



**Australian Government**  
**Department of Immigration  
and Border Protection**

Department of Immigration and Border Protection  
**My Health Declarations**

**Record of  
Responses**

## Terms and Conditions

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

**Yes**

I have read and agree to the terms and conditions:

## Application context

### Visa details

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

Visa subclass: **TEMPORARY WORK (SKILLED) - 457**

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: **VELPULA**  
Given names: **SAI KRISHNA**  
Sex: **Male**  
Date of birth: **16 Jun 1984**  
Passport number: **M4705858**  
Country of passport: **INDIA - IND**  
Nationality of passport holder: **INDIA - IND**  
Date of issue: **23 Dec 2014**  
Date of expiry: **22 Dec 2017**  
Place of issue / issuing authority: **HYDERABAD**

## National identity card

Does this applicant have a national identity card?

**No**

### Place of birth

Town / City: **ONGOLE**  
State / Province: **ANDHRA PRADESH**  
Country of birth: **INDIA**

### Relationship status

Relationship status: **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 country of passport?

**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?

**Yes**

### Other identity documents

Enter details exactly as shown on the identity document.

Family name: **VELPULA**  
Given names: **SAI KRISHNA**  
Type of document: **Drivers licence**  
Identification number: **DLFAP027112522006**  
Country of issue: **INDIA**

### 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: **Flat No:203, Kavery Vasathi  
1A Main, Chowdeswari Temple Street**

Suburb / Town: **Marathahalli, Bengaluru**

State or Province: **KARNATAKA**

Postal code: **560037**

#### Contact telephone numbers

Home phone: **7899568568**

Business phone: **08030691852**

Mobile / Cell phone: **9019077938**

#### Postal address

Is the postal address the same as the residential address?

**Yes**

#### Electronic communication

The Department prefers to communicate electronically.

By providing an email address below, the applicant agrees correspondence will be sent to:

Email address: **saikrishna.mapps@gmail.com**

The applicant does not agree to electronic communication:

**No**

Selecting the check box above means the applicant will not receive correspondence via email and will result in delays to communication, including the outcome of the application.

## Accompanying family members

Are there any accompanying family members included in this application?

**No**

## Travel details

### Travel details - VELPULA, SAI KRISHNA

### 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: **Up to 12 months**

Does the applicant intend to apply for a permanent stay in Australia within the next 6-12 months?

**Yes**

Does the applicant wish to have their health assessed for a permanent stay in Australia?

**No**

## 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 to be a doctor, dentist, nurse or paramedic during their stay 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?
- 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 assistance with mobility or care due to a medical condition?

**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 of Immigration and Border Protection 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 Immigration and Border Protection, 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 of Immigration and Border Protection 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**

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.