eMedical



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What is Covered in this Presentation?

- What is eMedical?
- Minimum technical requirements
- Panel Clinic Support
- Self-service e.g. password reset, account details, etc.
- Overview of processes in the system:
 - Clinic Administration
 - Pre-examination
 - 502 Chest X-Ray Examination
 - 501 Medical Examination
- Main differences for eMedical partner countries

What is eMedical?

- eMedical is a web-based (no installation required) electronic health processing system. (www.emedical.immi.gov.au)
- eMedical is available in English and French versions.
- Panel clinics for the Department of Immigration and Border Protection (DIBP), Immigration, Refugees and Citizenship Canada(IRCC) and/or Immigration New Zealand (INZ) use eMedical to record & submit immigration health examination results of clients to the respective country.



Minimum Technical Requirements

- Internet Explorer version 11 or later (with java script enabled) supporting 128 bit encryption
- Internet connection with a minimum data speed of 512kbs
- A scanner capable of reproducing good quality images of medical reports
- Digital camera capable of capturing biometric quality facial images no less than 120KB and no larger than 500KB
- Digital Radiography (DR) or Computed Radiography (CR) to produce diagnostic quality DICOM compatible chest x-ray images

Panel Clinic Support

- Self service
 - Forgotten user ID/password
 - Contact us to send enquiries to relevant eMedical partner country helpdesks
- eMedical Support page
 - Tip sheets
 - User Guides
 - Quick Reference Guides
 - Screen casts
 - Country specific business processes

eMedical Logon



Note: Passwords need to be reset every 3 months. Users will be given a warning 7 days prior to their password expiring and will be requested to change the password.

Logon: Self-service

	Logon		
	User id * required Password *	Forgotten User ID?	You can use the Forgotten
		Logor	Distrible of Forgotten Password? self-service link(s) to recover your user ID or set up a new password.
Forgotten User ID	+ >	× Forgotten Password	+ x
Supply the following information eMedical Email * required Date of Birth * required	n and instructions will be emailed to you:	Supply the following information and User id * required	instructions will be emailed to you:
Type in the character you see or he Get another CAPTCHA Get an audio CAPTCHA Help	ear:	Type in the character you see or hear Get another CAPTCHA Get an audio CAPTCHA Help	r.
	Cancel Ok	Cancel	Ok

Logon: Single logon



Support material for Logon

- Refer to Tips Sheets
 - eMedical Instructions Logon
 - eMedical Instructions Password Issues
 - eMedical Instructions Cannot see security questions
- Refer to User Guide:
 - Module 4 Log On Log Out
 - Module 5 eMedical My Account

eMedical Overview: Clinic Administration

Clinic Administration Tasks

- Managing your clinic e.g.
 - maintaining clinic's Contact Channels
 - maintaining Non-Controlled services
 - maintaining external service providers
- Managing staff e.g.
 - adding a new staff member (eMedical user) to your clinic
 - maintaining staff list and engagement to the clinic
 - assisting staff with password related issues e.g. password resets, unlock accounts, etc.

Clinic Administration



Clinic Administration: Manage Clinic

anage clinic Clinic details Clinic name Website Map link Hours of operatio Overview ?	TestClinic		 Expand all Collaps Contact channel Contact channel Contact channel Delete Contact channel Address (Bi Phone (Bus 	The Manage Cli record/update y • Website URL • Hours of open • Time Zone • Contact Chan • Add/remove • Manage exter iness) + 0011 (91) 9869387309	nic function al your clinic's de ration nels non-controllec mal service pro	llows to tails i.e. d services oviders es
Expand all I Co Panel count Active country Australia Canada New Zealand	ollapse all ry status Clinic ID 1883 A1809976359455860 CR000030360	Exam selection Standard Standard Complete	Delete Service Medical	Exams included 501 Medical Examination 711 Syphilis management information 901 Mini Mental Examination 902 Global Assessment of Functioning 903 Assessment of Activities of Daily Living 904 Chart of Early Child Development 948 Resettlement needs 949 Departure Health Check 950 Other 951 Vaccinations 952 Treatments / Medication	Added 08 Nov 2012	Subscribed panels
World clock Time zone Current local time	* UTC+08:00 V Daylight savings is cu e 10:40AM Fri 15 July 201	urrently in force	Radiology External service	502 Chest X-ray Examination 503 Chest x-ray image 504 Posteroanterior (PA) chest x-ray 508 Posteroanterior (PA) chest x-ray 509 Lordotic chest x-ray examination 510 Lateral chest x-ray examination providers	08 Nov 2012	₩₩₩ NZ
			No external service Provider Manage external	providers currently linked. Service(s) service providers	L	inked

Clinic Administration: Staff List

	 The Staff list screen displays users engaged with the clinic with their roles . This screen allows you to: add new staff member 	
Administration 💌 eMedical Support Contact us	 maintain user's engagement i.e. add/remove roles assist staff with eMedical access related issues i.e. 	
Staff list	password reset, unlock/unsuspend account, extend eMedical account expiry etc.	

This table is filtered to show: 'All statuses' and 'All roles'

	Name 🔳	User ID	Start 🔫	Engagement status 🍸 👻	Role(s) 🍸 👻	Panel(s)				
0	Mr Julian CHOW	e10971	15 Apr 2016	Active engagement	Doctor Radiology Support	n/a				
	Mr Julian CHOW	e10971	13 Nov 2015	Engagement ended 15 Apr 2016	Radiology Support	n/a				
0	Dr Flynn CHUN	e10972	13 Nov 2015	Active engagement	Doctor	→ NZ				
0	Ms Anne FUNG	e10974	13 Nov 2015	Active engagement	Clerical (Medical)	n/a				
0	Mr Bob LI	e10970	13 Nov 2015	Active engagement	Clinic Administrator	n/a				
0	Dr Rob XANG	e10973	13 Nov 2015	Active engagement	Radiologist	₩ NZ				
E	1 - 6 of 6 results Page 1 > > Edit Engagement									

「 」?

eMedical User Roles

Clinic Administrator	Responsible for managing clinic records in eMedical and managing eMedical users at your clinic. Note : A user with just the Clinic Administrator role does NOT have the ability to search and process health cases.			
Clerical (Medical)	Staff member at a medical clinic responsible for completing administrative client-related tasks in eMedical (e.g. confirm identity, attach photo). Can also record results of medical history questions on behalf of the client, as well as the initial sections of a 501 medical examination (i.e. Basic Questions and the Urinalysis section). Can submit medical non-graded examinations on behalf of a panel physician.			
Clerical (Radiology)	Staff member at a radiology clinic responsible for completing administrative client-related tasks in eMedical (e.g. all steps in the Pre-exam process; and in the 502 exam itself, the Pregnancy declaration, Confirm identity and attach x-ray images). Can submit radiology non-graded exams on behalf of radiologist.			
Clerical (Read-only) Staff member at a medical/radiology clinic who is responsible for booking appointments for clients. Can only do search in eMedical. User does NOT have the ability to process health cases or to create UFM for IRCC or INZ.				
Radiology support	Staff member at a radiology clinic who is able to carry out all the functions of the Clerical (Radiology) staff. Additionally this person can also grade a 502 examination on behalf of an approved radiologist, where this arrangement is approved by DIBP and/or IRCC and/or INZ for your clinic. Note: this is generally not approved by DIBP.			
Doctors	Professional physician at a medical clinic who has been approved by DIBP, IRCC and/or INZ as a member of their Panel Physician network. This user is responsible for performing, recording and grading 501 medical examinations. They also have oversight responsibility for the whole health case including arranging for specialist referral and additional testing as required, and will submit the health case to DIBP/IRCC/INZ.			
Radiologists	Professional radiologist who has been approved by DIBP and/or IRCC and/or INZ to perform radiology examinations. This user is responsible for performing, recording and grading 502 radiology examinations. For Australian and New Zealand cases, where no medical examination is required, they will also submit the health case to DIBP/INZ.			

eMedical Access

1. Clinic administrator creates user in eMedical system, entering unique email address.



2. User receives an automated email with a link to activate their account . User selects two security questions and set up a password for themselves .









Note: The security questions are case sensitive so we recommend you answer those in lower case letters for easy to remember (e.g. What is your favourite animal? cat).

Clinic Administration: Application Settings

Administration • eMedical Support Contact us Application Settings		The Application Settings allows to activate the Alert function and indicate when you want cases to appear in the Alert folder of clinic's inbox.	
			•
Inbox Alert tab			
Show case inactivity alert tab	● Yes ○ No		0
Add cases after	* required days		
Cancel			Save
Terms & Conditions 10.1.011:I1-01b			

Administration: External Service Provider

Administration eMedical Support Contact us			
Manage Links to External Service Providers – for CHS UAT Cambrid	dge Hospital		You must search the list of
Linked Service Providers		Unlinked Service Providers	External service providers in your country and select one to "link" to your clinic.
Clinic Glenneagles Specialist Services, 42 King Sultan Road, Kualalumpur, MALAYSIA Unlink >	Service(s) Add provided Service Geriatrics Add Chest specialist <u>Service</u> Respirology	Search Criteria Country * M Service: S Clinic Name: Search setting:	ALAYSIA Select an Option
The Clinic administrator mana list of "linked" service provid specialist clinic) that your cli that particular service is not p own clinic and you need to refu- specialist.	ages the clinic's lers (e.g. Chest inic may use if rovided by your er the client to a	Search results No clinics found matching selec Clinic Service(s) Link 	Ction criteria. provided Add Service
Cancel			Save

Support Material for Clinic Administration

- Review the Clinic Admin screencasts
- Refer to Tips Sheets
 - eMedical Instructions Resolving password issues
 - eMedical Instructions Managing Due for Expiry Accounts
 - eMedical Instructions Specialist Examinations & External Service Providers
- Refer to Quick Reference Guides:
 - eMed Clinic Admin
- Refer to User Guide:
 - Module 6 Clinic self-service

Finding Health Case

e	Security details My account Log Dr Flynn CH TestCl Stable France
C Medical	Using Health case Identifier: • HAP ID TRN or Application ID for Australia
Clinic inbox Case search elvedical support Contact us	 IME, UCI or UMI for Canada
Case search	NZER for New Zealand
Search O Using Health Case Identifier	Client Details
Using Health Case Identifier ID type * Select an Option 🗸	0
ID * required	
	Reset
	Reset Search

Case search		
Search	O Using Health Case Identifier O Using Client De	tails
Using Client Details	Restrict Search to my Clinic's cases	Using Client Details:
Identity document number	* required	If the client does not have a health case
Family name	* required	identifier or if you are creating an Up
Given name(s)		Front Medical (UFM) for Canada or
Date of birth		New Zealand.
Health case country	* Select an Option	
Default screen		
		Reset Search

Finding a Health Case (contd.)

Case search



Creating UFM CASES (for IRCC & INZ Only)

Case search		
An error has occurred		
Your search returned no results. Change	e your search parameters and try again.	
Search	O Using Health Case Identifier 🖲 Using Client E	Details
Using Client Details	Restrict Search to my Clinic's cases	To create UFM cases the Create case button will
Identity document number	* A547856	appear after you have done a search via the Using Client Details option with following details:
Family name	* Client	Identity document number
Given name(s)		Family name
Date of birth		Health case country
Health case country	* CANADA	
Default screen		
		Create case Reset Search

Creating UFM Case – contd.

Create case	You will need to fill in personal and identity	n all mandatory v details as		0			
Client personal details	indicated on the scree	en.					
Family name Jones Given name(s)	 Ider pre: Nur Isst Dat Dat 	entity document esented umber/ID suing country ate of issue ate of expiry	Select an Option X784563 Select an Option required				
Proposed visa application details							
Visa category * Select an O	ption V For New Ze	ealand UFM cases	you will	0			
Additional questions	need to spe	ecify the proposed and intended lengt	l Visa ch of stav.				
How long do you intend to stay in New Zealand? * Select an O	ption V			0			
				Cancel Create			
	Fo	or Canadian UFM y	you need to specify	y			
Client's Preferred Language		lient's Preferred	Language and Up				
Client's Preferred Language *	English French	iont Metical Typ	е.				
Proposed visa application details		Note: For a	n UFM case this i	nformation can be changed			
Up Front Medical Type	Select an Option 🗸	prior to 'Submitting' the health case.					

eMedical Overview : Pre- Exam

- 1. Search and manage a health case
- 2. Pre-examination steps:
 - a) Recording:
 - Client declaration (All cases)
 - Visa question (DIBP cases only)
 - Client's preferred language (IRCC cases only)
 - Contact details (UFM for IRCC and INZ cases)
 - b) Uploading Signed eMedical client declaration (IRCC and INZ cases)
 - c) Identity confirmation (All cases)
- 3. Start exam(s)



Clinic Inbox

Inbe Pre Fil Se	ox e-exa ter bj	am (0) In pr y <none> my default scr</none>	ogress (30) Awaiting grading	g (3) Alerts (32)	Returned (1) S	- ihow all (34)		He. cur you als	alth c rrentl ur clii o be a	ase t y wo nic Ir acces	hat y orkin o box ssed a	vour g on fror and r	clinio will o n wh nana	c is displ iere i iged.	ay in t can		•
		D 🔻	Client name 🔹	Date of birth	Document Number	Visa ▼ ▼	Туре 🔻	Visit date 🔻	50 †	502	707	70 8 -	712	71 6	Other	Country	Summary
C) 1	120721	TENNIS, Anna	15 Oct 1969	-	457	Temporary	01 Oct 2014	θ	0	Θ	θ	Θ	Θ	Θ	999 - C	View
C) (J000020745	KHUSH, Jina	12 Dec 1970	478562	EDE	Family-EDE	26 May 2016	0	0	θ	Θ	\ominus	Θ	Θ	+	View
C) 1	162425	PRAVEEN, Abida	23 May 1976	1234567	600	Temporary	26 May 2016	0	0	\ominus	Θ	Θ	Θ	Θ	14 C	View
C) 1	154064	TEST, CLIENT	09 Sep 1980	-	200	Permanent	10 Nov 2015	\ominus	0	θ	Θ	θ	Θ	\ominus	開発	View
C) (U000015779	JAMES, Allen	12 Feb 1981	C3019384858	EDE	Family-EDE	14 Nov 2014	\ominus	\ominus	\ominus	\ominus	\ominus	\ominus	\ominus	+	View
C		N000010112	KATTOUAH, Jessica	15 Jul 1981	C4789312	Visitor	-	01 Oct 2014	Θ	0	Θ	θ	θ	θ	Θ	NZ	View
C		N000010085	MOGABE, Joseph	12 Jan 1982	BT41245	Family	-	20 Sep 2014	Θ	•	•	\ominus	\ominus	\ominus	\ominus	NZ	View
C) (J000016431	ALBERT, John	12 Feb 1982	345789	Non EDE	Worker	18 May 2016	θ	0		Θ	θ	Θ	\ominus	+	View
C) 1	161219	CLIENT, One	01 Feb 1983	-	202	Permanent	26 May 2016	0	0	\ominus	Θ	\ominus	Θ	0	11 11	View
C		N000011370	HUMANITARIAN, Applicant	12 Dec 1983	41566332	Humanitarian	-	01 Oct 2015	0	Θ	0	P	θ	θ	θ	NZ	View
	Manage Case These circles indicate the various stages of the health examination(s) that a client needs to complete.																
N		equired R O	O Set Aside On F			Grading Grading	Finalised		Finali	sed	Reuse O		<pre>xpired</pre>				

Health Case Details Screen

Health Case: N000012425		Pre exam: Health case details	
JONES, Alex MALE, 18 Aug 1989		Client personal details Family name JONES Given name(s) Alex Gender MALE Date of birth 18 Aug 1985 Country of birth ALBANIA The Source indicates where the information came from i.e Australia, Canada, or Clinic for UFM cases. O Client identity details Identity Document Number X784563 Issuing country ALBANIA	0
Pre exam Health case details Manage Photo		Client visa detailsVisa CategoryWork/SkillsVisa TypeTemporary employment supportedThe "tree" menu allows you to track the progress of the individual exams & navigate forward and backwards	0
Confirm identity All Exams All exams summary Current exams 502 Chest X-Ray Examination	0	Client declaration Client declaration Introgree for white during blentward us through a health case with ease. *I declare that Alex JONES (or their parent/guardian where specified) has read and understands the information provided by Immigration New Zealand ("INZ"), a p the Ministry of Business, Innovation and Employment ("MBIE") and has agreed to his/her medical information being submitted electronically to INZ with this consen recorded by this clinic in eMedical. Changing the value or selection of this component will cause all of your changes to be saved immediately. Name of parent/guardian	2 art of t to be
Health Case Status		Relationship to the client Select an Option View client declaration Image: Client declaration	
CURRENT Pre exam ↓ NEXT Exam in Progress		Additional questions Does the confirmation when the receive an email confirmation when the state has been completed? * • • • • • • • • • • • • • • • • • •	0
		Contact channels The Health Case Status shows the progress of the health case.	° C
L		Delete Contact details Primary Comments	Edit

Health Case Details Screen (contd.)

Australian temporary visa health case Additional guestions * O Not selected Yes O No Do you intend to apply for a permanent stay in Australia within the next 6-12 months * O Not selected O Yes 🖲 No Would you like your health to be assessed "up For Australian cases a Yes answer to Additional front" for a permanent stay in Australia questions may generate additional health examinations for the client to undertake. Australian permanent visa health case Additional questions Do you intend to work as, or study to be, a doctor, * Not selected Yes No dentist, nurse or paramedic during your stay in Australia New Zealand health case Additional questions For New Zealand cases, the client can confirm that they wish to receive an automated email * Not selected Yes No Does the client want to receive an email confirming the submission of their health case confirmation when their health case has been to INZ. completed? Canadian health case Client's Preferred Language

Preferred language

*
 English
 French

Health Case Details Screen (contd.)



Pre exam: Uploading Facial Photo



Pre Exam : Confirming Identity



Pre Exam: Final Steps



Note: Once the Start Exam(s) button has been pressed, you will not be able to make any changes to the Pre-Exam data.

Start Exams/All Exams Summary Screen



Support Material for Pre-exam

- Review the Pre-Exam screencast
- Refer to Tips Sheets
 - eMedical Instructions Capturing Facial Images
 - eMedical Instructions Identity for Australian Cases
 - eMedical Instructions Identity for INZ
- Refer to Quick Reference Guides:
 - eMed Reception Pre-exam
 - eMed Canada Up Front Medical
 - eMed Canada Specific Details
 - eMed New Zealand Up Front Medical
 - eMed New Zealand Specific Details
- Refer to User Guide:
 - Module 8 Manage Case

502 Chest X-Ray Examination: Overview

- 1. Pregnancy declaration (Pregnant clients)
- 2. Confirming identity
- 3. Recording results
- 4. Grade and finalise the case



502 Chest X-ray Examination: Pregnancy Declaration

502 Chest X-Ray Examination: Pregnancy declaration		Where a client's gender is female o unknown, you first need to record whether they are pregnant.
Pregnancy declaration		
is the client pregnant?	* 🔿 Not s	selected • Yes O No
When does the client expect to give birth?	* 04 Jun	2015
This exam does not need to be completed as the client is pregnant. If the exam has been	n undertaken 🛛 * 🔿 Not 🤇	selected O Yes No
do you need to record results?		
do you need to record results? 2 Chest X-Ray Examination: Pregnancy declaration Pregnancy declaration		You will be given the option* to pri
2 Chest X-Ray Examination: Pregnancy declaration Pregnancy declaration s the client pregnant?	*○ Not selected ● Yes	You will be given the option* to pri a pregnancy deferral letter that mu
A check to be completed as the check is pregnant. If the exam has been as the check is pregnant. If the exam has been as you need to record results? A check to check	* Not selected • Yes * 04 Nov 2014	You will be given the option* to pri a pregnancy deferral letter that mu be given to the client.
All results of the examination of the completed as the chert is pregnant. If the examinas been as the chert is pregnant. If the examinas been as the chert is pregnant. If the examinas been as the chert is pregnant is pregnant of the examination of the exa	* Not selected • Yes * 04 Nov 2014 * Not selected • Yes	You will be given the option* to pri a pregnancy deferral letter that mu be given to the client.

Note: Pregnancy deferral will only apply to all IRCC and higher TB risk DIBP applicants. They must complete their x-ray examination before travel. eMedical will 'Set aside' x-ray exam for INZ clients and low TB risk DIBP clients unless a client wishes to undertake the x-ray.

502 Chest X-ray Examination: Confirm Identity

Health Case: 120721		502 Chest X-Ray Examination: Confirm	n identity			
TENNIS, Anna FEMALE, 15 Oct 1969		Client personal details Family name TENNIS Given name(s) Anna Gender FEMALE Date of birth 15 Oct 1969 Country of birth		Client iden Identity docume Identity Docume Issuing country Date of issue Date of expiry Source	tity details ent presented ent Number Australia	0
 Pre exam Health case details Manage Photo Confirm identity All Exams 	* * *	Client visa details Visa Record identity Issuing country	457 - Business (Long Stay) * DENMARK) (Temporary)	Same process as pre-evam	0
All exams summary Current exams 501 Medical Examination 502 Chest X-Ray Examination Pregnancy declaration	•	Passport number Date of issue Date of expiry Do you have identity concerns?	* 45789 * O Yes O No 3		Information will be pre- populated form Pre-exam, just need to re-confirm the identity information.	
Confirm Identity	0	Dack Close Save				INEXL

502 Chest X-ray Examination: Attach X-ray Images

Health Case: U000016105	502 Chest X-Ray Examination: Attach x-	ray images		
	Attachments Attach x-ray images Date of x-ray Chaperone	* 04 Nov 2014 📰 📀	Record the date of the and answer questions chaperone and interp	e x-ray s about the oreter.
Or Pre exam Health case details	Interpreter present?	* • Not selected \bigcirc Yes \bigcirc No - not re	equired @	Upload dicom x-ray images compressed to a size no larger than 5MB.
Manage Photo Confirm identity	Attachments Link to existing			Add New @
All exams summary	Delete Document Type	Details Attachment type	Sending method	File name Edit
> 501 Medical Examination \bigcirc	No documents have been attached			
502 Chest X-Ray O Examination	Back Close Save			Next

Add New Attachment		
Attachment type:	* Uploaded	
Document type:	* Chest x-ray image	
Browse:	* Browse	
Details		\Diamond
S Link to another exam		
		Cancel Save

502 Chest X-ray Examination: Detailed Radiology Findings

502 Chest X-Ray Examination: Detailed radiology findings			
Detailed question			
Exam date	* 09 Jun 2016	1	0
1. Skeleton and soft tissue	* O Not selected	🔿 Normal 🖲 Abnormal 🕜	
Provide details	* required		Where an abnormal result is
2. Cardiac shadow	* O Not selected	Normal Abnormal A	recorded, additional
3. Hilar and lymphatic glands	* O Not selected	🖲 Normal 🔿 Abnormal 🕜	information must be recorded.
4. Hemidiaphragms and costophrenic angles	* 🔿 Not selected 💿 Normal 🔿 Abnormal 🕜		
5. Lung fields	* 🔿 Not selected 💿 Normal 🔿 Abnormal 🕜		
6. Evidence of Tuberculosis (TB)	* 🔿 Not selected 💿 Absent 🔿 Present 🕜		
7. Are there strong suspicions of active Tuberculosis (TB)?	* ◯ Not selected ● No ◯ Yes 🕜		
Attachments			
Link to existing			Add New 🛛
Delete Document Type Details	Attachment type	Sending method	File name Edit
Chest x-ray image -	Uploaded	-	CXR-1.dcm 🥖
Back Close Save			Next
Note: The Detailed radiol	ogy finding questions a	re aligned between DIB	P. IRCC and INZ.

502 Chest X-ray Examination: Possible Active TB

Note: If the radiology report indicated that there are strong suspicions of active TB, an active TB flag will appear on the health case.



502 Chest X-Ray Examinations: Special Findings

502 Chest X-Ray Examination: Special	findings
Special findings	
	Special findings screen
Special findings	* Not selected
	O The following are present and need to be completed.
The following are present	
The following are present	Minor findings
	1 2 Bony islets (1 2)
	2 1 Apical pleural capping with a smooth inferior border (<1cm_thick at all points) (2.1)
	2.2 Unilateral or bilateral costophrenic angle blunting (below the horizontal) (2.2)
	2.3 Calcified nodule(s) in the hilum/mediastinum with no pulmonary granulomas (2.3)
	Minor findings (sometimes associated with TB infection)
	3.1 Solitary Granuloma (<1cm and of any lobe) with an unremarkable hilum (3.1)
	3.2 Solitary Granuloma (<1cm and of any lobe) with calcified/enlarged hilar lymph nodes (3.2)
	3.3 Single/Multiple calcified pulmonary nodules/micro-nodules with distinct borders (3.3)
	3.4 Calcified pleural lesions (3.4)
	3.5 Costophrenic angle blunting (either side above the horizontal) (3.5)
	Findings sometimes seen in active TB or other conditions
	4.0 Notable apical pleural capping (rough or ragged inferior border and/or greater than or equals to 1cm thick at any point) (4.0)
	4.1 Apical fibro-nodular/fibrocalcific lesions or apical micro-calcifications (4.1)
	4.2 Multiple/single pulmonary nodules/micro-nodules (non-calcified or poorly defined) (4.2)
	4.3 Isolated hilar or mediastinal mass/lymphadenopathy (non-calcified) (4.3)
	4.4 Single/multiple pulmonary nodules/masses >= 1cm (4.4)
	4.5 Non-calcified pleural fibrosis and/or effusion (4.5)
	4.6 Interstitial fibrosis/parenchymal lung disease/acute pulmonary disease (4.6)
	4.7 Any cavitating lesion or Fluffy or Soft lesions felt likely to represent active TB (4.7)

502 Chest X-Ray Examinations: Prepare for Grading

Health Case: U000016431 502 Chest X-Ray Examination: Grading & Examiner Declaration Provide Grading 0 Please complete the 502 Chest X-ray Examination. If you have completed the exam and you are ready to provide a grading, press the 'Prepare for grading' button. Prepare for grading Back Close Save Submit Exam ALBERT, John You must press Prepare for grading MALE, 12 Feb 1982 in order to proceed to grade, provide Pre exam Ø your declaration and submit the Health case details Ø exam/health case. Manage Photo Ø Confirm identity All Exams All exams summary Current exams 501 Medical \ominus Examination 502 Chest X-Ray \ominus Examination Confirm identity Ø Ø Attach x-ray images Detailed radiology findings Special findings Review exam details Grading & Examiner Ο Declaration

502 Chest X-Ray Examinations: Grading and Declaration

502 Chest X-Ray Examination: Grading & Examiner Declaration				
Provide Grading Please consider the information you have recorded in eMedical regarding this client and revise grading as appropriate. Supporting comments are mandatory if you decide to provide a B grading.				
 A - No evidence of active TB, or changes consistent with old or inactive TB, or changes suggestive of other significant diseases identified. B - Evidence of active TB, or changes consistent with old or inactive TB, or changes suggestive of other significant diseases identified. 				
If you wish to update the examination answers then press the 'Edit exam' button.				
Examiner declaration I declare that this health examination report is a true and correct record of my findings. Completed by Date of declaration D Robert XANG D 2 Aug 2016 D 2 Aug 2016				
Back Close Save Submit Exam				
Examiner declaration * Dr Robert XANG has declared that the findings recorded in this health examination report are true and correct Completed by Mr Julian CHOW Date of declaration 02 Aug 2016 Declaration 02 Aug 2016 I have completed this examination report on behalf of * Dr Robert XANG ▼				
Back Close Save Submit Exam				

Note: For certain results the 502 Chest X-Ray examination will be auto-B graded and in that case the grading can not be changed.

Support material for 502 Chest X-Ray Examination

- Review the Radiology Exam screencast
- Refer to Quick Reference Guide:
 - eMed 502 Chest X-Ray Exam
- Refer to User Guide:
 - Module 9 Exams

501 Medical Examination: Overview

- 1. Confirming identity
- 2. Record medical history
- 3. Record results:
 - a) Basic questions
 - b) Detailed medical questions
- 4. Grading and finalising the case
- 5. Managing additional exams



CONFIRM IDENTITY

501 Medical Examination: Confirm identity

Client personal o	letails	Ø	Client identity details		0
Title Family name Given name(s) Gender Date of birth Country of birth	Mr RECORD Client MALE 01 Jan 1980 CANADA		Identity document presented Identity Document Number Issuing country Date of issue Date of expiry Source	Original Passport CA123456 CANADA 01 Jan 2012 01 Jan 2020 Clinic	
Client visa detail	s				0
IME Upfront medical type		EDE Family-EDE			
Record identity					0
Issuing country		* CANADA	Sam	ne process as pre-exam.	
Identity document prese	ented	* Original Passport 🔽 🤇	Info	ormation will be pre-	
Passport number		* CA123456	pop	ulated form Pre-exam, just	
Date of issue		* 01 Jan 2012	info	prmation.	
Date of expiry		* 01 Jan 2020 🔢			
Do you have identity cor	ncerns?	* 🔾 Yes 🖲 No 😨			
Back Close S	ave			Ne	ext

501 Medical Examination: Medical History

501 Medical Examination: Record Medical History		
Record medical history (if not pre-recorded of Australian cases only)	nt's medical history nline by client –).	Answer 'No' to all Print medical history
History or informed of 1. Tuberculosis (TB), treatment for tuberculosis?		* Not selected Yes No
2. Close household contact with Tuberculosis (TB)?		* Not selected Yes No
3. Prolonged medical treatment and/or repeated hospital admissions for any reason, in psychiatric illness	ncluding a major operation or	* Not selected Yes No
4. Psychological/Psychiatric Disorder (including major depression, bipolar disorder or	schizophrenia)	* Not selected Yes No
5. An abnormal or reactive HIV blood test		* Not selected Yes No
6. An abnormal or reactive Hepatitis B or hepatitis C blood test?		* Not selected Yes No
7. Cancer or Malignancy in the last 5 years		* Not selected Yes No
8. Diabetes		* Not selected Yes No
9. Heart condition including coronary disease, hypertension, valve or congenital disease	se	* Not selected Yes No
10. Blood condition (including thalassemia)		* • Not se
11. Kidney or Bladder Disease		*• Not se (if not pro recorded online by client
 An ongoing physical or intellectual disability affecting your current or future ability t able to work full-time (including autism or developmental delay) 	o fu Client declaration 🖌	Australian cases only)
13. An addiction to drugs or alcohol	The client has provided true and	nd correct medical history information.
14. Are you taking any prescribed pills or medication (excluding oral contraceptives, or natural supplements)? Please list	Ver- Name of parent/guardian Relationship to the client	* required * Select an Option
General Supporting Comments	Doctor declaration	The panel physician records the declaration that they have discussed
Note: Medical history questions are aligned for DIBP, IRCC and INZ cases.	I have discussed the client's m <u>View doctor declaration</u>	nedical history with the client. the client's medical history with the client.

501 Medical Examination: Basic Questions

501 Medical Examination: Basic questions			
Exam date	* 02 Aug 2016	Note: Basic quest	cions are aligned for DIBP, IRCC and INZ cases.
Chaperone			
Chaperone present? Interpreter	* Not selected \bigcirc Yes \bigcirc No -	not required \bigcirc No - offer declined 🕜	Different basic questions will appear for infants of
Interpreter present?	* Not selected Yes No -	not required 🕜	certain age group.
Height & Weight Height in Centimeters Weight in Kilograms	* ? * ?	Height & Weight Height in Centimeters Height percentile Weight in Kilograms Weight percentile	 * Not selected O 3rd percentile or below O Above 3rd percentile * O Not selected O 3rd percentile or below O Above 3rd percentile
Blood pressure		Head circumference	
Initial blood pressure	*	Head circumference in Centimeters	
Diastolic	*	Flead circumference percentile	[™] ● Not selected ○ 3rd percentile or below ○ Above 3rd percentile
		Visual acuity with or without correction	* \odot Not selected \bigcirc Child's vision - appears normal \bigcirc Child's vision - appears abnormal ?
Eyes Visual acuity with or without correction	* Not selected At least one	eye is 6/6, 6/9, 6/12 or 6/18 ◯ Both ey	/es are 6/24 or worse 🕜
Urinalysis exam Exam date Type of test	* 02 Aug 2016 🗰 * Select an Option 🔽		0
Note: Repeat	blood pressure and Rep initial Blood	eat urinalysis fields will app pressure and Urinalysis exa	pear for certain results of the am.

501 Medical Examination: Detailed Questions

501 Medical Examination: Detailed guestions		
	6	
All systems		
Cardiovascular system	* 🔿 Not selected 🔿 Normal 💿 Abnormal 🕜	
Provide details	* required	
Respiratory system	* Not selected Normal Abnormal	e an abnormal result is
Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities	* Not selected Normal Abnormal ? recor	ded, additional
Gastrointestinal system	* Not selected O Normal O Abnormal O inform	mation must be recorded.
Musculoskeletal system (including mobility for all persons 60 or more years of age)	* Not selected O Normal O Abnormal	
Endocrine system	* Not selected Normal Abnormal	
·		-
Brain and cognition		
Mental and cognitive status	* 🖲 Not selected 🔿 Normal 🔿 Abnormal 📀	
Intellectual ability	$^{*} oldsymbol{O}$ Not selected \bigcirc Normal \bigcirc Abnormal 🍘	
Eyes, ears, nose, throat and mouth		
Eyes (including fundoscopy)	* Not selected Normal Abnormal	
Ear/nose/throat/mouth	* Not selected Normal Abnormal	
Hearing	* Not selected Normal Abnormal	
Miscellaneous		
Skin and lymph nodes	* Not selected Normal Abnormal	
Breast examination where clinically indicated	* Not selected N/A Normal Abnormal	
Are there any physical or mental conditions which may prevent this person from attending a mainstream school, gaining full employment or living independently now or in the future?	* Not selected No Yes	
Evidence of drug taking (for example vaneve nuneture marke)		

questions.

501 Medical Examination: Prepare for Grading

Health Case: U000015744		501 Medical Examination: Grading & Examiner Declaration
PHOTO TO BE ATTACHED		Provide Grading Please complete the 501 Medical Examination. If you have completed the exam and you are ready to provide a grading, press the 'Prepare for grading' button. Prepare for grading
KATTOUAH, Lynn FEMALE, 11 Nov 2013		Examiner declaration [*] I declare that this health examination report is a true and correct record of m Completed by Dr Flynn CHUN Date of declaration
Pre exam Health case details	0	Back Close Save Medical examination click on Prepare for grading. Submit Exam
Manage Photo	ŏ	
Confirm identity	•	
All Exams		
All exams summary		
 Current exams 		
 501 Medical Examination 	θ	
Confirm identity	•	
Record Medical History	•	
Basic questions		
Detailed questions	•	
Review exam details		
Grading & Examiner Declaration	0	

Note: The Prepare for grading will automatically add any required mandatory additional examinations to the health case. Any such examination(s) must be completed and submitted before you can grade and submit 501 examination.

501 Medical Examination: Grading and Examiner Declaration

Health Case: U000021116	501 Medical Examination: Grading & Examiner Declaration
POTTER, Harry	Provide Grading Image: Consider the information you have recorded in eMedical regarding this client and revise grading as appropriate. Supporting comments are mandatory if you decide to provide a B grading. Image: A - No significant history or abnormal findings present. B - Significant history or abnormal findings present. Image: B - Significant history or abnormal findings present. Image: Constraint of the examination answers then press the 'Edit exam' button. Edit exam Edit exam
MALE, 02 Jan 2016 Pre exam Health case details Manage Photo	Examiner declaration I declare that this health examination report is a true and correct record of my findings. Or Flynn CHUN Date of declaration 02 Aug 2016
Confirm identity All Exams All exams summary Current exams 501 Medical Examination ©	Back Close Save Submit Exam

Note: Examiner will not be able to grade if any other dependant examination(s) such as blood tests or chest x-ray have not yet been completed and submitted.

For certain results the 501 Medical examination will be auto-B graded and that grading can not be changed.

Additional Exams

707 HIV Test: Re	efer client				
Exam code Exam name Exam description Referred to Select other exams	s that will be referred to the select	707 HIV test HIV testing and laboratory results are req Fhis clinic ed clinic.	uired.	You can use this button to refer a case to another clinic or your own for additional test(s).	2
Exam code	Exam name	Exam description		Referred	
712	Syphilis Test (VDRL or RPR)	Syphilis testing and results are requ	ired	This clinic	
Other exams that v	will be included on the referral lett	er		Refer	
Exam code	Exam name	Exam description			
712 Back Close	Syphilis Test (VDRL or RPR)	Syphilis testing and results are require	If referring to an exter use Generate Referra print the referral lette provide to the client.	al letter to r and	

Note: If your clinic offers the service required to record and complete the test, eMedical will automatically refer the exam to your clinic (unless you are processing a returned case). If not, you will need to refer to an external service provider/clinic before you can record the results for that exam.

Additional Examination: Recording Results



Attaching Examination Report

Attachment type: Document type: Browse: Details Solution Link to another exam	* Uploaded * Required documents HIV test report Optional documents Other HIV post test counselling	8	(If multiple exams are on one report you can link the
Select: All None Exam name 708 Hepatitis B test 712 Syphilis Test (VDRL or RPR) 716 Hepatitis C test		Document type: Select an Option Select an Option		attachment to multiple exams. (This means you will not have to upload the scanned document three separate times).
				Cancel Save
			_	

Note: You need to specify what type of document you are attaching. The list will provide options according to the exam.

Structured Forms – 900 Series Exams

onfirm identity		0
as the client's identity confirmed?	* Not selected Yes No	_
		2
		•
ecord results		
am date	* 02 Aug 2016 🔛 🕜	
am description	Activities of Daily Living (ADL) assessment required.	
Can the client perform the following w	ithout help	
1 Feed/drink	* Not selected O Yes, with ease O Yes, with difficulty O No, some help required O No, totally dependent	t
2 Dress upper body	* $ullet$ Not selected \bigcirc Yes, with ease \bigcirc Yes, with difficulty \bigcirc No, some help required \bigcirc No, totally dependent	t
3 Dress lower body	$^* oldsymbol{O}$ Not selected \bigcirc Yes, with ease \bigcirc Yes, with difficulty \bigcirc No, some help required \bigcirc No, totally dependent	t
4 Puts on brace/prosthesis	* ● Not selected ○ Yes, with ease ○ Yes, with difficulty ○ No, some help required ○ No, totally dependent ○ Not applicable	t
5 Wash/bathe	$^* \odot$ Not selected \bigcirc Yes, with ease \bigcirc Yes, with difficulty \bigcirc No, some help required \bigcirc No, totally dependent	t
6 Perineum (at toilet)	$^* oldsymbol{O}$ Not selected \bigcirc Yes, with ease \bigcirc Yes, with difficulty \bigcirc No, some help required \bigcirc No, totally dependent	t
Please confirm client 's level of sphine	cter's control	
1 Bladder control	* Not selected Complete Control with urgency Some help required Frequent accidents	
2 Bowel control	* Not selected Complete Control with urgency Some help required Frequent accidents	
Can the client perform the following w 1 Transfer bed	/ithout help *● Not selected ◯ Yes, with ease ◯ Yes, with difficulty ◯ No, some help required ◯ No, totally dependent	t
2 Transfer chair/wheelchair	* Not selected O Yes, with ease O Yes, with difficulty O No, some help required O No, totally dependent	t
3 Transfer toilet	* Not selected O Yes, with ease O Yes, with difficulty O No, some help required O No, totally dependent	t
4 Transfer bath/shower	$^* \odot$ Not selected \bigcirc Yes, with ease \bigcirc Yes, with difficulty \bigcirc No, some help required \bigcirc No, totally dependent	t
5 Transfer car	$^* ullet$ Not selected \bigcirc Yes, with ease \bigcirc Yes, with difficulty \bigcirc No, some help required \bigcirc No, totally dependent	t
5 Walk 50 metres - level	* Not selected O Yes, with ease O Yes, with difficulty O No, some help required O No, totally dependent	t
7 Stairs, up/down one floor	$* \odot$ Not selected \bigcirc Yes, with ease \bigcirc Yes, with difficulty \bigcirc No, some help required \bigcirc No, totally dependent	t j
3 Walk outdoors - 50 metres	* • Not selected O Yes, with ease O Yes, with difficulty O No, some help required O No, totally dependent	

Note: The 900 series exams are structured forms that can be filled out in eMedical and must be submitted by a panel physician. Above example is of the 903 Activities of Daily Living.

Did I Miss to Record any Results?

Health Case: U000021117		501 Medical Examination: Basic questio	ns					
		An error has occurred						
		Please enter Visual acuity with or without	correction.					
		Exam date	* 29 Jul 2016	2				?
JONES, Alexander MALE, 16 Aug 2015		Chaperone Chaperone present?	* O Not selected	● Yes ◯ No - not required	O No - offer	declined 2		
 Pre exam All Exams All exams summary 	۲	Interpreter present?	* O Not selected	aw) _▼ ◯Yes ◉No - not required	0			
Current exams		Height & Weight						
 501 Medical Examination 	θ	Height in Centimeters	* 45	0				
Confirm identity	•	Height percentile	* O Not selected	O 3rd percentile or below .	Above 3rd p	ercentile		
Record Medical History	•	Weight	* 9	0	(
Basic questions	8	in Kilograms	*			When you prepar	re a case for	
Detailed questions	•	weight percentile	O Not selected	O 3rd percentile or below ●	Above 3rd	grading eMedical	will tell you if	
Grading & Examiner Declaration	0	Head circumference Head circumference in Centimeters	* 20	0		you have forgotte step in the exami	en to complete a nation.	
Health Case Status		Head circumference percentile	* O Not selected	○ 3rd percentile or below ●	Above 3rd p	bercepti		
CURRENT Exam in Progress		Eyes Visual acuity with or without correction	* Not selected	O Child's vision - appears no nter Visual acuity with or with	ormal O Chile	d's vision - appears abnorma	0	
		Attachments Link to existing					Add Nev	0 N
		No documents have been attached Delete Document Type	DetailsAt	tachment type	Sendin	a method	File nameF	Edit
L		Detete Document Type	Au	aciment type	Jenuin	gmemou		

Adding Additional Examination(s)

Health Case: 162425		All Exams: All exams summary	Exam(s) required on a health case will display in All exam summary screen.	
		 Medical Examination Chest X-ray Examination HIV test 		Add exam
FEMALE, 23 May 197 Pre exam Health case details Manage Photo Confirm identity All Exams All exams summary Current exams 501 Medical Examination 502 Chest X-Ray Examination 707 HIV Test	76 9 9 9	Back Close		To add an exam, click on the Add exam button.
Note: 0	linic c	an manually add exams on a heal for manual add	Ith case according to panel physici dition will vary for DIBP, IRCC and	ian instructions. The exams available INZ.

Your Case has been Submitted

Success

The health case has been successfully submitted to the appropriate Department.

Health Case: U000021116	501 Medical Examination: Grading & Examiner Declaration	
	Provide Grading	0
	 A - No significant history or abnormal findings present. B - Significant history or abnormal findings present. 	
POTTER, Harry MALE, 02 Jan 2016	Examiner declaration Image: state with the state in	0
 Pre exam Health case details Manage Photo Confirm identity All Exams All exams summary Case submitted on 02 Aug 2016 Health Case Status COMPLETE Pre exam COMPLETE Exam in Progress COMPLETE Submitted 	Back Close Save	Submit Exam

Support Material for 501 Medical Examination

- Review the 501 Medical Exam screencast
- Refer to Quick Reference Guide:
 - eMed 501Medical Exam
- Refer to tip sheets:
 - eMedical Instructions Auto Exam _Auto B grading (DIBP)
 - eMedical Instructions Auto Exam _Auto B grading (IRCC)
 - eMedical Instructions Auto Exam _Auto B grading (INZ)
- Refer to user guides:
 - Module 9 Exams

eMedical Support



Contact Us

Clinic inbox Case search eMed Contact us	cal Support Contact us User should use Contact Us self-service to send enquires to DIBP, IRCC or INZ.	nn CHUN Je Hospital Français
My enquiry relates to:	* O Specific case – technical issue (I'm having difficulty processing this health case in eMedical) O Specific case – policy issue (why is this health case being treated this way?) O General panel management (for example; changes in my clinic details, requests for new locums, clinic closure, etc)	
Enquiry details	File ▼ Edit ▼ View ▼ Format ▼	
	★ Formats - B I E E E E E E E E	
	p	×
Attachments		
Send Enquiry to	*O AUSTRALIA O CANADA O NEW ZEALAND	Submit
Links and references		
IT Support Phone Numbers Clinics outside Australia: +61 2 6264 0 Clinics inside Australia: 1800 204 299 Australian Panel Physicians Gatewa For Canadian non-eMedical related qu For New Zealand non-eMedical related	Contact details are also available within the 'Links and references'.	

Note: Please see tip sheet 'eMed instructions – Ongoing Support' for further information.

Main Differences for DIBP Cases

- No UP Front Medical (UFM) case can be created
- Acceptable documentation for identity are different
- Client declaration is not mandatory to be uploaded
- Additional Visa questions must be recorded
- Clients can have their medical history recorded prior to their appointment
- Pregnant applicants are required to answer an additional question regarding giving birth in Australia in medical history and 502 Chest X-Ray examination



Main Differences for IRCC Cases



- French language version available
- Can do Up Front Medical (UFM)
- Client's declaration must be signed and uploaded
- Client's preferred language must be recorded
- Acceptable documentation for identity are different
- Special findings for 502 Chest X-Ray examination

French Version of eMedical

Dossier de santé: U000015744	Examen préliminaire: Détails du dossier de s	anté			
PHOTO TO BE ATTACHED KATTOUAH, Lynn FEMALE 11 Nov 2013	Renseignements personnels sur Nom de famille KATTOUAH Prénom(s) Lynn Sexe FEMME Date de naissance 11 nov. 2013 Pays de naissance JORDANIE	r le client	Renseignements sur l'id Pièce d'identité présentée Numéro de la pièce d'identité Pays émetteur Date de délivrance Date d'expiration Source	dentité du client Passeport original 78956 JORDANIE 01 janv. 2014 01 janv. 2021 Clinique	0
 Examen préliminaire Détails du dossier de santé Gérer la photo 	Renseignements sur le visa du d EMR Type d'examen médical en début de processus	Client Non-EFE Visiteur			Ø
Confirmer l'identité Tous les examens Sommaire de tous les examens Examens actuels 501 Examen médical 901 Mini-examen de l'état mental	Déclaration du client ✓ * Je déclare avoir fourni au client (ou à son pare médical aux fins de limmigration, enregistrés da accord. Changer la valeur ou la sélection de cette composant Dr Flynn CHUN 06 nov. 2014	ent/tuteur lorsque cela est spécifié) l ans eMédical – CIC ». Il a lu cette in te fera en sorte que tous vos changeme	le formulaire intitulé « Consentement e formation. Je confirme quil a indiqué q nts seront sauvegardés immédiatement.	t déclaration du client relatifs à lexam uil en comprend le contenu et a donn	⊘ nen né son
Statut du dossier de santé	Nom du parent/tuteur Lien avec le client <u>Afficher la déclaration du client</u>	* aa * Père (y compris par alliance)	\checkmark		
COMPLET Examen préliminaire	Langue préférée Langue préférée	* ● Anglais			0
ACTUEL Examen en cours	Canaux de contact				0
Soumettre	Aucune donnée Supprimer Canal de contact	Coordonnées du contact	Principal	Commentaires	Éditer

Main Differences for INZ Cases



- Only Up Front Medicals (UFM)
- A required 'Certificate' to be selected when creating a UFM
- Required examination(s) in eMedical will depend on the selected 'Certificate'
- Client declarations must be signed and uploaded
- Client's preference to receive an email notification on completion of their health examination in eMedical must be recorded
- Required identity documentation is different