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PURPOSE OF THIS DOCUMENT

The information in this document provides guidance about how haemophilia is diagnosed and how to word your opinions.

BACKGROUND

Severe haemophilia is a non-waiver condition under A4.60(a) of Immigration Instructions.

DIAGNOSIS OF HAEMOPHILIA

Haemophilia can be difficult to detect through blood tests. We rely on the applicant's medical history and the examination by the Panel Physician to determine if an applicant has haemophilia.

A history of the following symptoms may indicate haemophilia:

- spontaneous or pathological:
 - bruising or swelling
 - bleeding into joints, muscles or soft tissues
- a history of blood or blood product transfusion.

ASSESSING HAEMOPHILIA FOR ASH REQUIREMENTS

If you suspect haemophilia, always make a FIR for a haematologist's assessment so you can exclude it or assess its severity.

ASH OUTCOMES FOR APPLICANTS WITH HAEMOPHILIA

Your opinion for any applicant with severe haemophilia must be NOT ASH no matter what type of visa they are applying for.

Include the following statement in your opinion:

The applicant has haemophilia. Haemophilia is a non-waiver condition.

This signals to the IO that:

- they cannot consider a medical waiver for residence visa applicants, and
- an Exception to Instructions (ETI) is not an appropriate outcome for a temporary visa applicant.

If the haematologist's report suggests that the applicant's haemophilia is mild and would not require hospitalisation or specialist input, discuss the results with our MOs. In some cases these applicants may be considered ASH or AWC.