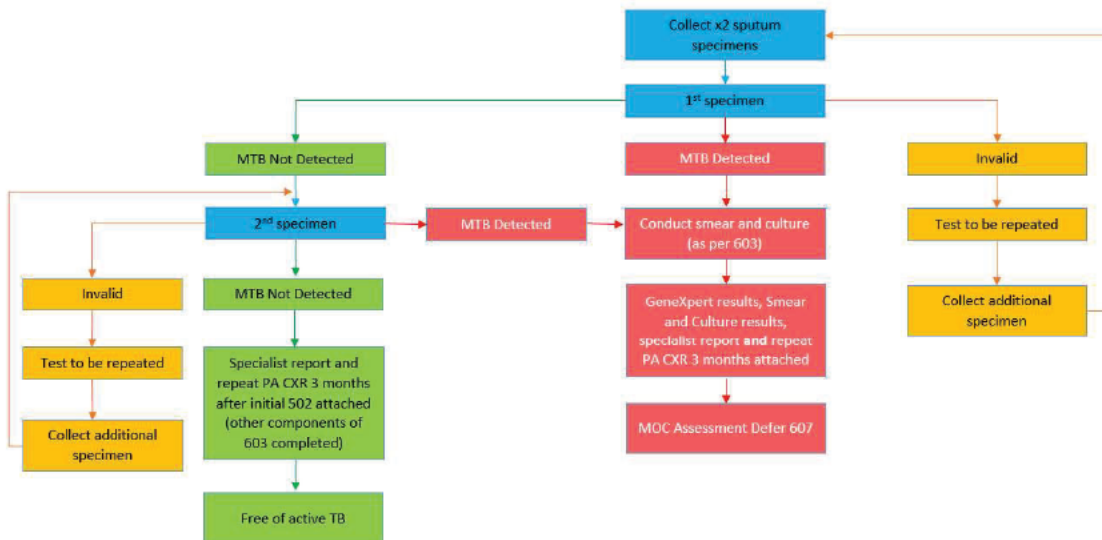
Updated December 2023

MOC: GeneXpert® MTB/RIF Ultra Process



Updated December 2023

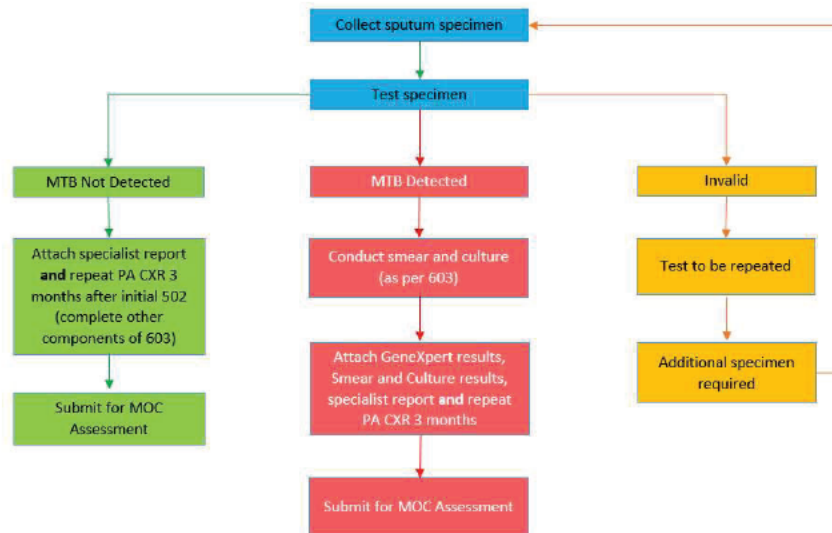
MOC: GeneXpert® MTB/RIF Process



4.1.5 Panel clinic GeneXpert flowcharts

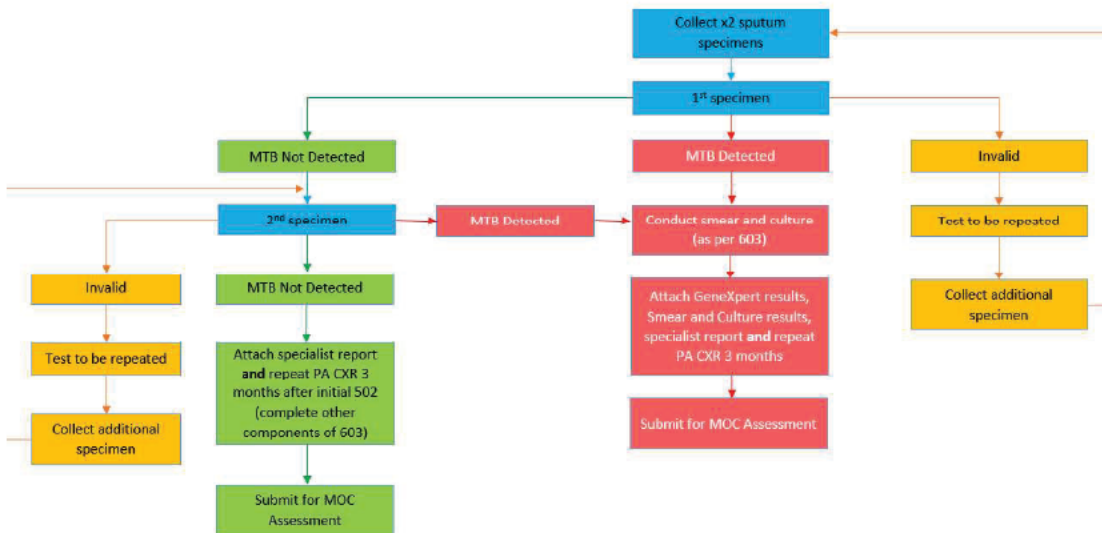
Updated December 2023

Clinic: GeneXpert® MTB/RIF Ultra Process



Updated December 2023

Clinic: GeneXpert® MTB/RIF Process



4.1.6 Tuberculosis treatment

TB treatment is often complex and clinicians may be faced with challenges in ensuring patient compliance.

Any applicant who has one or more of the following will require treatment for TB:

- positive microbiological and/or molecular test results with MTB identified
- a CXR with findings consistent with active TB
- clinical symptoms and signs which create a strong suspicion of active TB.

4.1.6.1 Treatment monitoring

To ensure the applicant is responding to treatment, monitoring for improvement in symptoms, resolution or stability of CXR findings and negative sputum tests is essential. Monitoring options and responsibilities for Panel Physicians are documented in the Panel Member Instructions.

Health clearance cannot be provided unless all of the following have occurred:

- an adequate course of treatment has been completed and documented
- sputum smear, if positive, has converted to negative
- sputum culture, if positive, has converted to negative on specimens collected on 2 occasions at least one month apart
- CXR appearance has either improved or stabilised at an interval of 3 months or more
- clinical signs and symptoms of active TB, if present, have resolved
- applicant has completed a HIV examination.

Note: Under health policy settings, any visa applicant who is diagnosed with active TB must be tested for HIV due to clinical risk with this cohort. The 707 HIV examination must be manually added by the Panel Physician as it is not automatically added if a visa applicant is found to have active TB. However in instances where active TB is discovered following the 603 deferral, a MOC may be required to add the HIV examination.

It is not necessary for MOCs to request post-treatment sputum collection unless negative sputum results (as set out above) have not been documented by treatment monitoring. However, a clinical report and post-treatment CXR is required in all offshore cases as evidence of treatment success and must be recorded in the applicant's file in the event of onshore follow-up being required through a Health Undertaking.

Note: For onshore cases, the Department supports the practice of accepting onshore specialist TB service reports when assessing whether the applicant is 'free from TB' after completion of the required treatment. Health Undertakings are NOT appropriate for onshore applicants (except for certain applicants e.g. onshore Subclass 866 (Protection) visa applicants) – refer to TB Health Undertakings.

Treatment failure is defined by persistently positive sputum results during continued treatment. In pan-susceptible cases, most guidelines define treatment failure as positive sputum culture after 4 months of treatment. Treatment failure usually signifies an inadequate regimen, due to undiagnosed drug resistance, inadequate dosing, or patient non-compliance with medication. In cases of treatment failure, a DNM opinion must be provided.

What if the MOC is not satisfied that the applicant has been treated to point of cure?

In instances where a MOC is not satisfied that the applicant has been treated to the point of cure, the case may be deferred for 12 months for further documentation, e.g. serial CXR, at the discretion of the assessing MOC.

What if the applicant refuses TB treatment?

Some applicants deny a diagnosis of TB and treatment. It is the responsibility of the Panel Physician and the attending chest physician to explain to the applicant the need for treatment and counsel them. However, in some cases, applicants may not accept this advice and refuse treatment. If this occurs and this information is

available to the MOC, the MOC should specify the need for treatment through a 607 deferral examination request.

If the applicant refuses the MOC request, a DNM should be provided to the effect that they are not free from TB.

Panel Members must ensure that visa applicants requiring TB treatment are managed according to standard regimens as outlined in the Panel Member Instructions. Directly Observed Therapy (DOT) administered by a health care worker is the best way of ensuring compliance with therapy. 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 or jurisdictional public TB program may be sufficient evidence of satisfactory treatment, especially if end of treatment cultures are negative.

In some, under-resourced countries, TB management practices vary widely and Panel Members are required to provide or oversee TB treatment using standard drug regimens and DOT. In these cases, treatment records should include evidence of DOT.

Note: For offshore cases, Panel Members must ensure that they refer cases to DOT Centres with appropriate accreditation to ISO standard, or the national or jurisdictional equivalent in the country in which they are located or are working towards that accreditation. For onshore cases, applicants are referred to local state/territory health authorities for further testing/monitoring and/or treatment.

4.1.7 Drug-resistant tuberculosis

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 offshore cases where drug resistance has been identified (mono, poly, multi or extensively drug-resistant), either before or during the IME process require review through a referral to the Department, once treatment has been completed. This process does not apply to onshore cases where applicants have been discharged by an onshore chest clinic, regardless of where the treatment was received.

Once all TB treatment records are available, MOCs must complete the appropriate referral template (at Annexure C) 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 referred to the Department for 'further advice'.

This referral should be forwarded to s-22(1)(a)(i) @homeaffairs.gov.au. CXR attachments do not need to be provided routinely but may be included if particularly relevant, or at the request of the Department.

The completed template, with any additional considerations, will be returned to the MOC so that a MOC opinion can be provided.

Note: If comprehensive treatment records are not provided to the MOC (that is, if the treatment was not overseen by the Panel Physician), the MOC should use their discretion, noting that deferral is not mandatory and premature referrals to the Department should be avoided.

4.1.8 MOC assessment and 719 TB screening test

The 719 TB screening test is either a Tuberculin Skin Test (TST or sometimes referred to as a Mantoux test), or an Interferon Gamma Release Assay (IGRA the most widely available being a Quantiferon Gold test). TST is generally preferred in the absence of previous Bacillus Calmette–Guérin (BCG) vaccine. Generally, IGRA tests are preferred where available, particularly in children under 5 years of age who have received the BCG vaccine, especially in the previous 5 years.

The Department uses the 719 TB screening test for TB screening in children, especially those from high TB risk countries where they comprise a highly vulnerable group. See https://www.rch.org.au/immigranthealth/clinical/Tuberculosis_screening/ for more information.

The following visa applicants, from high TB risk countries, require 719 TB screening as prescribed in the *Migration Regulations 1994 - Specification of Required Medical Assessment - IMMI 15/144* (IMMI 15/144) and/or provided for in the Health PI:

- Children (as specified in IMMI 15/144) who are 2 to under 11 years of age and applying for a permanent and/or provisional visa.
- Children who are 2 to under 11 years of age and applying for a protection, refugee or humanitarian visa (visa subclasses specified in the Health PI).
- Any visa applicant known to be a close household contact of a person diagnosed with active pulmonary or extra-pulmonary TB within the 5 year period prior to the applicant's IME, irrespective of visa class or age.
- Applicants who fall within a special significance category because they are:
 - 15 years of age and older intending to work as, or study to be, a doctor, dentist, nurse or paramedic, or
 - intending to work as, or study or train to be, a health care worker, or to work within a health care or hospital environment, aged care or disability care facility, in a health care profession

This screening method is primarily designed to assist in identifying children who might require further testing (usually a CXR) to exclude active disease, and to identify those who have latent TB infection (LTBI).

Note: the 719 TB screening test is not required for non-migrating family members (NMFM), even if they are asked to undertake an IME.

4.1.9 What is considered to be a positive 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 IGRA, should be regarded as a negative (719) TB screening test.
- A TST is deemed positive if greater than or equal to 5mm induration for those applicants who are immunosuppressed or proceed to testing because they are a close household contact within the last 5 years. (See <https://www1.health.gov.au/internet/main/publishing.nsf/Content/cdi4103-d> for more information.)

All cases with a positive TST or IGRA or cases with an indeterminate IGRA require review by a MOC. Decisions should be made according to current Australian Department of Health guidelines.

All applicants with a positive 719 TB screening 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 TB screening test if this imaging has not already been provided.

For applicants with a positive 719 examination (TST or IGRA) and a CXR shows signs which may be associated with active TB disease or indicate changes compared to a previous CXR, then a deferral for a 603 examination is required for exclusion of active TB.

For applicants with an indeterminate IGRA, further testing is recommended for applicants with a history of immunosuppression (i.e. HIV) or TB exposure, or where there is other clinical suspicion of TB infection.

Applicants with a positive 719 TB screening test and a negative CXR and without clinical findings have LTBI. In the presence of epidemiological risk factors such as high prevalence area or close contacts, it is particularly important to exclude active TB. LTBI does not preclude a 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.

Children with abnormal CXR findings will need specialist review (paediatrician or pulmonologist) as children with active TB may have no or atypical respiratory symptoms, extra-pulmonary TB and/or negative sputum results.

Children aged less than 5 years of age, regardless of whether or not they are from a higher or lower TB risk country, who:

- declare close household contact with TB, or
- display clinical symptoms of TB, or
- are immunocompromised,

must undergo 502 CXR examination and specialist paediatric review, regardless of symptomatology or clinical findings, or the result of the 719 TB screening examination.

As per Tuberculosis CDNA National Guidelines children under 5 years of age meeting the criteria of close household contact with TB within the last 8 weeks should be referred to the national TB program/TB specialist for any follow up care/treatment

4.1.10 Tuberculosis Health Undertakings

A Health Undertaking is an agreement that an applicant makes with the Australian Government to attend a health clinic in Australia to follow up on a medical condition. TB Health Undertakings require the visa applicant to attend a local state/territory chest clinic after their arrival in Australia. Due to workload demands of these clinics it is important that only those applicants at greatest risk are referred.

4.1.10.1 Onshore applicants and tuberculosis Health Undertakings

Health Undertakings are not required for onshore applicants (except certain visa applicants, for example, Onshore Protection visa applicants).

In practice (for all other onshore visa applicants), this means that following completion of the required IME with the MMSP, these visa applicants will either receive a 'Deferred' opinion or a 'Meets' opinion after review by a MOC.

If an applicant has a 'Deferred' opinion, they will be referred by the MOC to the relevant state/territory chest clinic for review and possible treatment. The MOC will finalise the health outcome only after the state/territory chest clinic advises that the applicant is not considered a threat to public health. This is usually in the form of an 'onshore TB specialist service report', advising that the applicant has either had active TB excluded or has been discharged.

Further information on Health Undertakings for onshore protection visa applicants is available at 4.2.3 Assessment of certain onshore protection/humanitarian visa applicants of these instructions.

4.1.10.2 Offshore applicants and tuberculosis Health Undertakings

In general, for applicants with a history of, or an increased risk of developing active TB, or who have LTBI diagnosed at the IME, and where no other significant health condition is identified, MOCs should provide a 'Meets with Health Undertaking' opinion for applicants who fit into one of the following 3 categories:

- LTBI - i.e. the 719 test (IGRA or TST) is positive
- persons who are at risk of reactivation of TB (e.g. those with abnormal CXRs but in whom active TB has been excluded)
- any TB treatment in the past 5 years regardless of whether the CXR is normal or not.

For all **offshore** applicants in the following groups:

- applicants intending permanent stay in Australia

- applicants intending temporary stay of 12 months or more
- applicants intending temporary stay of less than 12 months where there are exceptional circumstances based on clinical review
- higher risk applicants such as health care workers and immunocompromised persons, irrespective of the period of stay
- applicants from a higher TB-risk country who are:
 - 15 years of age and older intending to work as (or study to be) a doctor, dentist, nurse or paramedic, or
 - intending to work as, or study or train to be, a health care worker or work within a health care facility, or within aged care or disability care while in Australia.

4.1.11 Processing tuberculosis cases in HAP

Cases where active TB needs exclusion require 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 and remove requests for information which has already been made available, to avoid confusing the Panel Physician.

Sputum (or other appropriate specimen) collection and testing is required in all such cases. If culture results are positive, DST is also required in all cases. Molecular testing is encouraged where available, and MOCs should assess these results as clinically appropriate as described earlier. If sputum tests are negative, a minimum of at least 3 months radiological stability is required to confirm disease inactivity. This means that the repeat CXRs must be at least 3 months after the initial CXR.

All applicants who require treatment or who have commenced treatment for TB should be deferred with the 607 examination. TB needs to be managed and monitored as outlined in the Panel Member Instructions. The 607 examination text should be edited to ensure sputum testing occurs as part of treatment monitoring.

ICD codes and details of sputum testing results must be entered into HAP when available and when prompted. 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 a Health Undertaking.

Table 2 – 600 series codes for additional information collection that MOCs may use in the following situations

Code	Description	When MOCs should use:
601	Sputum smears and cultures	If sputum tests were not provided according to Panel Member 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).

Code	Description	When MOCs should use:
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).
607	Continued anti-tuberculosis treatment	If initial diagnosis has been confirmed and treatment is ongoing.
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.

Note: a complete list of examination codes and description is at Annexure A.

4.2 Part B: Public health threats - other

4.2.1 Disease or condition considered to be a threat to public health

The Australian Department of Health, Disability and Ageing provides information to the Department on diseases or conditions that may potentially be a threat to public health. Conditions which are considered to be a threat to public health under current Migration Health policy are discussed below.

Sub-clause (1)(b) of PIC 4005 and PIC 4007 require that an applicant is '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'.

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). Where this occurs, MOCs will be provided with specific instructions regarding such arrangements.

4.2.2 Blood Borne Viruses (BBVs)

4.2.2.1 Exposure Prone Procedures

The Health PI prescribes additional health examinations for visa applicants who intend to work as, or study to be, a doctor, dentist, nurse, or paramedic.

This group requires a medical examination (501), CXR examination (502), HIV examination (707), hepatitis B examination (708) and hepatitis C examination (716), regardless of TB risk or visa class and a TB screening test (719) if from a higher TB risk country.

This screening is required to identify applicants who may be a threat to public health. Although HIV and hepatitis are not generally considered to be threats to public health, health care worker (HCW) and health care student (HCS) applicants assessed as having these conditions may be found to be a threat to public health if their viral loads are above threshold levels, as covered in the Communicable Diseases Network of Australia (CDNA) guidelines. This is based on guidelines provided by the Communicable Diseases Network of Australia (CDNA). These guidelines are available at

<https://www.health.gov.au/resources/publications/cdna-national-guidelines-healthcare-workers-living-with-blood-borne-viruses-perform-exposure-prone-procedures-at-risk-of-exposure-to-blood-borne-viruses?language=en>.

An exposure-prone procedure (EPP) as defined by the CDNA is 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.

Please see advice below for MOCs regarding assessing HCW/HCS cases where a BBV is identified as part of the IME process, and the circumstances under which MOCs should defer cases with the examination code 721 "Health Care Worker Duty Statement".

References to viral load levels are in accordance with the "Australian national guidelines for the management of healthcare workers living with blood borne viruses and healthcare workers who perform exposure prone procedures at risk of exposure to blood borne viruses". National Guidelines the Management of Healthcare Workers Living with Blood Borne Viruses and Healthcare Workers who Perform Exposure Prone Procedures at Risk of Exposure to Blood Borne Viruses

Hepatitis B	HCWs or HCSs who are HBV-DNA positive but where 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.
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	For HCWs or HCSs with a viral load at 200 IU/ml or higher, a Health Care Worker Duty Statement should be requested. The statement should confirm that the HCW or HCS will not perform EPPs until their viral load is below 200 IU/ml. If the applicant will work as or study to be a dentist, the statement should confirm that this activity will not occur until their viral load is below 200 IU/ml.
Hepatitis C	HCWs or HCSs who were HCV RNA detectable but undertook successful treatment with direct-acting antiviral (DAA) therapies such that they had no detectable HCV RNA ≥ 12 weeks after the completion of treatment or spontaneously cleared HCV RNA as demonstrated by 2 undetectable tests at least, one month apart, would not be regarded as being a public health risk in terms of meeting the Health Requirement. For HCWs or HCSs who are HCV RNA detectable, a Health Care Worker Duty Statement should be requested. The statement should confirm that the HCW or HCS will not perform EPPs until they have no detectable HCV RNA as demonstrated under the above requirements. If the applicant will work as or study to be a dentist, the statement should confirm that this activity will not occur until they have no detectable HCV RNA, as above.
HIV	HCWs or HCSs who are HIV positive with a viral load below 200 copies/ml and they are compliant with an effective Anti-Retroviral Treatment (ART) would not be regarded as being a public health risk in terms of meeting the Health Requirement. For HCW or HCS with viral loads at 200 copies/ml or higher, a Health Care Worker Duty Statement should be requested. The statement should confirm that the HCW or HCS will not perform EPPs until their viral load is below 200 copies/ml. If the applicant will work as or study to be a dentist, the statement should confirm that this activity will not occur until their viral load is below 200 copies/ml.

Health Care Duty Statements should be provided from prospective employers or educational institutions, however 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 (VPO) and uploaded into HAP for MOC review.

All visa applicants who declare that they will work as, or study to be a doctor, dentist, nurse or paramedic, and who have a BBV infection, regardless of viral load level, should be placed on a Health Undertaking if offshore (refer to 4.2.5 Non-TB Health Undertakings section). If onshore, the Panel Physician should consider appropriate duty of care referrals

4.2.2.2 Human Immunodeficiency Virus (HIV) testing

In addition to applicants who will undertake EPPs, HIV tests are undertaken for:

- all permanent visa applicants aged 15 years of age and over (including some NMFMs)
- unaccompanied humanitarian minors
- all children who have been, or are to be adopted by Australian citizens or permanent residents where the visa application for the child/children is for a Subclass 102 (Adoption) visa, or a Subclass 802 (Child) visa, or as a dependent on any provisional or permanent visa
- children aged 14 years of age and younger with clinical suspicion for HIV infection, or who have a history of blood transfusions or haemophilia, or for whom the mother is HIV-seropositive
- temporary visa applicants with a declared history of being HIV seropositive and/ or clinical signs of AIDS
- persons known or found to be infected with hepatitis C
- persons where there is evidence of previous or current intravenous drug use

- persons where active TB is diagnosed
- temporary visa applicants who declare that they will incur medical costs or require treatment for HIV infection.

A 722 HIV specialist report examination will be automatically generated for applicants outside Australia who return a reactive/positive HIV test. CD4 and viral load results must be included in the specialist report.

For applicants in Australia a 722 HIV specialist report examination is not generated, however where an applicant's HIV positive status is known at time of IME, and they are already undergoing HIV treatment, Panel Physicians are requested to upload any recent pathology results or General Practitioner (GP) or specialist report that the applicant brings to their IME. If these documents are not available at time of IME, Panel Physicians are to record the following details, where known, in eMedical under the Medical History section of the 501 medical examination:

- Year of diagnosis
- Country of diagnosis
- Antiviral therapy details, including date commenced, compliance to treatment and where the medication is sourced
- The sexual health clinic, GP or specialist in Australia managing their HIV, including information on:
 - Last pathology blood test, and any known results from latest viral load and/or CD4 count
 - Last visit and/or next scheduled visit.

If the MOC is satisfied that the information recorded does not indicate potential drug resistance or inadequate viral control, the MOC assessment can be made on the basis of the information provided. If the MOC is not satisfied of this, the case should be deferred for the provision of an HIV specialist report.

For applicants in Australia who are newly diagnosed with HIV at time of the IME, a specialist report or pathology results will not be required, and MOCs can proceed to finalise assessments without deferral / or waiting for a specialist report or CD4 pathology results. Such applicants are referred by Panel Physicians to their own GP or a suitable specialist for follow-up counselling and management.

4.2.2.3 Hepatitis B

In addition to applicants who will undertake EPPs, 708 hepatitis B examinations are undertaken for:

- All provisional and permanent visa applicants aged 15 years of age and over who were born in high hepatitis B risk country
- Children under 15 years of age born in high hepatitis B risk countries who have been, or are to be, adopted by Australian citizens or permanent residents on a Subclass 102 (Adoption) visa Pregnant applicants intending to give birth in Australia (whether they are onshore or offshore)
- Applicants 15 years of age or older who are intending to work as (or study to be) a doctor, dentist, nurse or paramedic
- Persons with clinical indicators or history giving rise to a possibility of infection (for example, biological mother positive).

A 'high risk' country is a country with a prevalence of chronic hepatitis B (HBsAg+) of 2% or higher.

4.2.3 Assessment for specific onshore visa applicants including onshore protection visas

This section relates to the assessment of health examinations completed by applicants who apply for the following visa subclasses:

- Subclass 866 (Protection) visa
- Subclass 785 (Temporary Protection) visa

- Subclass 790 (Safe Haven Enterprise) visa (SHEV)
- Subclass 786 (Temporary (Humanitarian Concern)) visa
- Subclass 851 (Resolution of Status) visa

The health PICs do not apply to these visa applicants.

The Regulations relating to health for these visa subclasses require MOCs to assess whether the applicant might pose a public health risk to the Australian community.

In practice, this means where a MOC determines that the applicant is a public health risk to the Australian community, the MOC may request the applicant for these visa subclasses to complete a Health Undertaking before a decision is made on their visa application by the visa delegate. Arrangements must be made to place the applicant under the professional supervision of a health authority in a state/territory to undergo any necessary treatment.

4.2.3.1 Tuberculosis

A 'No Clearance Required' outcome can be provided to the applicants for the visas listed at 4.2.3 Assessment for specific onshore visa applicants including onshore protection visas of this instruction, who have signs of inactive TB. If signs of active TB are present that would otherwise result in a 603 deferral (as outlined in Part A of this document), a 'No Clearance Required with Health Undertaking' outcome can be provided, unless compliance with a previous health undertaking is evidenced by an onshore chest clinic report.

Where active TB is suspected, in addition to the Health Undertaking, arrangements should be made to ensure that applicants are immediately referred to a state/territory chest clinic or respiratory specialist.

4.2.3.2 Human Immunodeficiency Virus (HIV)

Applicants for the visas listed at 4.2.3 Assessment for specific onshore visa applicants including onshore protection visas with HIV and in whom TB has been excluded should be provided with a 'No Clearance Required with Health Undertaking' for HIV. The only exception to this is if they have previously been provided with a HIV Health Undertaking.

4.2.3.3 Hepatitis

A 'No Clearance Required with Health Undertaking' outcome is appropriate for applicants for the visas listed at 4.2.3 Assessment for specific onshore visa applicants including onshore protection visas of this instruction who are identified as:

- HBsAg positive or
- HCV seropositive and
- have not previously been requested to sign a hepatitis Health Undertaking.

An hepatitis Health Undertaking should not be requested if the applicant has previously signed a hepatitis B or C Health Undertaking.

Note: Refer to *TB and Non-TB Health Undertaking* sections for further information on Health Undertaking requirements.

4.2.4 Assessment of Medical Treatment visa applicants

Medical Treatment visas (MTVs) allow non-citizens to either visit or stay in Australia for a short period of time to obtain medical treatment. In most cases MTVs are not appropriate for persons seeking to stay in Australia for beyond a one year period. However, in some instances MTVs are granted for a longer stay for applicants who are unfit to depart Australia due to their health conditions. This assessment is carried out by a MOC – refer to *Non-Standard MOC Assessments*.

PIC 4005/4007 do not apply to MTV applicants seeking medical treatment. All applicants seeking medical treatment must, however, satisfy a visa delegate that they are free from 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 (subclause 602.212(2)(d) of Schedule 2 to the Regulations). Under policy, this equates to the applicant being free from active TB. An applicant who poses such a threat will be found not to meet the Health Requirement, with a MOC opinion wording equivalent to those for the public Health Requirement of PIC 4005 or 4007.

Additionally, the visa delegate may also seek MOC advice where:

- a longer stay in Australia is requested by the applicant to ensure that the proposed length of treatment is consistent with applicant's health condition, or
- there is a concern that the applicant may be seeking to access a service in short supply.

4.2.4.1 MOC assessment and MTVs

Primary applicant

The primary applicant refers to the person seeking treatment, an organ donor, a support person for either of these, or a person seeking to satisfy the 'unfit to depart' criteria.

- Under policy, persons seeking medical treatment are required to undergo 501 medical examination and 502 CXR examinations for the purpose of excluding active TB, if they are from a higher TB-risk country, on the basis that they will be entering a hospital or health care environment. If TB is suspected, further investigation is required through the 603 examination. Once TB is excluded, a health clearance can be provided.
- MTV applicants seeking medical treatment who are from lower TB-risk countries will generally not be required to undergo health examinations unless information is known to the Department requiring medical examinations.
- MTV applicants seeking to donate an organ, or be a support person, are required to satisfy PIC 4005, and are from a higher TB-risk country are required to undergo health examinations as follows:
 - Children under 2 years of age – a medical examination (501) only
 - Children 2 years of age to less than 11 years of age – a medical examination (501) and a TB screening test (719)
 - Persons 11 years of age or older – a medical examination (501) and a CXR examination (502).

Health Undertakings cannot be used in relation to MTV applicants who are seeking medical treatment as they are not required to satisfy the Health Requirement. The MTV Regulations do not require the MOC to place such applicants under the supervision of a health authority. If MOCs are concerned about the TB status of such applicants, this needs to be resolved prior to visa grant rather than with onshore follow-up.

Special provisions to the above apply to the following applicants

- Papua New Guinea (PNG) citizens living in PNG's Western Province (south west PNG bordering Irian Jaya), and
- are approved by the Queensland Department of Health for medical evacuation to a hospital or for medical treatment in Queensland.

There are no health-related regulatory provisions for this group. The Department has arrangements in place with the Queensland government for residents of the Western Province of PNG to be admitted to hospitals in Queensland without having undergone TB screening, on the basis that the necessary precautions will be in place.

Secondary Applicant

The Regulations allow a secondary MTV applicant to be granted if they are a family unit member of a person who has been granted an MTV under the 'unfit to depart' provisions. These applicants are not required to meet the Health Requirement unless they already hold an MTV and satisfy the criteria for permission to work in Australia, in which case they must satisfy PIC 4005.

4.2.5 Non-TB Health Undertakings

Note: *there are no undertakings for onshore applicants with the exception of certain Onshore Protection visa applicants.*

4.2.5.1 Hepatitis B or C Health Undertakings

Are required for:

- Permanent applicants who are HbsAg+ve or HCV-seropositive and meet PIC 4005.
- Permanent applicants who are HbsAg+ve or HCV-seropositive and meet PIC 4007(1)(a) or (b).
- Temporary health care workers or students who are HbsAg+ve or HCV-seropositive, who meet PIC 4005, or meet PIC 4007(1)(a) or (b).
- Protection applicants who are HbsAg+ve or HCV-seropositive who have not previously been issued with a health undertaking.

Are not required for:

- Any applicant who is HbsAb+ve but HbsAg-ve.
- Any applicant who is HbsAg-ve and anti-HCV-seronegative after treatment for hepatitis B or C.
- Temporary applicants not involved in health care.
- Any applicant who does not meet PIC 4005.
- Protection applicants who are HbsAg+ve or HCV-seropositive who have been issued with a health undertaking prior.

4.2.5.2 HIV Health Undertakings

Are required for:

- Any HIV+ permanent visa applicant who meets PIC 4007(1)(a) or (b)
- Any HIV+ health care student or worker, who meets PIC 4005, or meets PIC 4007(1)(a) or (b)
- Any HIV+ protection visa applicant who has not previously been issued with a health undertaking for HIV.

Are not required for:

- Any HIV+ temporary applicant not involved in health care (defined above)
- Any HIV+ applicant who does not meet PIC 4005
- Any HIV+ protection visa applicant who has previously been issued with a health undertaking for HIV.

4.2.5.3 Leprosy Health Undertakings

Leprosy is caused by a *mycobacterium* like tuberculosis, and is treated with similar agents for a similar duration (6 months for pauci-bacillary leprosy, or 12 months for multi-bacillary leprosy).

As no active screening occurs for leprosy as part of the IME, and as the condition is rare in the visa applicant population, few cases are found. However, if a diagnosis is made on clinical or history grounds and confirmed on skin smear microscopy, the applicant should be deferred pending treatment completion as occurs with TB.

Once this treatment is complete, and assuming the applicant otherwise meets the Health Requirement for permanent stay, they can be issued with a leprosy Health Undertaking.

4.2.5.4 Pregnancy Health Undertakings

Under policy, pregnancy undertakings are required only for Onshore Protection visa applicants who are unable to undergo a CXR due to pregnancy.

Pregnancy Health Undertakings do not apply to PIC's 4005 or 4007. Applicants from lower risk countries can complete their health assessment with the CXR set aside. Applicants from higher risk countries must undergo CXR examination, either with added shielding during pregnancy, or following delivery.

4.3 Part C: Significant cost threshold (SCT)

4.3.1 Assessing visa applicants against the significant cost threshold

MOCs must provide an opinion as to whether a visa applicant's condition or disease would be likely to result in health care and community services costs if a visa were to be granted.

Regulation 1.03 (Definitions) 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 welfare expenditure on:

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

'Health care' is not defined under migration law. 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
- outpatient consultations (e.g. general practitioners, specialists, allied health and other health care providers, if subject to a public subsidy, for example a Medicare rebate)
- rehabilitation services
- disability services
- medications subsidised by the Pharmaceutical Benefits Scheme (PBS)
- devices, prostheses and appliances covered by Medicare/NDIS.

4.3.1.1 Costs relevant to assessment

A visa applicant or NMFM 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 – refer to 4005(1)(c)(ii)(A) and 4007(1)(c)(ii)(A).

As of 1 July 2024, the policy threshold for the cost considered as 'significant' is **AUD 86,000**. This is known as the significant cost threshold (SCT).

Note: MOCs should refer to the current Sch4/4005-4007 - The Health Requirement for further information about the SCT.

4.3.1.2 Costs to be excluded from costing calculations for temporary visa applicants

Exclusions under legislation – Refer to PIC 4005(3) and PIC 4007(1B) for further information.

Where an applicant applies for a temporary visa (unless the visa subclass is specified in Legislative Instrument LIN 22/007), the below services outlined in this instrument are to be **excluded** from the cost assessment:

- Social security payments
- Benefits derived from holding a health care card or pensioner concession card
- Provisions of pharmaceuticals listed under the pharmaceuticals benefits scheme (PBS) that if the person ceases to take would not be seriously detrimental to their life or wellbeing. Medications considered to be seriously detrimental if stopped include, but are not limited to:
 - 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)
- Services provided under the National Disability Insurance Scheme (NDIS).

Note: for Temporary visa applicants MOC cost assessments no longer include potential costs for state disability services in their costs assessments.

Note: See section 4.6.6 Review MOC (RMOC) Opinions for further special advice relating to Subclass 491 (Skilled Work Regional (Provisional)) visas and Subclass 494 (Skilled Employer Sponsored Regional (Provisional)) visas.

4.3.1.3 Permanent visa applicants

MOC cost assessments should not include potential costs for state disability services for permanent visa applicants, and instead assess costs against the disability services available under the NDIS. Noting that under departmental policy, MOCs assess an applicant against the Health Requirement for a permanent stay if the visa applicant has applied for a permanent or provisional visa.

Note: MOCs should refer to relevant NfG papers for costing information under the NDIS.

4.3.2 Period relevant to Assessment

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 **unless** the temporary visa subclass is specified by the Minister in the Legislative Instrument LIN 22/007 (in which case the visa is considered to be a provisional visa, as it can lead to eligibility for a permanent 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.

Note: Refer to PIC 4005(2) and PIC 4007(1A) for further information.

4.3.3 Permanent and provisional visa applicants

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

Visa Type	MOC cost assessment period	
Permanent and Provisional	Applicants aged 75 years or older	3 years
	Applicants with a condition that is permanent and the course of the disease is inevitable or reasonably predictable (65% likelihood) beyond the 5 year period	A maximum of 10 years
	Applicants with a reasonably predictable (65% likelihood) reduced life expectancy	A maximum of 10 years
	All other permanent and provisional visa applicants aged less than 75 years	5 years

4.3.4 Temporary visa applicants

For temporary visa applicants, the estimated costs for their proposed stay in Australia must be assessed against the period for which the delegate **intends to grant the visa**.

Under policy, unless an assessment for a permanent stay is requested, all temporary visa applicants are assessed against the Health Requirement for the **maximum** period provided by the visa subclass (that is, the standard default HAP period) unless the VPO has varied the assessment period from the default value. **Therefore, MOCs must provide an opinion against the assessment period that is specified by HAP in the first instance*.**

For example — a student visa applicant with health care costs of AUD 25,000 per annum, who will be granted a one year visa, should be found to meet the Health Requirement.

A student visa applicant with costs of AUD 25,000 per annum, who will be granted a 4 year visa, would not meet the Health Requirement. This is because the total health care costs for that student of AUD 100,000 exceed the significant cost threshold.

** While the (default) period is the maximum period for the relevant visa subclass, in practice, for visitor visa cases (i.e. over 75 years of age visa applicants), only the 501 medical examination and 705 Serum Creatinine and Estimated Glomerular Filtration Rate examinations are to be submitted by the visa applicant based on their intended length of stay, health declaration and the health matrix. For these health cases, the assessing MOC may provide an appropriate health clearance for a reduced stay where there are no significant findings or information available to suggest otherwise.*

Reduced Stay Period assessments for temporary visa applicants

- Where a significant health condition is identified and the applicant does not meet the Health Requirement for the default (maximum) period, the MOC will provide a 'DNM' opinion in the first instance.
- It is then the responsibility of the VPO to request a re-assessment by a MOC for a shorter period of stay, if appropriate. When a new assessment is requested, the visa delegate will enter the revised assessment period into HAP to be applied by the MOC in providing their opinion against the revised

period. The minimum stay period MOCs should cost against is 3 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 should be recorded as 'Meets (Reduced Stay)' and the relevant assessment period displayed to alert other MOCs and visa delegates 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 delegates using the 'MOC Comment' function, outlining their reasons.

4.3.4.1 Assessments for temporary visa applicants unlikely to be able to depart

Scenario 1

Where the MOC, in their clinical opinion, determines that a temporary visa applicant is unlikely to be able to depart Australia at the end of their proposed period of stay (e.g. where they require aged care accommodation due to cognitive disorder), even where the applicant would otherwise 'meet' the Health Requirement on a reduced grant period. The MOC can:

- proceed with the DNM opinion
- provide the originally estimated costs (regardless of proposed duration of stay) of their assessment.
- include an explanatory statement concerning the applicant's condition, detailing the reasons why the MOC has come to the opinion that the condition is of such a severity that the applicant is unlikely to be capable of departing Australia at the end of the proposed stay.

Note: Where the temporary visa applicant completed health examinations to the permanent standard and was assessed 'upfront' for a permanent stay in Australia, the visa delegate is responsible for requesting a re-assessment for the appropriate temporary assessment period. Where an assessment period for a permanent or provisional visa is required, and where it cannot be reduced, the applicants must be assessed for a permanent stay in Australia

Scenario 2

There may be situations where the applicant's ability to depart after their intended period of stay cannot be fully ascertained based on the information available to the Department. In this instance, the following additional information is to be requested from the client:

- A specialist opinion detailing the current severity of the condition and prognosis (including any foreseeable deterioration) – at least over the proposed length of stay, and
- A 'fitness to fly' assessment, if required.

Note: *If the specialist report deems the applicant fit to fly with no expected clinical deterioration in the short term (over the intended period of stay), then, in the event of a request for a reduced length of stay, the costing may be apportioned to the reduced length of stay period.*

Please note that this applies to both conditions that are progressive and conditions that are stable but particularly severe, with the following caveats:

- Several conditions can be labelled 'progressive', the important factor to consider is the rate of progression and in turn determine (exercising clinical judgement) the clinical status of the individual as it applies to the current time, the last few months, and prognosis over the period of the requested visa stay. Panel Physicians and MOCs should base their opinion and subsequent decisions on the progressive nature of the disease inclusive of the above factors.

If there is a discrepancy between the opinion of the Panel Physician and the current presentation of the individual, as per the information provided in the IME, then a specialist opinion is to be requested by the assessing MOC for additional clarification.

In scenarios where an applicant is considered not fit to depart by the Panel Physician, then a 'fitness to fly' assessment should be sought from a specialist.

Note: It is reasonable to apply the above to applicants who are already onshore in Australia.

4.3.5 Hypothetical person test

When assessing the likely costs involved with a disease and/or condition for an applicant, MOCs must apply the hypothetical person test, which was clarified in 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 condition and level of severity as the applicant would be eligible. This test is given effect in the health PICs which provide that the services require consideration '*regardless of whether the health care or community services will actually be used in connection with the applicant*'.

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 (e.g. temporary, or provisional/permanent visa)
- relevant assessment 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 and include it in their costing estimate. The only exception are services (and hence related costs) which are specifically excluded for temporary visa applicants (excluding provisional visa applications) – see section on Costs to be excluded from costing calculations for temporary visa applicants.

4.4 Part D: Prejudice to access (PTA)

4.4.1 Assessing services in 'short supply'

A visa applicant (or NMFM) 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 Department of Health, Disability and Ageing. Based on this information the following health services are deemed in short supply:

- organ transplants (including haematopoietic stem cell transplants), and
- renal dialysis.

Where MOCs indicate that the visa applicant is unable to meet the Health Requirement on prejudice to access grounds, they will need to select the applicable services as the reason for their opinion. These services are listed in HAP.

Note: For the purposes of the MOC opinion, autologous (patient to themselves) and allogeneic (patient to another patient) haematopoietic stem cell transplants would be considered as services in short supply therefore assessed Prejudice to Access for the purposes of the Health Requirement.

Key policy elements for MOC assessment and processing of Prejudice to Access cases

- MOCs should assess prejudice to access for a period up to a maximum of 10 years in line with the MOC cost assessment period specified in departmental policy.
- 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 AUD 86,000 and above.

Occasionally, clients who are known to require renal replacement therapy, including dialysis, may seek to enter Australia for short periods (e.g. on holiday or to visit family). The Department will support this in applicants already on dialysis for a maximum period of one month, provided 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/or that a renal physician may oversee dialysis in case of peritoneal dialysis and has confirmed financial arrangements, in writing).

VPOs should upload relevant documentation, confirming the arrangements in HAP. If this is not provided, MOCs should defer requesting this information. Once all the required information is available and assessed by the MOC, a time-limited Meets opinion can be provided for a maximum period of one month. Any extension to this should be discussed with the Department.

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

Note: MOCs should refer to the relevant NfG papers for clinical and costing information in relation to Prejudice to Access cases.

4.4.2 General guidelines for requesting a nephrologist report

It can be difficult to assess visa applicants who have renal conditions and determine which applicants may need to access services in short supply, such as dialysis, based on eGFR results alone. This is because eGFR can be influenced by many factors, including acute medical conditions, hydration status, hormonal changes and medications.

Other factors, which have a role in predicting chronic kidney disease (CKD) progression, include the cause of the CKD, urine protein excretion, other risk factors and comorbid conditions, and declining rate of eGFR (such as a sudden drop by at least 25% in eGFR from the baseline, or a rapid decline of more than 5ml/min/1.73m²/year).

Taking into consideration all of the above, MOCs must defer for 115 nephrologist report examination for all visa applicants (regardless of length of stay) with renal impairment at stage 3B (or worse) or those with an eGFR <30.

MOCs can apply their clinical judgment for those with very severe disease and assume that the nephrologist report is unlikely to change the "Does Not Meet" outcome. Then based on the assessing MOC's own evaluation, they may decide not to request a report.

4.5 Part E: Additional medical examinations required upon reaching age milestones

The legislative instrument specifying the required examinations for visa applicants includes additional examinations required for applicants who reach particular age milestones, as follows:

	Age milestone	Additional exams
Permanent visa applicants	From higher TB risk countries, from 2 years of age to under 11 years of age	TB screening (719)
	From all countries, from 11 years of age	CXR (502)
	From all countries, from 15 years of age	eGFR (705) HIV test (707)
	Born in high hepatitis B risk country, from 15 years of age	Hepatitis B (708)
Temporary visa applicants from higher TB risk countries	Intending stay in Australia for 6 months or more, from 11 years of age	CXR (502)
	Intending stay in Australia for 6 months or more, from 15 years of age	eGFR (705)

If an applicant reaches one of these age milestones after they have been requested to undertake an IME but before the IME takes place, any additionally required examinations should be added by the VPO, panel or MMSP clinic.

If an applicant reaches one of these age milestones after their IME but before visa grant, it will be necessary for them to undertake the additional examinations before the visa can be granted. In these cases, including where the applicant has already been assessed as meeting the Health Requirement, MOCs should provide a new assessment on the basis of the new examination and any previously undertaken examinations (even if those examinations are more than 12 months old). These cases should not be deferred in order to request examinations that have already been undertaken.

In cases where the applicant was previously health cleared for a provisional visa (therefore a permanent visa assessment period), and then the corresponding Permanent visa is initiated (for which a different HAP ID

may be used), again, only the additional examination is required, even if the previous examinations are more than 12 months old, or if the previous health clearance is more than 12 months old.

For additional clarity, applicants for the following permanent visa subclasses can have their health assessments finalised on the basis of 'expired' health clearances for Provisional visas (even if recorded against previous HAP IDs) and any additional 'stand-alone' CXR examination (502), HIV test (707) or TB Screening test (719) undertaken:

- 100 (Partner)
- 143 (Contributory Parent)
- 191 (Skilled Regional)
- 801 (Partner)
- 864 (Contributory Aged Parent)
- 887 (Skilled – Regional)
- 888 (Business Innovation and Investment)

Applicants for any visa, who undertook additional examinations after a previous health clearance for the same visa application, can have a new assessment finalised on the basis of the previous examinations (even if 'expired') and any additional examinations.

4.6 Part F: Non-standard MOC assessments

There are situations where the Department may require a person's medical condition to be reviewed or assessed, to inform the visa process or entry requirements, other than in association with an IME assessment process. These may also require consideration of the person's health and whether their medical condition would prevent or hinder the person's ability to travel in any capacity.

Type of assessment	Form of assessment	Relevant guidelines
Health Status Assessments	Form 1389	Immigration Compliance and Status Resolution Framework
Assessment of Medical Condition (Referred Health Assessment)	Form 1148	Health Procedural Instruction
Medical Treatment visas – Fitness to Depart Assessments (FTD)	Form 1148	MTV Procedural Instruction
Public Health Risk Assessments	Process via HAP	Health Procedural Instruction
Carer Visa Assessment	Contact Bupa via s. 22(1)(a)(ii)@bupamvs.com.au	N/A

4.6.1 Health Status Assessment – Form 1389

A Health Status Assessment (HSA) is an immigration status resolution tool that provides the Department with a professional opinion, by a MOC, on how a person's medical condition may impact on their ability to depart Australia and return to their home country. It assists a departmental Status Resolution officer or the Minister to consider immigration status resolution options and make appropriate decisions.

In general, the HSA will provide advice on the person's ability to travel, primarily on the basis of medical information provided by the person's physician (which is attached to the HSA referral to the MOC along with Form 1389). The assessing MOC may require the person to attend a physical examination and/or specialist appointment to further inform their opinion.

The departmental officer will send the following documents to the MMSP for MOC assessment:

- HSA referral via email
- Form 1389
- Any available medical information that supports the request.

4.6.2 Assessment of Medical Condition (Referred Health Assessment) and Fitness to Depart Assessments (FTD) – Form 1148

These assessments will require consideration of the person's health condition and may include consideration as to whether any of the person's medical conditions would prevent or hinder his/her ability to travel in any way.

These may include:

- Persons who have applied for Ministerial Intervention to stay in Australia.
- Assessment of claims for Medical Treatment visa – medically unfit to depart Australia (50+ years of age).

- Persons with an 8503 waiver condition who claim they cannot depart Australia on the basis of medical claims. Waiver requests made on medical grounds may be referred for a review/assessment if doubts exist as to the genuineness or seriousness of the claim itself, or in relation to the evidence provided to support their claim. Refer to Div2.1/reg2.05 - Conditions applicable to visas - Waiver of 'no further application' conditions.

The departmental officer will send all the relevant documents along with a completed Form 1148 to the MMSP for MOC assessment, via email for an 'on the papers' assessment. The reviewing MOC/medical advisor will assess the information and provide their findings. If they cannot make an 'on the papers' assessment, the reviewing MOC/medical advisor will inform the departmental officer that the applicant needs to attend a physical examination. Form 1148 can also be used for an actual physical examination as part of this process.

4.6.3 Public health risk assessment (post health outcome)

In some situations, MOCs will be requested to provide an opinion on public health risk ONLY. This generally occurs where:

- a health clearance extension is required beyond 18 months, or
- there are clinical concerns of active TB.

4.6.4 Process for assessing public health risk cases:

- A VPO will initiate a Public Health Check (PHC) in HAP, which will trigger automated correspondence to be sent to the client, or the relevant visa office, requesting that the examinations be undertaken. This will generally consist of a medical examination (501) and a CXR examination (502) (or a TB screening (719) test if the applicant is aged 2-10).
- After the PHC results have been submitted in eMedical by the Panel Member, any case that is not auto-cleared will be assigned to the Public Health Check queue.
- 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 examination results available.

If the MOC considers the client to be no risk to public health (i.e. does not have active TB), they should record as '**No threat to Public Health**' in the Action panel.

Note: that a 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. Select the 'Defer advice' option in the action panel.
2. Request an examination from the Panel Physician specifically addressing clinical findings associated with TB.
3. 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.
4. If, following the above, there are findings consistent with active TB (e.g. clinical findings or positive sputum tests) then a formal request for additional information consistent with the standard 603 deferral is advised. In children, if the 719 test is now positive (and was previously negative), then the child should proceed to CXR screening.
5. A final outcome of 'No threat to Public Health' should be recorded if additional information confirms that the client does not have active TB.

6. If active TB is confirmed, an outcome of 'Threat to Public Health' should be recorded. Management of such clients will be the same as in the IME context.

No threat to Public Health and Threat to Public Health are final outcomes. If a client is diagnosed with active TB, a subsequent finding of No threat to Public Health (i.e., after successful treatment) can only be recorded against a new PHC.

4.6.5 Carer Visa Assessment

The Carer Visa Procedural Instruction (VM-7144) provides information on Carer visas and the assessment process (Div1.2/Reg1.15AA). Regulation 1.15AA and Schedule 2, Subclasses 116 (Carer) and 836 (Carer) visas, specify that: only a need arising from an existing medical condition of the Australian relative or a member of their family unit (regulation 1.12) who is also an Australian citizen, Australian permanent resident, or eligible New Zealand citizen can be considered on the need for a carer.

- The Australian relative or a member of their family unit must undertake a **medical assessment/medical examination** by a health service provider specified by legislative instrument. The health services provider currently specified for regulation 1.15AA is Bupa Medical Visa Services (Bupa).
- The health service provider provides the relative a **certificate***, which includes an **impairment rating**.
- The VPO is bound by the health service provider certificate and impairment rating.

The Carer Visa Assessment Certificate will clarify whether or not the carer has:

- An impairment rating of 30 or more points based on the Social Security Tables for the assessment of work-related impairment for Disability Support Pension.
- A medical condition that is causing physical, intellectual or sensory impairment of the ability of that person to attend to the practical aspects of daily life.
- A need for direct assistance in attending to the practical aspect of daily life because of the medical condition.
- Because of the medical condition, the need for direct assistance in attending to the practical aspects of daily life that will continue for at least 2 years.

Note: All the above criteria must be met for a satisfactory carer visa assessment to be issued to the client.

4.6.5.1 Medical assessment/examination

The Bupa medical examination (in most cases a physical examination) is undertaken either:

- at a Bupa medical clinic in Australia;
- at one of Bupa's partner clinics (for example in a regional area); or
- in-home assessments (if appropriate).

All examinations must take place in Australia. There are no arrangements for the examination to be undertaken outside of Australia.

4.6.5.2 On-the-Paper assessments

If the relative is in Australia and in hospital or in a residential care facility or there are significant medical reasons why the person requiring care cannot attend a physical examination, an assessment may be undertaken on the papers. Such assessments must be approved by a MOC in accordance with requirements set out in the contract between the Department and Bupa.

The Department has endorsed 3 specific categories for on-the-paper medical assessments for Subclass 116 (Carer) visas:

- Client is in a nursing home and is bed-bound (non-ambulant);

- Child who is a long-term hospital inpatient, and/or a hospital inpatient with clinical immunosuppression; or
- Psychotic mental health patient in a mental health in-patient facility who represents a danger to the community.

4.6.5.3 Bupa medical report and advice

After the assessment is finalised, Bupa sends the relative a covering letter enclosing a medical report for their information and a sealed envelope containing the certificate and a copy of the assessment report. The covering letter informs the relative that it is their responsibility to send the certificate to the Department so that it can be used in deciding whether the visa applicant satisfies visa requirements.

4.6.6 Review MOC (RMOC) Opinions

If an applicant has been advised by the department that their visa application has been refused on health grounds, and they choose to seek a review of that decision as part of the review process with the Administrative Review Tribunal (ART), the MMSP MOC can review the opinion and provide a new MOC opinion for the purposes of the merits review process. A review fee applies which is payable by the review applicant.

4.6.6.1 RMOC for a permanent visa application and visa subclasses specified by the Minister in LIN 22/007

In the provision of a RMOC opinion for a permanent visa application and specified visa subclasses in LIN 22/007, the period in which to assess whether the person would be likely to require health care or community services, or meet the medical criteria for the provision of a community service, period commencing when the visa application was made, not when the applicant sought merits review.

Consequently, MOCs are required to assess each case by taking into consideration the age of the applicant at the time of the visa application and take into account all relevant information provided by an applicant up until the time that the MOC makes their RMOC opinion, and not rely on outdated information. The MOC should also take into account any relevant policy guidance applicable at the time they make their opinion, unless there are good reasons for departing from the policy.

4.6.6.2 RMOC for a temporary visa application

In the provision of a MOC opinion for a temporary visa application, the period in which to assess whether the person would be likely to require health care or community services, or meet the medical criteria for the provision of community services, is the period for which the Minister intends to grant the visa. For the purposes of an RMOC opinion, this should be taken to be the period the previous MOC assessment was made against, and costed from the current date. The MOC should also take into account any relevant policy guidance applicable at the time they make their opinion, unless there are good reasons for departing from the policy.

4.6.7 Special advice relating to Subclass 491 (Skilled Work Regional (Provisional)) and Subclass 494 (Skilled Employer Sponsored Regional (Provisional)) visas only.

Where a RMOC opinion is requested for Subclass 491 (Skilled Work Regional (Provisional)) and Subclass 494 (Skilled Employer Sponsored Regional (Provisional)) visa applications made between 16 November 2019 and 12 April 2022, the RMOC is required to:

- undertake the 'costs' assessment for the Subclass 491 and 494 visas as set out below, and
- clearly note their reasons in the HAP.

When assessing costs for Subclass 491 and 494 visa applications made between 16 November 2019 and 12 April 2022, a RMOC must assess the visa applicant against the Health Requirement as a temporary visa applicant, not a permanent visa applicant.

The costs assessment for Subclass 491 and 494 visa applications made between 16 November 2019 and 12 April 2022 are not to include the following health care and community services set out in Instrument IMMI 11/073 (the Excluded Cost Instrument):

- Social Security payments (including Child Benefits, Child Disability Allowances, Disability Support Pensions, Double Orphan Payments, Family Tax Benefits, Education Entry Payments, Maternity Allowances, Maternity Immunisation Allowances, Mobility Allowances, Pharmaceutical,
- allowances, including Sickness Allowances and Special Benefits,
- costs associated with issuing a Health Care Card or Pensioner Concession Card,
- pharmaceuticals listed under the Pharmaceuticals Benefits Scheme (PBS) that, if ceased, would not be seriously detrimental to the applicant's life or wellbeing.

This assessment period cannot be modified or reflected within HAP for Subclass 491 and 494 visa applications made between 16 November 2019 and 12 April 2022. Therefore, MOCs are required to include the following note within HAP for these applications made between 16 November 2019 and 12 April 2022: *"As instructed by the Department, the RMOC opinion is for a five (5) year period of stay (as per clause 4005(2)(b)(i) of Schedule 4 to the Migration Regulations). Please refer to Health Policy if required."*

4.7 Part G: Drafting a MOC opinion

4.7.1 Overview

MOCs must record their opinions in HAP. HAP will then generate and file in Content Manager a formal opinion (form 884) based on current templates.

Once generated, the MOC opinion will be visible to VPOs. In most circumstances VPOs will provide the applicant with a copy of the MOC opinion if they don't meet the Health Requirement.

Examples of the templates generated by HAP, and how the information that is entered into HAP is populated into these templates, is provided at [Annexure B](#). 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.

In the event that a visa is refused and a review submitted to the ART or the courts, consideration will be directed as to whether the 'hypothetical person test' was applied and whether the assessment was considered against the appropriate regulation, as outlined in the MOC opinion.

4.7.2 Providing a lawful MOC opinion

HAP assists MOCs to provide a lawful opinion by ensuring where possible, the MOC opinion references the following information:

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

Note: VPOs are also expected to check this information for all DNM opinions.

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.

HAP will provide MOCs 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
- Profound
- Severe
- Significant
- Stable
- Symptomatic.

When recording a DNM MOC opinion in HAP, the more information about the health assessment outcome MOCs 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 MOCs 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 supported education class, or are stable on a cheaper medication not likely to be used by the hypothetical person) are **not** relevant.

4.7.3 Lawful MOC opinion checklist

To help ensure that a MOC opinion is lawful MOCs need to:

- apply the hypothetical person test, and in preparing their opinion, the advice relates to the health criteria only,
- consider all relevant matters, including all available medical information, and disregard irrelevant matters,
- cite details of all relevant medical 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 current Health PI and other departmental instructions including this advice pack,
- apply the NfG papers current at the time of the MOC opinion. Alternatively, MOCs must document information they considered to be relevant in their assessment, and
- ensure they do not depart from policy or directions in the MOC Advice Pack unless this has been discussed with and formally approved by the Department.

Note: Should this occur notes are to be entered in the Notes field in HAP.

4.7.4 Recording estimated cost 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 HAP regardless of whether a health waiver is available. This is to enable the Department to monitor cost impacts and provide greater transparency to applicants.

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

This information will appear on the MOC opinion in summary for visa subclasses where a 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 [Add health care] [Add community service]

Delete	Service	Cost	Years	Units	Total Cost	Edit
	Pharmaceuticals	\$14,000	2.0		\$28,000	
	Early intervention services	\$29,000	2.0		\$58,000	
					Full Cost	\$86,000

General Comments

[Cancel] [Ok]

To assist with 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 'General Comments' field.

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

- which NfG paper(s) were used (if applicable)
- which parts/sections of the NfG 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 'Service Comments' field.

Note: MOCs may use the following as an example of text accompanying cost estimate line items **"Cost estimate based on NFG [insert disease/system] [insert month and year], including but not limited to Scenario [number]"**.

4.7.5 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 the relevant healthcare or services (i.e. those which will likely result in Prejudice to Access). If the Prejudice to Access also meets the significant cost threshold, this costing advice should also be entered in HAP.

4.8 Part H: MOC opinion outcomes

4.8.1 Types of MOC opinions

The table below summarises the type of opinions provided by MOCs and the steps required to be taken by VPOs.

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 for which the visa officer intends to grant the visa 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). <i>For specific information on Health Undertakings – refer to relevant sections within this document.</i>
Does Not Meet	DNM - The applicant has not met the Health Requirement and a visa cannot be granted unless: a) the visa applicant is a child meets the born in Australia and ordinarily resident criteria for an exemption of the Health Requirement, or b) a health waiver is available for the visa subclass applied for and is exercised by the delegate. Otherwise, the applicant has not met the Health Requirement and a visa cannot be granted.
Deferred	Processing of the applicant's visa application cannot continue until they provide the additional information requested by the MOC. Note: Should an applicant refuse to complete an examination a detailed reason should be recorded by the Panel Physician.
No Clearance Required	No clearance required outcomes only apply to visa subclasses where the applicant is not required to satisfy PIC <u>4005</u> or PIC <u>4007</u> . These subclasses include 192, 785, 786, 790, 802, 851, and 866. For specific information on Health Undertakings which may apply to these visas, refer to section 4.2.3 Assessment for specific onshore visa applicants including onshore protection visas.
Awaiting application	See advice under <i>Front-end loaded health examinations</i>

Health Not Completed	This outcome is recorded by the MMSP in HAP if the applicant makes no contact or does not provide MOC requested health examinations, within a specified period after the request was sent. Specified period: • Onshore cases – 90 days if the requested medical information is not provided and no extension to provide the requested information was provided by the MMSP • Offshore cases – 90 days if requested medical information is not provided and no extension to provide the requested information was provided by the offshore Panel Clinic or MMSP. If the applicant contacts the MMSP advising of delays in complying with a MOC request then HAP should be updated with relevant case notes and the outcome should remain deferred. Refer to - <u>Managing deferred cases Tip- sheet</u> for further information on the administrative process.
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4.8.2 Front-end loaded health examinations

Front-end loaded health examinations are submitted prior to a visa application being lodged.

From a MOC perspective, the process for assessing a front-end loaded health case is the same as for other health cases except that where it is determined that on the information available a 'DNM' opinion is warranted, under policy, they should **not** provide an opinion on the case until after a visa application has been lodged.

This ensures that before a DNM opinion is issued, all relevant information is available, including the proposed duration of visa grant. Importantly, 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 visa decision.

For this reason, a 'DNM' 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 paperwork before sending the case to a MOC.

4.8.3 Managing new information (post MOC opinion)

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.

4.8.3.1 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).

VPOs 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 [22\(1\)\(a\)@homeaffairs.gov.au](mailto:22(1)(a)@homeaffairs.gov.au) asking the helpdesk to:

- reverse the newly generated assessment in HAP (a new assessment is not required as explained above), and

- advise the VPO 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.

4.8.3.2 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 VPO should create a new assessment directly in 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 not new to the MOC. 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 contain an error of law).

When recording in HAP the information which 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' opinion, additional comments must be added by the MOC in HAP in the 'Case Officer Comments' field (under Assessment Settings) explaining the reasons why the applicant is assessed 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 / 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 'DNM' opinion is provided the applicant is given the opportunity to submit additional medical information for consideration as part of the natural justice process. This opportunity must be provided for each DNM opinion, including subsequent opinions.

4.9 Part I: Other duty of care/clinical issues

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 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 the 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 assessing MOC. However, if it is considered important that the applicant is reminded of their health condition prior to safe travel, a comment for the VPO should be added to the assessment requesting that they remind the applicant of the need to consult their own medical practitioner prior to travel to ensure any urgent health need is addressed that might put the applicant's life in danger.

4.10 Part J: MOC auditing responsibilities

Quality control, assurance and improvement are important parts of the IME process. MOC participation in auditing performance of Panel Members is mandatory and should be done routinely as part of the health case assessment.

There are 2 audit mechanisms where MOCs review cases conducted by offshore Panel Members:

- MOC audit of auto cleared cases – a sample of health cases consisting of Medical (501) and CXR (502) examinations from auto-cleared countries are reviewed to ensure the quality and monitor the performance of offshore Panel Members.
- MOC assessment of non-auto cleared cases – MOCs identify errors made by offshore Panel Members through their review of health cases for assessment from non-auto cleared countries and B-graded cases from auto-cleared countries.

If a performance issue is identified during the health assessment process then this must be recorded using the HAP audit function. This information is used by the Department to manage the offshore panel network and provide relevant feedback to Panel Physicians.

Note: A possibly active TB case which is missed should immediately be escalated to the Migration Health section, 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. The following grading table should be used to complete the drop-down boxes provided.

4.10.1 Panel Error Grading Table Framework

The Panel Error Grading Framework should be applied when auditing auto-cleared health cases. This framework may also be used as a guide when auditing non-auto-cleared and 'B' graded health cases in HAP, until any required systems changes (to ensure consistency) are implemented.

Error Severity	Severity Definition	Error Categories with definitions – Updated July 2025
Critical	Actions by the Panel Physician or Radiologist that have produced, or have the potential to produce, a visa grant event that should not occur.	• Probable Active TB Not Reported – e.g. missed opacities consistent with active TB and other findings consistent with active TB
		• Severe Medical Condition Not Reported – failure to identify a condition that would have prevented health clearance (i.e. known condition which would have been over the Significant Cost Threshold or Prejudice To Access condition; e.g. chronic immune deficiency requiring regular immunoglobulin infusions, Crohn's disease on infliximab, moderate to severe mental retardation)
		• Fraud or Substitution
		• Other – where the error does not fit any other critical error category
Moderate	Actions by the Panel Physician or Radiologist that have the potential to alter the health outcome.	Medical examination (501) and other health examinations e.g. 705, 707, 708 etc.
		• Moderate Medical Condition not reported – failure to identify a potentially significant condition which would have required further investigation (deferral) or follow-up (e.g. absent breast, hepatitis B). Includes where positive result is reported as negative

		• Inappropriate Grading – when health case was A graded but should have been B graded
		Under-investigation - when eMedical exams should have been added/completed but were not (e.g. HIV/Hep B/Hep C/Liver Function tests/TST or IGRA/Serum Creatinine and eGFR/Syphilis/Mental State/ADL), and the lack of investigation may potentially affect the health outcome so MOC needs to defer for additional information/tests
		• Photograph Integrity Requirement Not Met – e.g. photograph has not been uploaded to eMedical or photo clearly belongs to another person (i.e. applicant is male however photo is of a female (vice versa), applicant is a child however photo is of an elderly person, etc.) Note: any identity concerns should be noted however the responsibility for determining identity rests with the visa decision maker.
		• Report/Result Integrity Requirement Not Met – incorrect report/result or report/result belongs to another person
		• Other - where the error does not fit any other moderate error category
		Chest X-ray examination (502) and other X-ray examinations (e.g. 504, 509, 510 etc.
		• Probable Inactive TB Not Reported (e.g. finding occasionally associated with TB disease)
		• Moderate CXR Abnormality Not Reported – abnormality that should have been B graded not recorded
		• Inappropriate Grading – CXR was A graded but should have been B graded
		• CXR Integrity Requirements Not Met - wrong reports/CXR attached
		• Other - where the error does not fit any other moderate category
Minor	Actions by the Panel Physician or Radiologist that do not satisfy the Panel Member Instructions but lack the potential to alter the health outcome.	Medical examination (501) and other health examinations (e.g. 705, 707, 708 etc.)
		• Inappropriate Grading – when health case was B graded but should have been A graded
		• Photograph Guidelines Not Followed – Photograph is not of a biometric standard (client is too far, too close, photo is blurry, etc.)
		• Reporting Guidelines Not Followed – when the PMI is not followed such as untranslated reports, inadequate comments/history
		• Over-Investigation – unnecessary tests were done (e.g. HIV/Hep B/Syphilis)
		• Other – where the error does not fit any other minor category
		CXR examination (502) and other X-ray examinations (e.g. 504, 509, 510 etc.)

		• CXR Quality – Poor quality image resulting in the CXR being non-diagnostic
		• Minor CXR Abnormality Not Reported – abnormality that can be A graded not recorded as a supporting comment next to 'A' grading.
		• Artefact
		• CXR Image – Identifiers missing
		• CXR Quality – Jpeg Image (.dcm file not provided)
		• CXR Technique – Technical views/missed angles
		• Inappropriate Grading - CXR was B graded but should have been A graded
		• Over-Investigation – unnecessary CXR and/or unnecessary additional reviews
		• Other – where the error does not fit any other minor category

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

Annexure A – Examination code list

Examination Codes
104 Cardiologist's report
106 Psychiatrist's report
108 Endocrinologist's report – e.g. for Diabetes
111 Rheumatologist's report
112 Neurologist's report
114 Ophthalmologist's report
115 Nephrologist's report
117 Gastroenterologist's report
119 Oncologist's report
122 Geriatrician's report
124 Paediatrician's report and school report (if applicable)
125 Specialist report
501 Medical examination
502 CXR examination
503 CXR image
504 Posteroanterior (PA) CXR examination
508 Posteroanterior (PA) CXR image
509 Lordotic CXR examination
510 Lateral CXR examination
512 Limited Medical Examination
601 Sputum smears and cultures
602 TB specialist's report
603 Respiratory specialist investigation on current state of tuberculosis
604 Chest clinic investigation about radiological abnormality
606 Initial TB investigation

607 Continued anti-tuberculosis treatment
608 Await tuberculosis culture results
610 Pulmonologist's report
703 Repeat urinalysis
704 Serum Creatinine
705 Serum Creatinine and Estimated Glomerular Filtration Rate (eGFR)
707 HIV test
708 Hepatitis B test
711 Syphilis management information
712 Syphilis Test (VDRL or RPR)
714 Hansen's Disease
715 Liver functions test
716 Hepatitis C test
719 TB Screening test - TST or IGRA
722 HIV Specialist report
720 Hepatitis C RNA
901 Mini Mental Examination
902 Global Assessment of Functioning
903 Activities of Daily Living
904 Chart of Early Child Development
948 Medical Resettlement needs
949 Departure Health Check
950 Other
951 Vaccination
952 Treatment/Medication

Annexure B – MOC opinion example

The following provides an example of the formal decision record of the MOC opinion and is created electronically as a PDF document and stored in Content Manager. The relevant Content Manager reference is in HAP. These examples have been provided to illustrate how the information provided in HAP is used by the system to generate the 884 opinion, which is provided to the visa applicant.

FORM 884: OPINION OF A MEDICAL OFFICER OF THE COMMONWEALTH

THE APPLICANT DOES NOT MEET THE HEALTH REQUIREMENT

HAP Id	12345678
Client Surname	XXXXX
Client Given Names	XXXXXX
Birth Date	XX/XX/XXXX
Sex	X
Visa Sub Class	XXX

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

The applicant does not satisfy sub-subparagraph PIC 4007(1)(c)(ii)(A) in Schedule 4 to the Migration Regulations.

The applicant is a <age> year old person with: - <medical condition entered by MOC>.

<Additional comments entered by a MOC>

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 or community services during the period specified above.

These services would be likely to include:

<Health care or community service entered by a MOC>

<Health care or community service entered by a MOC>

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.

Estimated total cost	\$731,000
Breakdown as follows:	
Supported education services - \$45,000 X 4.0 Years Supported education costed ages 14-18	\$180,000
Commonwealth disability services - \$26,000 X 8.0 Years Carer payment and allowance costed with 2 year wait	\$208,000
Commonwealth disability services - \$14,000 X 1.0 Years NDIS costed for age 14	\$14,000
Commonwealth disability services - \$26,000 X 4.0 Years NDIS costed ages 15-18	\$104,000
Commonwealth disability services - \$45,000 X 5.0 Years NDIS costed ages 19-23	\$225,000

This costing is calculated on the basis of the applicant's specific condition, and guided by the information contained within the Department of Home Affairs' *Notes for Guidance*.

A visa applicant cannot be found to satisfy the sub paragraph referred to above 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, or
- prejudice the access of an Australian citizen or permanent resident to health care or community services.

Further information on this can be found at <https://immi.homeaffairs.gov.au/help-support/meeting-our-requirements/health/protecting-health-care-and-community-services>.

When assessing the likely costs associated with a disease and/or condition, 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 is taken into account. This includes the expected duration of services likely to be required by the applicant.

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 <xx/xx/xxxx>.

Medical Officer of the Commonwealth

Position Number: BUPA001

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.

Annexure C – Drug-resistant TB case identified in visa health screening

DRUG-RESISTANT TB CASE IDENTIFIED IN VISA HEALTH SCREENING

CLIENT SUMMARY

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

REFERRAL REASON

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

- Does the Expert Medical Panel consider this treatment is adequate in view of the management outlined below?
- 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 Expert Medical Panel (EMP)

Is a second review required? EMP to tick box below if second review required:

☐

SECONDARY REVIEW RESPONSE (if applicable)

DATE



<<Date>>

<<Applicant_Title>> <<Applicant_GivenName>> <<Applicant_FamilyName>>
<<Applicant_OrganisationName>> (if applicable)
<<Applicant_AddressLine1>>
<<Applicant_AddressLine2>>
CITY STATE POSTCODE (all capitalised and 2 letters spaces)
COUNTRY (If outside Australia - capitalised)

In reply please quote:

Client Name <<Applicant_GivenNames>> <<Applicant_FamilyName>>
Date of Birth <<Applicant DOB>>
Client ID <<ICSE Client ID>>
Application ID <<ICSE Permission Request ID>>
File Number <<TRIM Reference>>
Transaction Reference Number <<Transaction Reference Number>>
Visa Application Charge Receipt Number <<Visa Application Charge Receipt Number>>

Dear Mr/Mrs/Ms/Miss/Dr <<Client Family Name>>

This letter refers to your application for a <<Application_VisaClassDesc>> (class <<Application_VisaClass>>) visa and provides you with an opportunity to provide us with further information.

The Health Requirement

Part of the processing of a visa application involves assessing whether an applicant meets the health requirement as outlined in the *Migration Regulations 1994* (The Regulations).

The purpose of the health requirement is to protect the Australian community from public health risks, contain public spending on health care and community services and to safeguard the access of Australian citizens and permanent residents to health care and community services where those services are in short supply (referred to as prejudice of access).

Add the following if the DNM applicant is under the age of 18 years old (at the time of application) and was born in Australia, but was not ordinarily resident

Public Interest Criteria (PIC) 4007(1)(c) applies unless the applicant is a child born and ordinarily resident in Australia. On <<Date>> a delegate of the Minister advised that (Insert name of person) did not meet the health requirement, and invited additional information including supporting evidence that (Insert name of person) is ordinarily resident in Australia.

<If the client has provided medical information and the MOC has maintained the original assessment outcome of DNM, please reference this assessment here>

I have considered the submissions and evidence regarding (Insert name of person) residence and ties to Australia, however I am not satisfied that (Insert name of person) is ordinarily resident in Australia.

Therefore (Insert name of person) must meet the health requirement.

On <<Date>>, the Medical Officer of the Commonwealth (MOC) advised that (you or Insert name of person) do/does not meet the health requirement. This information is contained in the attachments, Form 884 and Health Waiver Information.

[N.B. CASE OFFICER remember to delete the MOC's name AND, do not release the Form 884 to the applicant if the MOC has indicated it should be sent to the applicant's doctor, and not directly to the applicant]

Information about waiving the Health Requirement

We must consider whether your circumstances warrant a waiver of the need to meet the Health Requirement. In order for us to do this, we ask you for detailed information, particularly regarding any compassionate and compelling circumstances surrounding your case and whether there are circumstances which potentially mitigate the cost or prejudice of access involved. Once this information is provided, we are able to assess all available information to determine whether the estimated costs and prejudice to access levels are likely to be considered "undue" as required by The Regulations.

The fact that all other visa criteria have been met is not enough to waive the requirement to need to meet the Health Requirement. Each decision regarding a waiver of the health requirement is made on a case by case basis and must take into account the level of care required, cost, and level of prejudice to access.

Request for documentation and information for health waiver consideration

It is important that you supply as much relevant information as possible. Please provide written comment, and **documentary evidence** of the following (as appropriate):

- The qualifications and 10 year employment history of you, your sponsoring spouse and any other working age applicants. If currently studying, evidence of enrolment;
- **Skilled Visa application only** – Information concerning the Nominated Position and Employer of the primary applicant - A letter or employment contract from the nominating employer showing the name of the primary applicant, the nominated position/occupation, date of commencement and the annual salary. Documentary evidence of any employer support (for instance evidence that the employer would be adversely affected if the employee no longer worked for the company).
- **All other visa applications** - Information concerning the current employment for all other working age applicants and the sponsoring spouse (if applicable). If applicable, evidence that the employer would be adversely affected if the employee no longer worked for the company;
- Evidence of current income (such as the most recent Australian tax assessment notice), income advice and payslips for any working age applicant or sponsor;

- Evidence of assets and liabilities (such as loans, mortgages) and any other income of all working age applicants and the sponsoring spouse (including; other property, savings, investments, social security payments from overseas government);
- If applicable, evidence of home ownership (such as a copy of title deed, or land and water rates notice, a mortgage statement showing holder's name and the address of the property, and current mortgage);
- Information summarizing any existing care arrangements for the waiver applicant, current use of community services and the impact (if applicable) that the condition has on the waiver applicant's day to day tasks.
- Evidence of any community contribution or participation (such as fundraising for charity, volunteering), letters of support from family and friends;
- Information concerning any Australian children who may be adversely effected by a decision not to waive the need to meet the health requirement (please provide evidence of Child Support commitments, shared care/living arrangements etc, and evidence of what adverse effects the children would suffer);
- Any other documentation concerning your ability to mitigate the potential costs, care (or prejudice to access) identified.
- Evidence of any other compassionate and compelling circumstances which you consider relevant (such as evidence of any factors preventing your sponsor from joining you in your own country, or in another country, or evidence of caring responsibilities for elderly parents/relatives);
- Information regarding non-migrating family members, including what arrangements have been put in place for their care, how long those arrangements have been in place, what alternative arrangements are in place should the current ones become unavailable, and what is the likelihood of them ultimately applying to migrate to Australia.
- Where prejudice to access has been identified, evidence on how this can be mitigated. For example if it relates to:
 - An organ transplant:
 - is there a potential live donor identified, have they been compatibility tested and what are the proposed details concerning the transplant? Is a potential donor on any donor exchange programs? Is the applicant transplant list eligible?
 - Dialysis
 - Are there any private arrangements available that mitigate this (for instance evidence of a demonstrated history of accessing, and of having the financial capacity to continue accessing dialysis at a private clinic;
 - Evidence of Private Health Insurance which will cover the cost of accessing dialysis at a private clinic?

Timeframe for response

You must respond to this request within <<prescribed timeframe>> after you are taken to have received this letter. Please send your response to me using the contact details provided in the section Contacting <<processing office>> below.

OPTION SELECT ONE
OPTION MAIL IN AUSTRALIA

As this letter was sent by mail to an address in Australia, you are taken to have received it seven (7) working days after the date of the letter. A working day does not include weekends or public holidays in the Australian state or territory where this letter was posted.

OPTION MAIL OUTSIDE AUSTRALIA

As this letter was sent by mail to an address outside Australia, you are taken to have received it 21 days after the date of the letter.

OPTION EMAIL

As this letter was sent to you by email, you are taken to have received it at the end of the day it was transmitted.

OPTION FAX

As this letter was sent to you by fax, you are taken to have received it at the end of the day it was transmitted.

OPTION BY HAND

As this letter was given to you by hand, you are taken to have received it when it was handed to you.

OPTION BY HAND – LAST KNOWN ADDRESS

As this letter was handed to a person, who appeared to be over 16 years of age, at the last residential or business address you provided, you are taken to have received it when it was handed to that person.

END OPTION

If you do not reply within the timeframe specified above your application may be decided without the requested information being taken into account. If you are unable to provide this information within this time you should contact <<processing office>> below.

Providing documents

Your application has been given << a/an application identifier description>>. This is a number that identifies your application to us. This number is located in the top left hand corner of the first page of this letter.

Please make sure that you include your name, date of birth and <<application identifier description>> when you write to us. These help us to quickly locate your application.

We do not usually need original documents, please do not send us original documents unless we ask you for them. If you send copies of your documents, please ensure that they are certified copies.

****Further paragraphs to be defined by business areas****

Translating your documents

Original documents in languages other than English should be accompanied by an English translation. The English translations must be official certified translations from a National Accreditation Authority for Translators and Interpreters accredited translator. Translations provided by non-accredited translators overseas should be endorsed by the translator with their full name, address, telephone number, and details of their qualifications and experience in the language being translated.

Certified copies

Certified copies are authorised or stamped as true copies of the original by a person authorised to do so under the law of the country that you are in.

People authorised to certify copies in Australia include (but are not limited to):

- Bank managers
- Justices of the Peace
- Nurses
- Pharmacists
- Police Officers
- Postal managers
- Solicitors
- Registered medical practitioners
- Registered migration agents

Contacting <<the processing office>>

If you need to contact us about your application, we prefer that you do this by email. This helps us to continue processing all applications as quickly as we can. We try to respond to all email enquiries within <<timeframe>> working days. If you do not have access to email or need to contact us urgently, you can send a fax to <<fax number>> or call us on <<phone number>>.

Changes to your circumstances

It is important that you tell us about any changes to your circumstances including your name, passport, contact details, address or family members as soon as possible. You are required to do this in writing. To make it easy to advise us of your changes in circumstance, we have a number of forms which are available on our website or at any of our offices.

Please make sure that you include your name, date of birth and <<application identifier description>> when you write to us.

Your information – your privacy

The department respects your privacy. We are collecting your personal information for the purposes of making decisions under the *Migration Act 1958* and the *Migration Regulations 1994*. We are aware that the way information about you is used and managed can affect your life. We recognise that it is important that the information we hold about you is up-to-date and relevant.

Australia's *Privacy Act 1988* stops us from giving your information to others unless specific exceptions apply, for example, you agree to it, or where we are authorised or required by law to disclose it. You also need to be aware that we may disclose your personal information to other Commonwealth (and in some circumstances, state and territory) government agencies where there is a lawful basis for doing so.

There are separate laws relating to your personal identifiers. These laws set out the circumstances in which we can collect personal identifiers and who we can disclose them to. In most cases, the personal identifiers will be your photograph and signature. In some cases, however, we may require other personal identifiers, such as your fingerprints.

For more detailed information, you should read *Form 993i Safeguarding your personal information* and *Form 1243i Your personal identifying information*, available on our website or from any of our offices.

Contacting the department

You can contact us with a general enquiry in a number of ways including by email, through our website, by telephone through our Contact Centres or offices around the world, or in person. In Australia you can call 13 18 81 between 9 am and 4 pm Monday to Friday. Details on contacting our offices outside Australia are available on our website at www.homeaffairs.gov.au.

Yours sincerely

<<either first name and last name or first initial and last name of signatory of letter>>

<<position number>>

<<title>>

<<work unit>>

<<processing office>>

Department of Home Affairs

Telephone <<insert phone number of signatory of letter >>

Facsimile <<insert fax number of signatory of letter >>

Email <<insert email address of signatory of letter >>

Attachment(s)

<<Health Waiver Submission proforma>>

<<Form 884>>

<<Health Waiver Information>>

OPTION – IF CLIENT HAS AUTHORISED RECIPIENT BUT SENDING COPY TO CLIENT (ONLY TO APPEAR ON CLIENT LETTER)

Please note the original of this letter including attachments was sent to:

<<Authorised recipient's business name if applicable>>

<<Authorised recipient's name>>

<<Authorised recipient's mailing address>>

END OPTION

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**Australian Government
Department of Home Affairs**

PIC 4007 Health Waiver Submission

**PART A
HEALTH WAIVER FORM**

TO BE COMPLETED BY THE VISA APPLICANT OR THEIR AGENT

Information for applicants

To assist with the consideration of a health waiver, we need detailed information and evidence from you regarding your ability to mitigate the estimated potential costs and/ or Prejudice to Access involved. Please complete this form by answering the questions with as much detail as possible. Please also supply evidence of any compelling and compassionate circumstances surrounding your case.

1. Please ensure that you provide all required information and that supporting documentation is included and marked in the DOCUMENT CHECKLIST.
2. Once you have completed this form, please return it directly to your visa processing case officer as soon as possible.

If you have any questions about this form, or the health waiver process, please liaise directly with your visa processing case officer.

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Checklist

Please provide for all visa applicants (and the sponsor of this application if applicable)

Authorised translations are required where documents are not in English

SUPPORTING DOCUMENT CHECKLIST	
Employment History/Education/ Qualifications/ Studies For any applicant/sponsor; • A copy of any qualification certificates, degrees, and diplomas showing the name of the applicant, the institution, and the name of the qualification or course. • If currently studying, provide evidence of the enrolment/ ongoing study. • Information concerning previous 10 year employment history	☐ Attached ☐ Not Applicable
Nominated Position and Employer (Skilled Visa only) primary applicant • A letter or employment contract from the nominating employer showing the name of the primary applicant, the nominated position/occupation, date of commencement and the annual salary. • Documentary evidence of any employer support (for instance evidence that the employer would be adversely affected if the employee no longer worked for the company). Current Employment (all other applicants) For any working age applicant/sponsor; • A letter from the current employer showing the name of the employee, their position, the date of commencement and their annual salary • If applicable, evidence that the employer would be adversely affected if the employee no longer worked for the company	☐ Attached ☐ Not Applicable
Income For any working age applicant or sponsor; • A copy of the latest Australian tax assessment notice (and the most recent three payslips) or a letterhead confirmation from the company accompanied by bank statements demonstrating deposits.	☐ Attached ☐ Not Applicable
Financial Assets/ Liabilities. • Provide documentary evidence of funds in Bank Accounts, Savings, Shares and Superannuation - copies of the latest statement for each bank account and superannuation fund showing the balance of each account/fund and the name of the account holder for the last three months. • Provide evidence of any other assets and liabilities.	☐ Attached ☐ Not Applicable
Residential Property • If applicants or sponsor own property - a copy of title deed, or land and water rates notice. A mortgage statement showing holder's name and the address of the property, and current mortgage	☐ Attached ☐ Not Applicable
Existing Care Arrangements and Impact of the Condition • Information summarising any existing care arrangements, current use of community services (if applicable) and the impact (if applicable) that the condition has on the waiver applicant's day to day tasks.	☐ Attached ☐ Not Applicable
Community Ties and Links • Documentary evidence of community contribution or participation. E.g. Professional memberships, community organisation memberships, volunteer work, charity fundraising etc. • Letters of support from friends/community associations etc.	☐ Attached ☐ Not Applicable

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Australian Citizen Children (where applicable) - Evidence of current caring responsibilities for Australian citizen children. Eg. Court documents, Child Support payments, information concerning shared care/living arrangements etc - Evidence of any adverse effect a decision not to waive may have on the children	☐ Attached ☐ Not Applicable
Any other relevant documentation - Such as any other information concerning your ability to mitigate costs or care (or prejudice to access where identified), - Information which demonstrates the strength and detail of any compassionate or compelling circumstances (such as evidence of any factors preventing your sponsor from joining you in your own country, or in another country, or evidence of caring responsibilities for elderly parents/relatives).	☐ Attached ☐ Not Applicable
Information regarding non-migrating family members including what arrangements have been put in place for their care, how long those arrangements have been in place, what alternative arrangements are in place should the current ones become unavailable, and what is the likelihood of them ultimately applying to migrate to Australia	☐ Attached ☐ Not Applicable
If Prejudice to Access is identified - For an organ transplant, documentary evidence of any person who has been compatibility tested, and is willing to donate an organ (directly or through a scheme such as the Paired Kidney Donor Scheme), or documentary evidence from a treating specialist/doctor that it would be unlikely that the applicant would be placed on a transplant list. - If the MOC has identified the applicant is likely to require dialysis, documentary evidence of a demonstrated history of accessing, and of having the financial capacity to continue accessing dialysis at a private clinic; or documentary evidence of Private Health Insurance which will cover the cost (and a demonstrated history) of accessing dialysis at a private clinic.	☐ Attached ☐ Not Applicable

APPLICANT'S DETAILS				
APPLICANT'S FAMILY DETAILS				
Do any applicants have family members residing in Australia who are not included in this application (such as parents/siblings/children from previous relationships)? ☐ Yes ☐ No Do any applicants have family member residing overseas who are not included in this application (such as parents/siblings/children from previous relationships)? ☐ Yes ☐ No Please complete the table below.				
NAME	Date of Birth	Relationship to Primary Applicant	Current Location	Residency Status & Citizenship(s)
<Surname, First Name>	DD-MM-YYYY	Choose an item.	<Country; Address (if known)>	Choose an item.
	Age: <Age>			
*Add additional rows as required.				
APPLICANT'S LINKS TO AUSTRALIA				
Do any applicants have any other links to Australia? ☐ Yes ☐ No If yes, please complete the details below as relevant.				

APPLICANT'S DETAILS		
Please detail any professional and social links to Australia:		Please provide information regarding any community associations: <Include details such as time commitments, length of involvement etc>
APPLICANT'S EDUCATION, STUDIES AND/ OR QUALIFICATIONS		
This information will be utilised to provide a link to current or future earning/ potential cost mitigation.		
Are any applicants currently studying? ☐ Yes ☐ No If yes, include, for all applicants: - Education completed or in progress - Current schooling (for child applicants)- include current school name, and year of schooling		
APPLICANT'S EMPLOYMENT HISTORY		
Do any applicants own a business in Australia? ☐ Yes ☐ No If yes, please provide details and supporting evidence.		
Are any applicants of employable age currently working? ☐ Yes ☐ No <If yes, please specify>		
Include, for <u>all applicants of employable age</u> :		
Full name	Employment	Details
<Surname, Given Name>	Current Occupation Please detail.	Date Commenced: DD-MM-YYYY Employment type ☐ On-going ☐ Fixed-term contract <Dates> ☐ Full time ☐ Part time ☐ Casual If applicable, provide evidence that the employer would be supportive of the applicant's continued stay in Australia, or would be adversely impacted by a decision not to waive, or would have difficulty in recruiting the applicant's position.
	Previous Employment Please list all.	Date Commenced: DD-MM-YYYY Employment type ☐ On-going ☐ Fixed-term contract <Dates> ☐ Full time ☐ Part time ☐ Casual
*Add additional rows for working-age applicants as required.		
APPLICANT'S INCOME AND ASSETS		
Current Gross Annual Income		
Notice of Assessments for previous Financial Year		
Savings		
Assets (Such as property, shares etc)		

APPLICANT'S DETAILS				
Liabilities (such as loans, debts, mortgages)				
Other income or assets as relevant (such as rental income on properties owned, interest from investments, overseas pensions)				
SPONSOR DETAILS (For Family/Non-Humanitarian visa applications only)				
Surname	Given Name	Date of birth DD-MM-YYY	☐ Male ☐ Female	Relationship to Primary Applicant Choose an item.
<Surname>	<Given Name>	Age:		
Residency Status	☐ A/a Citizen ☐ A/a Permanent Resident ☐ Dual Citizen <specify which country(s)>			
Immigration History	Provide details of when/ how the sponsor migrated (if relevant): <Details> Length of time the sponsor has resided in Australia: <MM/YY> Has the sponsor resided outside Australia for any extended periods of time? ☐ Yes ☐ No If yes, provide details including dates, location and reason. why the sponsor and applicant could not continue to reside . Any previous sponsorships? ☐ Yes ☐ No If yes, include details of any previous sponsorships.			
Financial Aspects	Is the sponsor currently supporting the applicant(s) financially? ☐ Yes ☐ No Please provide details:			
Relationship History	Where relevant: Provide details of when and where you have resided together in any country other than Australia.			
Factors preventing sponsor from relocating to another country	Details of the factors, if any, preventing the sponsor from joining the applicant in the applicant's current location and/or in a third country- include business links in Australia, lack of same-sex migration option, safety or discrimination issues, caring responsibilities for family members in Australia, custody of Australian citizen children from a previous relationship, etc.			
SPONSOR'S LINKS TO AUSTRALIA				
Does the sponsor have links to Australia? ☐ Yes ☐ No If yes, please complete the details below as relevant.				
Please detail any professional and social links to Australia:		Please provide information regarding any community associations or support available: <Include details such as time commitments, length of involvement, etc>		

APPLICANT'S DETAILS

Does the sponsor have family members residing in Australia who are not included in this application (such as parents/siblings/children from previous relationships)? ☐ Yes ☐ No

Does the sponsor have family member residing overseas who are not included in this application (such as parents/siblings/children from previous relationships)? ☐ Yes ☐ No

Please complete the table below as relevant.

NAME	Date of Birth	Relationship to Sponsor	Does the Sponsor have Caring Responsibilities?	Current Location	Residency Status & Citizenship/s
<Surname, First Name>	DD-MM-YYYY	Choose an item.	☐ Yes ☐ No If yes, provide details.	<Country; Address (if known)>	<Citizenship of which country> Choose an item.

**Add additional rows as required.*

SPONSOR'S EDUCATION, STUDIES AND/ OR QUALIFICATIONS

Links to current or future earning/ potential cost mitigation

Is the sponsor currently studying? ☐ Yes ☐ No **Include:**

- Education completed and qualification details

SPONSOR'S EMPLOYMENT HISTORY**SPONSOR'S INCOME AND ASSETS**

Include (as applicable):

Current Gross Annual Income	
Notice of Assessments for previous Financial Year/s	
Savings	
Assets (Such as property, shares etc)	
Liabilities (such as loans, debts, mortgages)	
Other income or assets as relevant (such as rental income on properties owned, interest from investments, overseas pensions)	

CHILDREN/ DEPENDENTS AFFECTED

Are there any **children of the relationship** that would be adversely affected by a decision not to waive? ☐ Yes ☐ No

If yes, provide details. **Please provide evidence of any care arrangements*

CHILDREN/ DEPENDENTS AFFECTED

Are there any **other Australian Citizen or Permanent Resident children** that would be adversely affected by a decision not to waive? ☐ Yes ☐ No If yes, provide details.

If the sponsor has minor Australia citizen or Permanent Resident children from a previous relationship, include:

- Details of his/ her responsibility for day to day care
- Shared parenting arrangements
- Child Support commitments
- Evidence of any adverse effects the children may suffer if a waiver is not exercised

Are there any non-migrating dependents? ☐ Yes ☐ No If yes, provide details.

- Surname; Given Name, DOB
- List details of care arrangements including how long these arrangements have been in place
- History of care arrangements
- Alternate arrangements in place should the current ones no longer be sustainable.

ABILITY TO MITIGATE PREJUDICE TO ACCESS.

Was prejudice to access identified? ☐ Yes ☐ No If yes, please complete below.

Renal transplant ☐ Yes ☐ No

<Provide information regarding whether or not a family member has undergone compatibility testing as a live donor, or are they registered with the Australian Paired Kidney Exchange> <Are there existing formal arrangements? Give details>

Dialysis ☐ Yes ☐ No

<Provide information regarding any private clinic arrangements with a demonstrated payment arrangement? Or is the local clinic they plan to attend not subject to the same level of shortage as the national shortage overall? What evidence?>

Other Organ Transplants: ☐ Yes ☐ No

<Provide details> <Any potential for live donor arrangements?>

ANY OTHER COMPELLING OR COMPASSIONATE CIRCUMSTANCES OR FURTHER INFORMATION THAT YOU WOULD LIKE TO BRING TO THE DEPARTMENT'S ATTENTION

Any other details as relevant.

End of Form



Australian Government
Department of Home Affairs

Client Declaration

I, **s. 22(1)(a)(ii)**, declare that the information I have provided in terms of my medical history and during my immigration health examinations as recorded in eMedical are true and correct.

I understand that:

- my personal details and health information are being collected in the eMedical system to enable the Department of Home Affairs (Home Affairs) officers to determine whether or not they are satisfied that I meet the health criteria for an Australian visa(s);
- Home Affairs can collect and use my personal and sensitive information entered into eMedical in accordance with the *Privacy Act 1988* (the Privacy Act);
- required health examinations must be completed and assessed prior to a visa decision being made. If the information I have provided is not stored within the eMedical system, the processing of my visa application will be delayed, and my visa application may be refused if I fail to complete the required health examinations;
- if I have provided any false or misleading information to Home Affairs as part of my immigration health examination, my visa application(s) may be refused and/or any visa subsequently issued cancelled;
- the Home Affairs privacy policy contains information about how I can access the information stored in eMedical, seek the correction of such information, complain about a breach of any Australian privacy laws or codes of practice that apply to Home Affairs, and how Home Affairs deals with such complaints. This privacy policy is available at: <https://www.homeaffairs.gov.au/access-and-accountability/our-commitments/plans-and-charters/privacy-policy> ;
- the Home Affairs privacy notice is available at: <https://immi.homeaffairs.gov.au/form-listing/forms/1442i.pdf> . Important information about the collection, use and disclosure (to other agencies and third parties, including overseas entities) of my personal information, including sensitive information, is contained in this notice;
- further information about eMedical and arrangements in place to protect my personal information where stored in eMedical is available on the Home Affairs website at: <https://immi.homeaffairs.gov.au/help-support/tools/emedical> ;
- Home Affairs' contact details are outlined on the Home Affairs website at: <https://immi.homeaffairs.gov.au/help-support/contact-us/offices-and-locations> ;
- if I consent to the disclosure of my personal (including sensitive) information that APP 8.1 (contained in Sch 1 to the Privacy Act) will not apply in relation to the cross border disclosure of this information. This means that the Department of Home Affairs does not need to take such steps as are reasonable in the circumstance to ensure that the overseas recipient does not breach the APPs in relation to the information disclosed.

I consent to:

- my personal and sensitive information (such as my medical information) being collected and stored in the eMedical system that is hosted by Home Affairs, and automatically submitted to Home Affairs for the purposes of assessing whether or not I meet the health requirement for current or future Australian visa applications;
- Home Affairs storing my digital photograph(s) which may be used by Home Affairs for client identification purposes in addition to the immigration health examination process;
- Home Affairs retaining my medical information, including any x-ray images uploaded to eMedical, beyond the finalisation of my visa application, for the purposes of considering future applications I may make for a visa to Australia;
- the Commonwealth of Australia becoming the owner of the information entered into eMedical and that this information will be passed to Home Affairs;

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- Home Affairs may destroy my personal data (including digital x-ray images and photographs) stored in eMedical after a certain period of time where consistent with Home Affairs' archiving obligations and any current disposal authorities. Consequently, if I do not request a copy of this data from the clinic I attend when undergoing my immigration health examinations, it may not be available for me to retrieve at a later date;
- Home Affairs disclosing my personal information, including information about my health and any complaint I may lodge, to the relevant radiologists/panel doctors and clinic administrative staff. The reasons for this disclosure will be to investigate and resolve inconsistencies, complaints or audit recommendations; and
- my personal information (including my sensitive information) stored in eMedical including but not limited to my health case identifier (HAP ID), medical results, treatment(s), bio details and digital photographs to be disclosed to:
 - for Refugee and Humanitarian applicants and/or visa holders:
 - o Australian Government health agencies;
 - o for the Department of Home Affairs to administer and deliver Humanitarian Settlement Program (HSP), Community Support Program (CSP), or Community Refugee Integration and Settlement Pilot (CRISP) support to me, which may include:
 - health and settlement service providers, approved proposing organisations, and examining doctor(s) – this may include eMedical clinics of my choice involved in the processing of my case outside Australia, (such as the International Organization for Migration (IOM) [via their Migrant Management Operational System (MiMOSA)] or other eMedical clinic) for the purposes of recording my health information and other personal information relating to my visa application and facilitating my travel to Australia;
 - Assisted Passage Contractors (including any subcontractors) for the purposes of assisting me and / or my dependents to attend appointments with panel physicians and clinics empanelled by Home Affairs Migration Health and to facilitate the safe travel of myself and / or my dependents to Australia, amongst other things;
 - Home Affairs' migration medical service provider, and State and Territory health agencies;
 - for clients granted Refugee and Humanitarian visas who have a proposer or Australian supporter, my HAP ID to be disclosed to my proposer or Australian supporter in Australia for the purpose of arranging a Comprehensive Health Assessment, appointment with a specialist migrant or refugee health service, or general practitioner experienced in managing refugee health issues following my arrival in Australia;
 - Australian Government agencies, State and Territory health agencies authorised to receive information relating to adoption, border control, business skills, citizenship, education, health assessment, health insurance, health services, law enforcement, payment of pensions and benefits, taxation, superannuation, review of decisions, child protection and registration of migration agents;
 - Australian law enforcement, health agencies and international agencies, including overseas recipients in the United Kingdom, the United States of America, Canada and New Zealand, for the purposes of identity checking and panel management, including complaint investigation. [Note: if you are applying for a refugee or humanitarian visa, Home Affairs will only disclose this information to another country if it is reasonably satisfied that this information will not be disclosed to your country of claimed persecution];
 - my identifying information as defined in s 336A of the Migration Act 1958 (such as my photograph, height and weight measurements) being disclosed to eMedical clinics of my choice involved in the processing of my case outside Australia (such as the IOM [via MiMOSA] or other eMedical clinic) and Assisted Passage Contractors (including any subcontractors), if applicable.

s. 22(1)(a)(ii)

20 Feb 2018

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Signature: _____

Client declaration – COVID-19 related health information (if applicable)

I, s. 22(1)(a)(ii) understand that:

- I may be offered a COVID-19 vaccination or asked to submit proof of my COVID-19 vaccination, by the panel physician (or the IOM). I acknowledge that it is entirely voluntary to receive a COVID-19 vaccination, or to submit proof of my COVID-19 vaccination during the health examination. My decision on this will not impact whether or not I meet the health requirement for the purposes of being granted a visa. However, I may be required to submit proof of vaccination status as an entry requirement when entering Australia;
- If I receive a COVID-19 vaccination, or provide proof of my COVID-19 vaccination, this information will be collected by the panel physician (or the IOM) and submitted in eMedical. The information in eMedical will then be collected by Home Affairs to fulfil emergency management functions in supporting the response of the Australian Government and State and Territory governments to the COVID-19 outbreak. This information may be disclosed to the Australian Government Department of Health and/or State and Territory health departments to assist with Australia's response to COVID-19, as required;
- The COVID-19 vaccination information collected in eMedical may be integrated with other Home Affairs systems for the purposes of data matching and verification;
- Where applicable, my COVID-19 vaccination information may be disclosed to relevant Commonwealth, State and Territory health authorities, and/or settlement service providers, specialist migrant or refugee health services, or a general practitioner experienced in dealing with refugee health issues, for the purpose of the settlement of migrants and humanitarian entrants. This may include for the purposes of being offered additional vaccinations as part of the primary dose, or a booster shot;
- Home Affairs has a privacy policy that contains information about how I can access the information stored in eMedical, seek the correction of such information, complain about a breach of any Australian privacy laws or codes of practice that apply to Home Affairs, and how Home Affairs deals with such complaints. This privacy policy is available at: <https://www.homeaffairs.gov.au/access-and-accountability/our-commitments/plans-and-charters/privacy-policy> ;
- Further information about eMedical and arrangements in place to protect my personal information where stored in eMedical is available on the Home Affairs website at: <https://immi.homeaffairs.gov.au/help-support/tools/emedical> ;
- Home Affairs' contact details are outlined on the Home Affairs website at: <https://immi.homeaffairs.gov.au/help-support/contact-us/offices-and-locations> ;

If I receive a COVID-19 vaccination or submit proof of my COVID-19 vaccination during my health examination, I consent to:

- Home Affairs collecting and using my personal (including sensitive) information submitted in eMedical, to support any response of the Australian Government and State and Territory governments to a COVID-19 outbreak. This includes the collection of the type of COVID-19 vaccination received, date(s) of COVID-19 vaccination, and whether or not I consent to receiving the COVID-19 vaccination;
- Home Affairs disclosing my personal (including sensitive) information submitted in eMedical to the Australian Government Department of Health and/or State and Territory health departments, to assist with Australia's response to COVID-19, as required;
- Home Affairs using and disclosing my personal (including sensitive) information collected in eMedical for the purposes of being integrated with other Home Affairs systems for data matching and verification;

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- Home Affairs disclosing my personal (including sensitive) information (where applicable) to relevant Commonwealth, State and Territory health authorities, and/or settlement service providers, Assisted Passage contractors (including any subcontractors), specialist migrant or refugee health services, or a general practitioner experienced in dealing with refugee health issues, for the purposes of my settlement arrangements in Australia (where applicable), including being contacted to receive further COVID-19 vaccinations or booster shots, if required.

s. 22(1)(a)(ii)

20 Feb 2018

Signature: _____

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Client Departure Health Check (DHC) Consent and Disclosure

**If the refugee or humanitarian client is unable to read this form, it is to be read by staff conducting the Departure Health Check (DHC) to the refugee or humanitarian client in a language mutually understood prior to commencement of the DHC. If clients do not understand any part of this form, staff conducting the DHC must provide an explanation.*

**** Dependent refers to a child or step-child that has not yet turned 18 or has turned 18 and does not have the mental capacity to consent.**

Your and / or your dependant/s personal information will be collected, used, stored and disclosed by the Department of Home Affairs (Home Affairs) in accordance with the Australian Privacy Principles in Schedule 1 of the Privacy Act 1988. Further information regarding how Home Affairs handles personal information, including how you can access and seek correction of any information, can be found in Home Affairs' Privacy Policy and form 1442i available at <https://immi.homeaffairs.gov.au/form-listing/forms/1442i.pdf>

I, s. 22(1)(a)(ii), understand that a DHC:

- is to ensure I and / or my dependent/s** are fit to travel, and to assess my / our medical needs for in-flight support and post-arrival care in Australia;
- is free of charge;
- includes:
 - o A physical examination, for example a mouth and throat check, taking temperature and blood pressure;
 - o Pregnancy screening for female applicants in order to assess their suitability for the administration of any treatment or vaccination(s) that form part of the DHC;
 - o A tuberculosis (TB) evaluation for people with a history of TB or exhibiting symptoms of tuberculosis;
 - o Malaria, parasite and infestation testing and treatment;
 - o Administration of prescribed vaccinations unless a reliable written record of previous immunisation is available, or is pregnant;
 - o A mental health assessment;
- depending on the outcome, further tests may be required. I and / or my dependant/s will be counselled on any issues arising from the DHC once the results are received. If treatment or further testing is required that delays travel, my / our travel will be re-arranged until treatment or further testing is complete, or if a subclass 202 my / our sponsor will need to rearrange travel;
- results will not change my / our visa outcome.

Based on my informed understanding of the above:

- I and / or my dependant/s consent to undergo the DHC and any necessary treatment and / or vaccinations

I consent to:

- my / my dependant/s personal and sensitive information (including but not limited to my Health Assessment Portal (HAP) ID, medical results, treatment(s), vaccination(s), bio details and photographs) being collected and stored in the eMedical or the health manifest form and Health Assessment Portal system that is hosted by Home Affairs for the purposes of facilitating arrangements for my / my dependant/s medical care and settlement needs on arrival in Australia;
- this information being disclosed to:

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- o Australian Government and State and Territory health agencies;
 - o Department of Home Affairs to administer and deliver Humanitarian Settlement Program (HSP), Community Support Program (CSP), or Community Refugee Integration and Settlement Pilot (CRISP) support to me;
 - o Health and settlement service providers, approved proposing organisations, and examining doctor(s) – this may include eMedical clinics of my choice involved in the processing of my case outside Australia;
 - o Home Affairs' migration medical service provider;
 - o Assisted Passage Contractors (including any subcontractors) for the purposes of assisting me and / or my dependents to attend appointments with panel physicians and clinics empanelled by Home Affairs Migration Health and to facilitate the safe travel of myself and / or my dependents to Australia, amongst other things. I also consent to my identifying information as defined in s 336A of the Migration Act 1958 (such as my photograph, height and weight measurements) being disclosed to Assisted Passage Contractors (including any subcontractors) for these same purposes.
- my / my dependant/s personal and sensitive information (such as medical information) being disclosed to research organisations or contracted third parties for the purposes of research, investigation and analysis for policy and/or programme evaluation or development. Established agreements and contracts limit the use of personal and sensitive information to stated research purposes, and require destruction of such information upon completion. Data collected and used in research is de-identified before it is released;
 - Research organisations or contracted third parties may contact me in regards to my / my dependants' health information for Home Affairs' research and evaluation purposes.

Additionally, for clients who have a proposer or Australian supporter:

I consent to my HAP ID to be disclosed to my proposer or Australian supporter in Australia for the purpose of arranging a Comprehensive Health Assessment appointment with a specialist migrant or refugee health service, or general practitioner experienced in managing refugee health issues following my arrival in Australia.

I / my dependant/s understand and consent to the above:

Visa holder (signature)

Date

HAP ID

s. 22(1)(a)(ii)

Interpreter's Statement (if applicable)

I, _____ (name), from _____ (organisation)

have given an accurate verbal translation of the above in _____ (language)

and believe the visa holder/s understands the contents.

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Signature: _____ Date: _____

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