



**Australian Government**  
**Department of Immigration and Citizenship**

**EHealth**



**Online Health**

Name	
TRN	
Date of birth	
Passport number	
Passport country	

**evisa Consultants**  
**aussie immi advice**  
 Migration & Education Consultants  
**Dhires Kohli (JP)** Phone +61 2883-66305  
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 Suite 3, 30 Cowper Street Mobile +61 410 594 508  
 Parramatta NSW 2150 admin@aussieimmi.com  
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**Review medical history**

Provide details of your intended occupation / activity in Australia.

Provide details of occupations held during the last 5 years.

How long do you intend to stay in Australia?

**Applicant medical history**

Answer all questions. Where you answer Yes to a question, or if otherwise appropriate, provide all relevant details, including dates.

Have you EVER had an operation?	
Have you EVER had hospital treatment or been admitted to a hospital for any reason?	

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Have you EVER had tuberculosis or have you ever coughed up blood?	
Have you EVER had an abnormal chest x-ray?	
Have you EVER had contact with a person with tuberculosis?	
Have you EVER had convulsions, fits or epilepsy?	
Have you EVER had anxiety, depression or nervous complaints requiring treatment?	
Have you EVER consulted a psychiatrist?	
Have you EVER been admitted to a hospital for a psychological problem?	
Have you EVER had high blood pressure, heart trouble, breathlessness and/or chest pain?	
Have you EVER had pain in the back, neck or any joint?	
Have you EVER had an infectious disease lasting more than 2 weeks?	
Have you EVER had kidney or bladder disease or complaint?	

Have you EVER had diabetes or sugar in the urine?	
Have you EVER had any illness, injury or medical condition lasting more than 2 weeks, or a recurring condition not mentioned above?	
Have you EVER had any medical, physical, psychological or other treatment in the last 5 years?	
Are you taking any pills, medicine or having other treatment?	
Have you ever been addicted to a drug or taken drugs illegally?	
Do you consume alcohol?	
Do you, or have you ever smoked tobacco?	
Do you have any physical or mental disabilities which may affect your ability to earn a living or take full care of yourself?	
Do you receive a pension for medical reasons?	

Referred radiological clinic

Practice name	
Address	
Phone	

Referred medical clinic

Practice name	
Address	
Phone	

Review declaration

I declare that the information I have provided is true and correct.	
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 <p><a href="#">Print</a></p>	<hr/> Signature of the Student	<hr/> Date

Applicants who provide false or misleading information may have their applications refused.

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