

NEW SOUTH WALES AND ACT

Dr. Anthony Millar 3rd Fl., Suite 1, 187 Macquarie St. Sydney, NSW 2000 (02) 9232-3932
Dr. Terence English Suite 5, Level 5, 3 Spring Street, Sydney, NSW 2000 (02) 9241-2148
Dr. David Lee Red Hill Shopping Centre
La Perouse Street, Red Hill, ACT 2603 (02) 6295-0966

QUEENSLAND

Drs. Ross Taylor, Brian Kable & James Yates
Anzac Sq., Medical Center, 280 Ann Street, Brisbane (07) 3229-1344
Dr. Julie Ann Whitehouse
Abbott Medical Clinic, Shop 1A Stockland's Shopping Centre
Earlville (Cairns), QLD 4870 (07) 4033-7666

SOUTH AUSTRALIA

Dr. David Miller 183 Tynte Street, N. Adelaide, SA 5006 (08) 8267-5600

VICTORIA

Dr. Charles Okraglik Monash Caulfield Health Service, Ground Floor, B Block
Cnr Queens Ave., & Sir John Monash Dr., Caulfield East 3145 (03) 9903 1177
Dr. Ralph Poppenbeek LVL 11, 488 Bourke Street, Melbourne, VIC 3000 (03) 9670 3558

TASMANIA

Dr. John Banks 270 Sandy Bay Road, Hobart, TAS 7000 (03) 6223-6822
Dr. Erik Baulis 270 Sandy Bay Road, Hobart, TAS 7000 (03) 6223-6822

NORTHERN TERRITORY

Dr. Augustine Matarazzo The Medical Centre
69 Bath Street, Alice Springs, NT 0871 (08) 8952-2000

WESTERN AUSTRALIA

Dr. John Bateman LVL 6, 220 St. George's TCE, Perth, WA 6000 (08) 9321 7022
Dr. Elizabeth Sinclair Mill Street Medical Practice
Ground Floor, 5 Mill Street, Perth, WA 6000 **AND** (08) 9322 4788
Altone Medical Centre,
2 Hull Way, Beechboro, WA 6063 (08) 9279 1079

SECTION I: PRINCIPAL APPLICANT TO COMPLETE THIS SECTION

My passport, or other official identification document on which my photograph is attached, contains the following information:

Full name: _____
Passport Number: _____ Date of issue: _____
Place of issue: _____ Nationality: _____

(Applicant's signature - in presence of panel physician) _____ (Date) _____

SECTION II: TO BE COMPLETED BY PHYSICIAN, X-RAY & BLOOD TEST SUPERVISORS

I am satisfied that the person being examined is the bearer of the passport or other document described above.

Signature of examining panel physician: _____
Signature of X-Ray supervisor: _____
Signature of laboratory technician: _____