



Referral letter

HAP **Removed**

ATHALYE, Harsh Balkrishna, **Removed, HAP ID: **Removed****

Instructions to the client:

Please proceed to make an appointment to undergo the required immigration health examinations listed in this letter with an approved panel physician if you are outside Australia **or** with an approved onshore provider if you are in Australia. You may also subsequently be referred to a specialist for additional health examinations. Specific requirements for arranging your health examination are explained on the website of the Department of Immigration and Border Protection (DIBP)'s website at <http://www.immi.gov.au/allforms/health-requirements/arranging-health-exam.htm>.

When making your appointment, please provide the clinic with your health identifying number (HAP ID) indicated at the top of this letter. Please also make sure that you bring with you to your appointment:

- **this referral letter**
- your prescription spectacles or contact lenses, if applicable
- existing specialist and/or other relevant medical reports for known medical conditions
- any previous chest x-rays
- a valid passport **OR** an agreed form of alternative documentation to confirm your identity.

Note: a copy of any health information that you have already provided to DIBP online is included below for your information. This information will also assist staff at the panel clinic that you select to visit.

Client personal details

Title :	-	
Family name :	ATHALYE	
Given names :	Harsh Balkrishna	
Gender :	MALE	
Date of birth :	**Removed**	
Country of birth :	**Removed**	

Client identity details

Identity document presented :	Original Passport
Identity document number :	**Removed**
Issuing country :	**Removed**
Date of issue :	**Removed**
Date of expiry :	**Removed**
Source :	Australia

Client visa details

Visa:	SI 189 Skilled Independent (Permanent)
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Examinations required for this visa application	Exam Status	Clinic
501 Medical Examination	Required	
502 Chest X-ray Examination	Required	
707 HIV test	Required	

Consent provided

On 01 OCT 2014 you consented online to using eMedical to process your health examinations where available.

Medical History Information

On 01 OCT 2014 you provided the following medical history information to DIBP online. Your panel physician will discuss this information with you as part of the medical examination process and provide any additional information to DIBP if required.

Have you ever been diagnosed with Tuberculosis (TB)? Have you ever had to take treatment for Tuberculosis (TB)?	No
Have you ever been in close contact at work or at home with a person known to have Tuberculosis (TB)?	No
Have you ever been admitted to hospital and/or received medical treatment for an extended period for any reason (including for a major operation or treatment of a psychiatric illness)?	No
Do you suffer, or have you ever suffered, from mental health problems?	No
Have you ever been told you are HIV positive?	No
Do you have, or have you ever had, hepatitis, problems with your liver or yellowing of the skin?	No
Do you have or have you had cancer in the last 5 years?	No
Do you have high blood sugar / diabetes?	No
Do you have heart problems, including high blood pressure or a heart condition that you were born with?	No
Do you have a blood condition?	No
Do you have bladder or kidney problems?	No
Do you have a physical or intellectual disability that make it difficult for you to function independently (for example, to move around or learn) or work full-time?	No
Do you need to take drugs or drink alcohol regularly?	No
Are you taking any prescribed pills or medication (excluding oral contraceptives, over-the counter medication and natural supplements)? If yes, please list these.	No