

**AUSTRALIAN EMBASSY - BERLIN**  
**Pro forma for applicants aged 70 years and over (offshore)**

<b>PRO FORMA FOR APPLICANTS AGED 70 AND OVER (Offshore)</b> To be completed by medical practitioner as directed	<b>Firmly attach a recent photo of the applicant. Doctor to certify in writing across the top of the photo (not across the image) and running onto the page, that it is a true likeness of the applicant.</b>
--	---

<b>Applicant's Name:</b>  <b>Applicant's Address:</b>
---

**Date of birth:** \_\_\_\_\_ **Duration of intended stay:** \_\_\_\_\_

**Passport no.:** \_\_\_\_\_ **Nationality:** \_\_\_\_\_

**Medical history**

*(Please tick appropriate box)*

Does the applicant currently have any significant medical conditions, or a history of significant medical conditions, including tuberculosis; dementia; severe cardiac or respiratory disease; or any condition that may require dialysis treatment, cancer treatment, or treatment involving the use of blood products?

Yes  No

If "yes" please provide details

**Personal care**

With whom does the applicant normally live? \_\_\_\_\_

Does the applicant require assistance in day-to-day living

Yes  No

If "yes" please describe:

**Mobility**

*(Please tick appropriate box)*

Is mobility limited by shortness of breath, joint pain, or musculoskeletal problems?

Yes  No

**Mental state and communication**

*(Please tick appropriate box)*

Is the applicant confused or disoriented (including about proposed journey to, and length of stay in, Australia)?

Yes  No

**Physical examination**

*(Please tick appropriate box)*

General appearance:

BP:

Heart rate:

Respiratory rate:

Respiratory rate within normal limits for age?

Yes  No

**Cardiovascular system:**

*(Please tick appropriate box)*

If an ECG is indicated, are the results within normal limits for age?

Yes  No

**Opinion**

*(Please circle)*

- 1. Do you consider the applicant fit to travel unaccompanied and without assistance to Australia, given it will involve several hours of exposure to a low oxygen environment on the flight, as well as the stress of the journey itself? Yes No
- 2. Do you consider the applicant functionally independent in personal care and mobility? Yes No
- 3. Do you consider the applicant is likely to remain as well as they are now for the duration of requested stay? Yes No
- 4. Do you consider that the applicant will stay fit enough to undertake the long, unaccompanied and unassisted journey home? Yes No
- 5. If you answered "no" to any of the above questions, please provide an explanation.

---



---



---



---

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's name: \_\_\_\_\_

Doctor's address: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

Medical qualifications: \_\_\_\_\_

*Please return the completed report to the visa processing office identified on the front of this report.*