



Australian Government
Department of Home Affairs

Department of Home Affairs
My Health Declarations

Record of
Responses

Terms and Conditions

[View Terms and Conditions](#) [View Privacy statement](#)

I have read and agree to the terms and conditions
Yes

Application context

Visa details

Give details of the visa subclass for which the applicant intends to apply.

Visa subclass: **SKILLS IN DEMAND - 482**

Has the applicant already submitted a visa application for this subclass and are they waiting for a decision to be made by the Department on that application?

No

Primary applicant

Passport details

Enter the following details as they appear in the applicant's personal passport.

Family name: **Mohammad**
Given names: **Hamza**
Sex: **Male**
Date of birth: **03 Feb 1999**
Passport number: **R0492325**
Country of passport: **INDIA - IND**
Nationality of passport holder: **INDIA - IND**
Date of issue: **25 May 2017**
Date of expiry: **24 May 2027**

Personal Privacy
OFFICIAL: Sensitive

This form submitted by
Role(s)
Submitted on

: muhammadhamza124232@gmail.com
: Self-registered user
: 19/05/2025 19:39

Place of issue / issuing authority: **Lucknow**

National identity card

Does this applicant have a national identity card?
Yes

National identity card

Enter details exactly as shown on the national identity card.

Family name: **Mohammad Hamza**

Given names: **Mohammad Hamza**

Identification number: **730398724915**

Country of issue: **INDIA**

Note: If the National identity card does not have a Date of issue or a Date of expiry, do not enter a date. Leave the field/s blank.

Date of issue:

Date of expiry:

Place of birth

Town / City: **Lucknow**

State / Province: **Uttar Pradesh**

Country of birth: **INDIA**

Relationship status

Relationship status: **Never Married**

Other names / spellings

Is this applicant currently, or have they ever been known by any other names?
No

Citizenship

Is this applicant a citizen of the selected country of passport (INDIA)?
Yes

Is this applicant a citizen of any other country?
No

Other passports

Does this applicant have other current passports?
No

Other identity documents

Does this applicant have other identity documents?

No

Additional identity questions

Provide further details below, where available.

Previous travel to Australia

Has this applicant previously travelled to Australia or previously applied for a visa?

No

Contact details

Country of residence

Usual country of residence: INDIA

Residential address

Note that a street address is required. A post office address cannot be accepted as a residential address.

Country: INDIA

Address: 529B/12, Shadab Colony, Picnic Spot Road
Mahanagar

Suburb / Town: Lucknow

State or Province: UTTAR PRADESH

Postal code: 226006

Contact telephone numbers

Enter numbers only with no spaces.

Home phone:

Business phone: 8787201340

Mobile / Cell phone: 8787201340

Postal address

Is the postal address the same as the residential address?

Yes

Electronic communication

The Department prefers to communicate electronically as this provides a faster method of communication.

All correspondence, including notification of the outcome of the application will be sent to:

Email address: muhammadhamza124232@gmail.com

Note: The holder of this email address may receive a verification email from the Department if the address has not already been verified. If the address holder receives a verification email, they should click on the link to verify their address before this application is submitted.

Accompanying members of the family unit

Are there any accompanying members of the family unit included in this application?

No

Travel details

Travel details - MOHAMMAD, HAMZA

Previous travel to Australia

Has the applicant been in Australia in the last 28 days?

No

Details of stay

Length of time the applicant intends to stay in Australia on the above visa subclass: **Over 12 months**

Health declarations

In the last five years, has any applicant visited, or lived, outside their country of passport, for more than 3 consecutive months? Do not include time spent in Australia.

No

Does any applicant intend to enter a hospital or a health care facility (including nursing homes) while in Australia?

No

Does any applicant intend to work as, or study or train to be, a health care worker or work within a health care facility while in Australia?

No

Does any applicant intend to work, study or train within aged care or disability care while in Australia?

No

Does any applicant intend to work or be a trainee at a child care centre (including preschools and creches) while in Australia?

No

Does any applicant intend to be in a classroom situation for more than 3 months (eg. as either a student, teacher, lecturer or observer)?

No

Has any applicant:

- ever had, or currently have, tuberculosis?

OFFICIAL: Sensitive
Personal Privacy
My Health Declarations

- been in close contact with a family member that has active tuberculosis?
- ever had a chest x-ray which showed an abnormality?

No

During their proposed visit to Australia, does any applicant expect to incur medical costs, or require treatment or medical follow up for:

- blood disorder
- cancer
- heart disease
- hepatitis B or C and/or liver disease
- HIV infection, including AIDS
- kidney disease, including dialysis
- mental illness
- pregnancy
- respiratory disease that has required hospital admission or oxygen therapy
- other?

No

Does any applicant require ongoing medical care or need special equipment, assistive technology or assistance from others for daily living?

No

Declarations

Warning:

Giving false or misleading information is a serious offence.

The applicant declares that the individuals listed in this form:

Have read and understood the information available to them within this form, as well as information available on the website of the Department about the My Health Declarations service and when it is recommended to be used.

Yes

Have provided complete and correct information in every detail when completing this form.

Yes

Understand that if any of the information provided within this form changes, this may impact which health examinations they are required to undergo, and that if they subsequently apply for an Australian visa application, the Department of Home Affairs, its approved panel physicians or onshore service provider may request additional health examinations be undertaken.

Yes

Understand that if any fraudulent or misleading information is found, any future visa application(s) may be refused and/or any visa subsequently cancelled.

Yes

Will inform the Department in writing immediately as they become aware of a change in circumstances (including a change in address) or if there is any change relating to the information they have provided within this form, prior to any associated visa application being finalised.

Yes

OFFICIAL: Sensitive
Personal Privacy
My Health Declarations

Have read the information contained in the Privacy Notice([Form 1442i](#)).

Yes

Understand that the department may collect, use and disclose the applicant's personal information (including biometric information and other sensitive information) as outlined in the Privacy Notice([Form 1442i](#)).

Yes

Consent to all medical information being submitted to the department for the purposes of assessing their health for current or future Australian visa applications, and being transferred to the department's electronic health processing system known as eMedical.

Yes

Consent to all medical information being available to the panel clinic(s) and/or the department's migration medical services provider so that immigration health examinations can be undertaken via the eMedical system.

Yes

We strongly advise the applicant(s) print and take a copy of the application to the health examination appointment.