OFFICE USE ONLY | Client no.: | Date received: / / | Application no.:

INZ 1007

IMMIGRATION NEW ZEALAND
A SERVICE OF THE DEPARTMENT OF LABOUR

Medical & Chest X-ray Certificate

Supporting information for a visa/permit application

Applicant's notes

The information in this section will help you complete this certificate. Please read the information in this section before you start to complete this certificate. If you wish, you can tear off and keep these notes (pages 1-4).

Applicants for entry to New Zealand are required to have an acceptable standard of health (the *Health Requirements Leaflet (INZ 1121)* has more details). This medical certificate records information about your health that Immigration New Zealand requires to assess whether you meet this standard.

Deciding whether you are eligible for a visa or permit

Immigration New Zealand collects the information about you on this form to decide whether you are eligible for a visa or permit. We may also use the information to contact you for research purposes or to advise you on immigration matters.

The address of Immigration New Zealand is PO Box 3705, Wellington, New Zealand. **Do not send your certificate to this address.**

Collecting the information is authorised by the Immigration Act 1987 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

If you come to New Zealand, you will be able to ask to see the information we hold about you and have any of it corrected if you think it is necessary.

When do I use this medical certificate?

You must use this certificate if:

- you are applying for a temporary visa or permit for New Zealand and you intend to stay longer than **12** months or
- you are applying for residence.

What if I submitted a medical certificate with my last application?

If you are applying for residence you will need to submit a new medical certificate.

You may not need a new medical certificate if you are applying for a temporary visa or permit and you have submitted a medical certificate completed and dated by a medical practitioner within the last 24 months with a previous application. Your case officer will let you know if a new medical is required.

Where do I go to have my medical examination?

In countries where Immigration New Zealand has an approved list of panel doctors and radiologists this certificate must be completed by a listed medical practitioner and a listed radiologist. Please see our website at www.immigration.govt.nz/paneldoctors to find your nearest panel doctor.

If you live in a country which does not have any panel doctors, a registered medical practitioner, preferably your own general practitioner can complete this certificate.

There are no panel doctors in New Zealand. If you are in New Zealand any registered general practitioner is able to complete this certificate. If you do not have a doctor please refer to the telephone book for a list of general practitioners near you.

How long will it take to complete the medical certificate?

You may have to wait to get an appointment for a medical examination, so give yourself plenty of time before you need to lodge your immigration application. Once your examination is complete it may be two or three weeks before you receive your completed medical certificate from the medical examiner. This is because he/she must wait for the results of your chest X-ray and blood tests.

Important: If you have a minor illness, or if you are on a short course of antibiotics, please postpone your appointment until you are well again.

What do I bring to the examination?

- This certificate, **with Sections A, H, I and J completed**, and your name at the top of each page where indicated.
- Your valid passport, for identification.
- Three recent passport photos.
- Any spectacles or contact lenses you wear.
- Any existing medical specialist reports, particularly if you have a known medical condition.
- Details of any prescription medicines you are currently taking (including drug name and dosage).

Can I bring someone with me?

Yes, you may bring someone with you to the medical examination. You may also bring an interpreter. If you need an interpreter, please arrange this before the examination and tell the medical examiner when you make your appointment that you will bring an interpreter. Your interpreter may be a person from a professional service or, if that is not possible, a respected person from your community.

What is involved in completing the certificate?

This medical certificate has three components, all of which must be completed in English:

- a physical examination with a medical examiner (for which you may be required to remove some clothing),
- a chest X-ray, and
- blood and urine tests.

Some medical examiners will have the facilities to complete all parts of the medical certificate; others may refer you to separate X-ray and laboratory services. You may be required to give blood and urine samples at the doctor's rooms.

What about children?

All applicants including children and newborn babies are required to submit a completed medical certificate, or have one submitted on their behalf.

- Children under 16 must be accompanied during the medical examination by a parent or guardian.
- Chest X-rays are not required of children under the age of 11 unless requested by Immigration New Zealand.
- Children under 15 are not usually required to undergo the standard blood tests, unless risk or clinical factors make them necessary.
- Children under five are not usually required to give a urine sample.

Your responsibilities

- **You must pay the fees.** The applicant, or the parent or guardian of a child applicant, must pay for the medical examination, the chest X-ray, the laboratory tests and any specialist reports or follow-up tests required.
- **You must tell the truth.** False statements on your medical certificate may result in your application being declined, any visa or permit issued being cancelled and, if you are in New Zealand, you being required to leave the country.

What happens next?

Your medical certificate is valid for three months from the date the medical examiner signs it.

Submit your completed certificate, including chest X-ray and laboratory results, with your application for a visa or permit within these three months.

Immigration New Zealand, or its medical assessor, may follow up your submission with a request for further information in the form of specialist reports or further tests for which you may have to visit another doctor. You are responsible for any costs associated with any additional tests or reports.

If you have an existing condition it will help your case if you provide as much information as possible with your certificate, including recent specialist reports.

For more information

If you have questions about completing the form:

- see our website www.immigration.govt.nz
- telephone our call centre on 0508 558 855 (within New Zealand)
- contact one of Immigration New Zealand's offices.

Immigration New Zealand has offices in Apia, Bangkok, Beijing, Hong Kong, Jakarta, London, Moscow, New Delhi, Nuku'alofa, Shanghai, Singapore, Suva, Sydney, and Taipei. You can also contact New Zealand diplomatic and consular offices.

In New Zealand offices are located in Auckland, Henderson, Manukau, Hamilton, Palmerston North, Wellington, Christchurch, Queenstown and Dunedin.

GUIDE TO COMPLETING THE MEDICAL CERTIFICATE

Completing Section A — Personal details

Please complete this section before you see the doctor.

In this section you confirm your personal details and the type of work or study you will be doing in New Zealand. It is important that you answer every question because the information you provide will ensure your medical certificate is matched with your immigration application.

Completing Section B — Medical history of person having the medical examination

Please complete this section in full with the medical examiner or their representative (eg the practice nurse).

This section summarises your medical history, to help the medical examiner and Immigration New Zealand understand your current state of health. If you are not sure about an aspect of your medical history, please declare it. If you have written reports from other doctors with details of existing medical conditions it will help your case to bring these to the examination with you.

Completing Section C — Personal declaration of person having the medical examination

This section is for you to sign in front of the doctor who examines you.

Children under 16 cannot sign their own declaration; a parent or guardian should sign on their behalf.

Completing Section D — Medical examination and findings

Completion of this section will involve a physical examination which may require you to remove some clothing.

The questions in this section will be completed by the medical examiner to record your physical state of health.

Your height and weight, eyesight, hearing and reflexes will be measured. The medical examiner will also listen to your heart and take your blood pressure, and may perform other tests to gauge your mental state, your lung capacity or other functions. Some of these tests may be performed by the nurse on behalf of the medical examiner.

Women aged 45 and over are required to undergo a breast examination. If this applies to you, you may nominate a specialist to perform this exam or provide the results of a recent mammogram or breast ultrasound (completed in the last six months).

You may request a chaperone to be present during the medical examination. Please advise the medical examiner if you would like a chaperone to be present during the medical examination.

Completing Sections E, F, & G — Urinalysis and blood test results, medical examiner's summary of findings and declaration

These sections are completed by the medical examiner after he/she has examined you and seen the results of your chest X-ray and blood and urine tests.

Completing Sections H & I — Laboratory referral form

All applicants 15 years of age and over must undergo the standard blood tests. Other blood tests may be requested by the doctor where indicated by your medical history or examination eg if you have diabetes.

You will be required to give a blood sample and a urine sample for testing. The front part of this form is for the medical examiner to indicate which tests are required. **You must complete the reverse of this form (Section I) with your details and sign the declaration in front of the person who takes your blood.**

This page can be detached from the medical certificate and you must take it with you when you have your blood sample taken.

Children under 15 may in some instances be required to undergo some blood tests if they have clinical indicators or risk factors for certain conditions.

Completing Sections J, K, & L

Chest X-ray referral form

All applicants 11 years and over are required to undergo a chest X-ray to screen for tuberculosis and evidence of other systemic medical conditions. This X-ray is required even where you have recently submitted a temporary entry X-ray report. Pregnant women and children under 11 are not required to undergo the chest X-ray examination, unless requested by Immigration New Zealand.

This page can be detached from the main form and is for you to take with you when you get your chest X-ray. **Please answer questions J1 to J6 before your X–ray** but do **not** sign the declaration until you are with the radiographer who takes the X-ray.

If there are no abnormalities noted on the radiologist's report you do not need to submit the film to Immigration New Zealand.

Please keep these notes. Detach at the perforation.

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Medical & Chest X-Ray Certificate

Supporting information for a visa/permit application

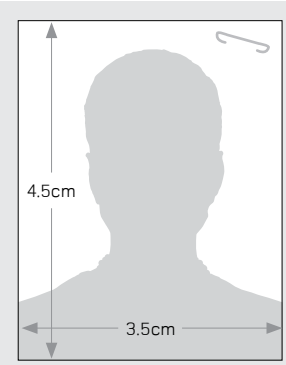
Section A Personal details

Question A1 must be completed by the medical examiner or staff.

All other questions in this section must be completed by the applicant before the examination.

Please use a black pen and write neatly in English using CAPITAL LETTERS. Illegible forms will be returned for clarification. Tick or fill in all boxes.

Attach one passport-size photograph of yourself in the space provided. The photograph must be less than six months old. Write your full name on the back of the photograph.



A1 **Medical examiner (or delegated staff member):** certify identity by placing signature and date across photograph without obscuring the likeness of the person.

☐ Valid photographic identification sighted? (eg passport)

A2 **Applicant:** name as shown in passport

Family/last name

Given/first name(s)

A3 Other names you are known by

A4 Full home address

Telephone (daytime) Email

A5 Gender ☐ Male ☐ Female **A6** Date of birth D D M M Y Y Y Y

A7 Country of birth

A8 Country of citizenship

A9 Number of children born to applicant: Alive Deceased Total born

A10 List the countries in which you have lived, studied or worked for three months or more in the last five years.

A11 State your occupation and the types of activities you will be performing during your intended work or course of study in New Zealand (eg office work, labouring).

A12 Do you receive a sickness benefit, government assistance, or any other welfare benefit for health or disability reasons?

☐ Yes *Provide details of diagnosis, duration of payment, date last employed, restrictions on ability to work and outlook for future.*

☐ No

Section B Medical history of person having the medical examination

Applicant: this section must be completed in the presence of the medical examiner or delegated staff member.

- Answer all questions.
- If you answer 'Yes' to any questions, provide all relevant details and attach any existing specialists reports you have.
- If you do not have enough space, attach a seprate sheet, signed by the medical examiner.

Medical examiner: ensure this section is fully completed and the nature of any 'Yes' answer is fully explored and detailed.

B1 Have you ever received hospital treatment or been in hospital for any reason?

☐ Yes *Provide details, including relevant dates.* ☐ No

B2 Have you ever undergone or been advised to have surgery?

☐ Yes *Provide details, including relevant dates.* ☐ No

B3 Have you ever had a blood transfusion and/or treatment with blood products?

☐ Yes *Provide details, including relevant dates.* ☐ No

B4 Do you have any physical, psychological, communication, developmental, or intellectual disabilities which may affect your ability to earn a living or take full care of yourself now or in later life?

☐ Yes *Provide details.* ☐ No

B5 If you are under 21 years of age, are you in a special class or a special school, or are you receiving special support services or not at school because of a disability?

☐ Yes *Provide details.* ☐ No

B6 If you are on medication and/or undergoing treatment, please list all medication and/or treatment.

Drug name and/or treatment	Diagnosis	Dose	Quantity	Frequency	How long
eg Aspirin		100mg	2	Daily	10 years
eg Physiotherapy		-	1	Weekly	6 months

B7 Do you smoke or have you ever smoked cigarettes? ☐ Yes *Provide details* ☐ No

If yes:

- How many per day? _____
- For how many years? _____
- If you have stopped, how many years ago did you stop? _____
- Calculate your pack year history: (packs of 20 cigarettes per day) x (number of years smoked) _____

B8 Do you drink alcohol? ☐ Yes *Provide details* ☐ No

If yes:

- What do you drink? _____
- What number of drinks per week? _____

B9 Have you ever been addicted to a drug or taken drugs illegally? ☐ Yes *Provide details.* ☐ No

B10 Do you have or have you ever had tuberculosis (TB), an abnormal chest X-ray, chronic cough, coughed up blood, or had close contact with a person with TB?.

☐ Yes. *Provide details, including date of diagnosis. You **must** provide details of any treatment received*

☐ No

B11 Do you have or have you ever had an infectious or communicable disease lasting more than two weeks? (eg typhoid, hepatitis, jaundice, rheumatic fever, HIV, AIDS or any AIDS-related conditions.)

☐ Yes. *Provide details, including date of diagnosis and any treatment received* ☐ No

B12 Do you have or have you ever had high blood pressure, heart trouble, or chest pain?

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B13 Do you have or have you ever had asthma, shortness of breath, sleep apnoea, difficulty in breathing, a chronic cough?

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B14 Do you have or have you ever had recurrent abdominal pains, indigestion, heartburn, or bowel trouble?

☐ Yes. *Provide details, including date of diagnosis and any treatment received* ☐ No

B15 Do you have or have you ever had liver disease? (eg hepatitis, cirrhosis, portal hypertension, haemochromatosis.)

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B16 Do you have or have you ever had kidney, bladder, urinary or prostate problems?

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B17 Do you have or have you ever had diabetes or sugar in the urine?

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B18 Do you have or have you ever had epilepsy, fits, faints, blackouts or dizziness?

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B19 Do you have or have you ever had a nervous or mental illness? (eg depression, anxiety, schizophrenia, bipolar disorder, any eating disorder?)

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B20 Do you have or have you ever had a neurological disorder? (eg Parkinson's disease, paraplegia, stroke, hemiplegia, motor neurone disease, multiple sclerosis.)

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B21 Do you have or have you ever had chronic ear disease or difficulty hearing?

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B22 Do you have or have you ever had chronic eye disease or difficulty seeing?

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B23 Do you have or have you ever had arthritis or pain in the back, neck or any joint that has required treatment and/or time off work? ☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B24 Do you have or have you ever had skin disease?

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B25 Do you have or have you ever had anaemia, congenital immune deficiency, thalassemia, bleeding disorder, sickle cell disease, haemophilia?

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B26 Do you have or have you ever had any cancer or malignancy, including lymphoma or leukaemia?

☐ Yes. *Provide details, including date of diagnosis and any treatment received. Provide your most recent specialist report.*
☐ No

B27 Do you have or have you ever had any chromosomal, genetic, congenital or familial disorder? (eg Huntington's chorea, hyperlipidaemia, muscular dystrophies, cystic fibrosis, Down's syndrome.)

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

B28 Do you have or have you ever had any other illness, injury, medical condition or disability (including intellectual) not mentioned above, if it has lasted more than three weeks or has recurred, within the last ten years?

☐ Yes. *Provide details, including date of diagnosis and any treatment received.* ☐ No

Questions B29 to B31 are for females only. Males go to B32

B29 Do you have or have you ever had any reproductive system disorders, including abnormal cervical smears?

☐ *Yes. Provide details, including date of diagnosis and any treatment received.* ☐ No

B30 What was the date of your last menstrual period? D D M M Y Y Y Y

B31 Are you pregnant?

☐ Yes *Provide expected date of delivery* D D M M Y Y Y Y
☐ No

Family history of person being examined.

B32 Please complete the table below detailing relationship, age and state of health of your parents, brothers and sisters. If any are deceased, please specify the age at death and cause of death. (If there is not enough space, please attach an additional sheet of paper and have this initialled by the medical examiner.)

Relationship (eg father, sister)	Age	State of health (if not good, please state reason)	Cause of death if deceased (please provide full details)	Age at death

Medical examiner's comment (if any) on applicant's medical history

Section C Declaration of person having the medical examination

This declaration must be signed and dated by the person being examined in the presence of the medical examiner.

A parent or guardian must sign on behalf of a child under 16 years of age. Please read carefully before signing.

I understand the notes and questions in sections A and B of this certificate and I declare the information given about me is true, correct, and complete.

I understand that this declaration also applies to the chest X-ray and laboratory test sections.

I declare I will inform Immigration New Zealand of any relevant fact or any change of circumstance that may affect the decision on my application for a permit or visa due to my health circumstances.

I authorise Immigration New Zealand to make any enquiries it deems necessary in respect of the information provided on this certificate and to share this information with other Government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status.

I authorise Immigration New Zealand to provide information about my state of health to any New Zealand health service agency.

I authorise any New Zealand health service agency to provide information about my state of health to Immigration New Zealand.

I undertake to pay the fees for this medical examination including chest X-ray and laboratory tests and I also agree that I or my child will undergo, at my expense, any further medical examination(s) that may be required by Immigration New Zealand in respect of the immigration application.

I agree that the medical examiner, the radiologist and the laboratory who complete this certificate may release to Immigration New Zealand, or any medical assessor employed by them, any information acquired with regard to the health of myself or my child.

I understand that if I make any false statements, or provide any false or misleading information or have changed or altered this certificate in any way, my application may be declined, or my visa or permit may be revoked, and that I may be committing an offence and be liable to prosecution and imprisonment.

Signature of person being examined (or parent/guardian) _____ Date D D M M Y Y Y Y

Full name of parent or guardian (if applicable) _____

Relationship to person being examined (if applicable) _____

Declaration of person assisting

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Signature of person assisting applicant (if applicable) _____ Date D D M M Y Y Y Y

Full name of person assisting _____

Signature of medical examiner _____ Date D D M M Y Y Y Y

Full name of medical examiner _____

Section D Medical examination and findings

This section must be completed by the medical examiner. Answer all questions.

Questions marked with an asterisk* may be completed by a delegated staff member.

Where abnormalities are indicated, please provide all the relevant details in the space provided and attach any existing specialist reports.

If you do not have enough space, attach a separate sheet. All attached sheets must be initialled by the medical examiner.

For more information see www.immigration.govt.nz/medicalhandbook.

Was a chaperone present during the examination? ☐ Yes *Provide details* ☐ No ☐ Declined

Was an interpreter present during the examination? ☐ Yes *Provide details* ☐ No ☐ Declined

If yes, provide name and the relationship to person being examined. _____

D1 Date of examination D D M M Y Y Y Y

D2 **BMI*** In light-weight clothing and stockinged feet:

Weight (kg) _____ Height (cm) _____

Waist circumference (cm) (for applicants 18 years and over) _____

BMI (Weight (kg)/(Height (m)^2)) (for applicants 18 years and over) _____

If BMI > 35 in adults (18 years of age or more) or waist circumference of females ≥ 88cm, males ≥ 102cm, arrange and attach fasting lipids and fasting glucose tests. (Refer to the Handbook for Medical Examiners *for further information.)*

D3 **Head circumference*** for children under three years (cm) _____

D4 **Vision**

Visual acuity*: uncorrected Left _____ Right _____

corrected Left _____ Right _____

Any abnormalities of fundal examination? ☐ Yes ☐ No _____

D5 **Cardiovascular system**

Blood pressure* (not required for children under 15 years of age)

_____ / _____ _____ / _____

systolic / diastolic *systolic / diastolic*

Where repeat readings after rest exceed the following limits, arrange fasting lipids and fasting glucose tests.

- 40 years of age or less – 140/90 mmHg
- 41-64 years – 150/90 mmHg
- 65 or more years – 160/90 mmHg

Heart Pulse rate _____ Rhythm _____

Murmur ☐ Yes *Provide details* ☐ No _____

Peripheral pulses (any absent)? ☐ Yes *Provide details* ☐ No _____

Any bruits in neck or abdomen? ☐ Yes *Provide details* ☐ No _____

Any other abnormality? ☐ Yes ☐ No _____

D6 Are there any abnormalities in the **respiratory system** (including nose and lungs)?

☐ Yes *Provide details* ☐ No

_____

D7 **Gastro–Intestinal system:** are there any abnormalities in the mouth and oropharynx examination?

☐ Yes *Provide details* ☐ No

_____

Are there any abnormalities in the abdomen (including hernia, organomegaly and/or abdominal masses)?

☐ *Yes Provide details* ☐ *No*

_____

D8 **Central and peripheral nervous system:** any signs of abnormalities (including cranial nerves, sensation, power, tone, reflexes and muscle wasting)?

☐ *Yes Provide details* ☐ *No*

_____

Any behavioural or communication problems? ☐ *Yes Provide details* ☐ *No*

Any evidence of mental illness or abnormal mental state? ☐ Yes *Provide details* ☐ No

Any critically delayed developmental milestones noted? *(Please refer to chart in* Handbook for Medical Examiners *for children under five years of age or where concerned).*

☐ Yes *Provide details* ☐ No

Any disability or developmental delay evident that is likely to require support services? ☐ Yes *Provide details* ☐ No

Any signs of impaired memory or impaired cognitive performance or dementia?

☐ Yes *Provide details*

☐ No *If no signs noted and applicant is over 70 years of age please complete and attach a dementia screening assessment. (eg RUDAS or MMSE. Refer* Handbook for Medical Examiners. *Please comment on any factors that might influence interpretation*).

Is this person likely to require assessment for support services? ☐ Yes *Provide details* ☐ No

D9 **Hearing**: any hearing difficulty or ear disease? ☐ Yes *Provide details* ☐ No

D10 Are there any abnormalities in the **locomotor system** (including gait and deformities of the joints or limbs)?

☐ Yes *Provide details* ☐ No

D11 Are there any abnormalities in the **lymph nodes?** ☐ Yes *Provide details* ☐ No

D12 Are there any abnormalities in the **endocrine system?** ☐ Yes *Provide details* ☐ No

D13 **Disorders of skin and scalp** (including scars, ulcers, skin cancers, significant skin disease eg psoriasis)?

☐ Yes *Provide details* ☐ No

D14 Are there any abnormalities in the **genito–urinary system** (consider E1 urinalysis)? ☐ Yes *Provide details* ☐ No

D15 Are there any abnormalities in the **breast?** Females 45 years and over and where otherwise indicated.

As an alternative to examination, applicants may supply a mammogram or breast ultrasound completed in the last 6 months.

☐ Yes *Provide details* ☐ No

D16 Are there any abnormalities in the **general appearance** (including any signs of anaemia and/or jaundice)?

☐ Normal ☐ Abnormal

D17 **General medical comment**

Are there any conditions which may affect this person's ability to earn a living, attend a mainstream school (or require a high ongoing level of specialist education support), take care of themselves or adapt to a new environment now or in future adult life? ☐ Yes *Provide details* ☐ No

Next steps – checklist

Medical examiner:

- ☐ Arrange urinalysis for all applicants five years of age and over.
- ☐ Complete Laboratory Referral Form and detach for applicant to take when giving blood sample.
- ☐ Consider noting any conditions which may be relevant to the radiologist when examining the X-ray (refer to question K1 on the X-ray certificate).

Applicant:

- ☐ Undergo blood tests and X-ray (refer to Sections H, I and J).

Section E Urinalysis and blood tests

This section must be completed by the medical examiner on receipt of laboratory test results and urinalysis. The medical examiner must sign and attach all test results.

Urinalysis

- May be completed via dipstick (by medical examiner) or via laboratory. Where dipstick results return abnormalities attach full laboratory urinalysis.
- Required for all persons (except children under five years of age).
- Child under five years of age should have urinalysis if clinically indicated, eg a history of kidney disease or recent tonsillitis.
- **Females must not undergo urinalysis during menstruation.**

E1 **Urinalysis results Date** D D M M Y Y Y Y

Dipstick ☐ **Laboratory** ☐

		Details if appropriate:
Protein	☐ Negative ☐ Positive	
Sugar	☐ Negative ☐ Positive	
Blood	☐ Negative ☐ Positive	

If tested at a later date D D M M Y Y Y Y

Protein	☐ Negative ☐ Positive	
Sugar	☐ Negative ☐ Positive	
Blood	☐ Negative ☐ Positive	

Blood tests

Tests for HIV, hepatitis B, syphilis screening, liver function, full blood count and serum creatinine and eGFR are **compulsory for all applicants 15 years of age and over or where clinically indicated.**

E2 **Blood test results**

Standard tests

HIV *If the initial test is positive, repeat and perform Western Blot.*	☐ Negative	☐ Positive	
Hepatitis B surface antigen	☐ Negative	☐ Positive	
Syphilis	☐ Negative	☐ Positive	
Liver function test	☐ Normal	☐ Abnormal	
Full blood count	☐ Normal	☐ Abnormal	
Serum creatinine	☐ Normal	☐ Abnormal	
eGFR or creatinine clearance	☐ Normal	☐ Abnormal	

Discretionary tests

Fasting lipids	☐ Normal	☐ Abnormal	
Fasting glucose	☐ Normal	☐ Abnormal	
Hepatitis C	☐ Normal	☐ Abnormal	
HbA1c	☐ Normal	☐ Abnormal	
Creatinine/microalbumin	☐ Normal	☐ Abnormal	
Faeces culture	☐ Normal	☐ Abnormal	

Section F Medical examiner's summary of findings

Please provide your comments (if any) on the health of this applicant, especially any areas where you consider follow-up is required. Please note any further tests or investigations that you would recommend.

Recommendation:

Please consider the information provided about this applicant and refer to the medical examiner Handbook when making your recommendation. You must consider if there exists any significant finding on the history, the examination, the laboratory tests and the X-ray. A significant finding is one that should be further reviewed by the Immigration New Zealand medical assessor. Note this is not an assessment of whether or not the applicant has an acceptable standard of health in relation to the Immigration New Zealand standard.

1. **No significant or abnormal findings** ☐
2. **Significant or abnormal findings** ☐

Section G Medical examiner's declaration

This declaration must be signed and dated by the medical examiner who was responsible for this examination.

This declaration must be signed after the medical examiner has sighted and considered chest X-ray certificate and all medical test results. Please read carefully before signing.

I certify that:

- this person has been examined by me or staff under my supervision and their identification in terms of papers, photographs and appearance has been confirmed.
- the statements my staff and I have made in answer to all the questions are true, correct and complete to the best of my knowledge.
- all tests, investigations and reports I have considered are signed by me and securely attached.

Signature of medical examiner _____ Date D D M M Y Y Y Y

Medical examiner's details (please print)

Full name _____

MCNZ number for New Zealand practitioners _____

Place of examination (city/state and country) _____

_____

Postal address _____

_____

Daytime telephone number _____

Email address _____

Would you like Immigration New Zealand to contact you about this examination? ☐ Yes

OFFICE USE ONLY | Client no.: | Date received: / / | Application no.:

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IMMIGRATION NEW ZEALAND
A SERVICE OF THE DEPARTMENT OF LABOUR

Laboratory Referral Form

Supporting information for a visa/permit application

Section H Instructions for medical examiner and laboratory

Medical examiner

- Please complete your contact details.
- Please confirm which tests are required for this applicant.
- HIV, hep B, syphilis, LFT, FBC and serum creatinine and eGFR (or creatinine clearance) tests are compulsory for all applicants 15 years of age and over or where clinically indicated.
- Fasting glucose and fasting lipids are required if indicated by BMI, waist circumference, blood pressure or other clinical indicator (refer questions D2, D5 and the *Handbook for Medical Examiners*).
- Hepatitis C antibody test is required where clinically indicated (eg elevated ALT, chronic Hepatitis B. Refer to *Handbook for Medical Examiners* for further information).
- HbA1c and creatinine microalbumin ratio tests are required for diabetics.
- Where other conditions are identified refer to *Handbook for Medical Examiners*.

Laboratory – please return this form and results to the requesting doctor.

Applicant's details (please print)

Applicant's full name

Applicant's date of birth D D M M Y Y Y Y NHI number (NZ)

Gender ☐ Male ☐ Female Medical examiner's laboratory reference number (if applicable)

Laboratory tests required

Standard tests	Discretionary tests
☐ HIV	☐ Urinalysis
☐ Hepatitis B surface antigen	☐ Hepatitis C antibody
☐ Syphilis screening	☐ HbA1c
☐ Liver function tests	☐ Creatinine microalbumin ratio
☐ Full blood count	☐ Faeces culture
☐ Serum creatinine	☐ Fasting lipids
☐ eGFR or creatinine clearance	☐ Fasting glucose

Signature of medical examiner Date D D M M Y Y Y Y

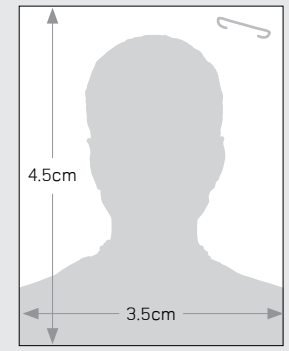
Medical examiner's full name

Postal address

Section I Confirmation of identity and declaration

Applicant

- Attach one recent passport photograph in the space provided.
- Complete I1 to I7 before your examination.
- Present this form when having blood taken for testing.
- **The declaration below must be completed and signed in front of the person taking blood.**



Person taking blood

☐ Valid photographic identification sighted? (eg passport)

Certify identity by placing signature and date across photograph without obscuring the likeness of the person.

Applicant details

I1 Passport number

I2 **Applicant:** name as shown in passport

Family/last name | Given/first name(s)

I3 Other names you are known by

I4 Gender ☐ Male ☐ Female **I5** Date of birth D D M M Y Y Y Y

I6 Country of birth

I7 Country of citizenship

Applicant's declaration

I certify that I have read and understood the declaration at section C on page 7. I understand that the declaration at that section also applies to the laboratory tests.

Signature of applicant (or parent/guardian) Date D D M M Y Y Y Y

Full name of parent or guardian

Relationship to person being examined

Declaration of person assisting

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Signature of person assisting applicant (if applicable) Date D D M M Y Y Y Y

Full name of person assisting

Declaration of person taking blood

I certify I have confirmed the applicant's identity in terms of papers, photographs and appearance.

Signature of person taking blood Date D D M M Y Y Y Y

Full name of person taking blood

OFFICE USE ONLY | Client no.: | Date received: / / | Application no.:

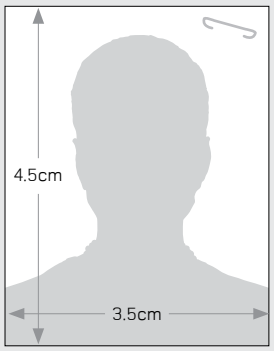
INZ 1007

IMMIGRATION NEW ZEALAND
A SERVICE OF THE DEPARTMENT OF LABOUR

Chest X-Ray Referral Form

Supporting information for a visa/permit application

Section J General information and confirmation of identity



Applicant attach one recent passport photograph in the space provided.

Complete J1 – J6 before your examination.

Present this form when presenting for your chest X-ray.

You must complete/sign the declaration below in front of the radiographer/examining radiologist.

Radiographer ☐ Valid photographic identification sighted? (eg passport). *Certify identity by placing signature and date across photograph without obscuring the likeness of the person.*

J1 Family/last name as shown in passport

Given/first name(s) as shown in passport

Other names you are known by

J2 Gender ☐ Male ☐ Female **J3** Date of birth D D M M Y Y Y Y

J4 Applicant's passport number

J5 Country of birth **J6** Country of citizenship

J7 Medical examiner's name

Applicant's declaration

I certify that I have read and understood the declaration at section C on page 7. I understand that the declaration at that section also applies to the chest X-ray section.

Signature of applicant (or parent/guardian) Date D D M M Y Y Y Y

Full name of parent or guardian

Relationship to person being examined

Declaration of person assisting

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Signature of person assisting applicant (if applicable) Date D D M M Y Y Y Y

Full name of person assisting

Declaration of radiographer or examining radiologist

I certify I have confirmed the applicant's identity in terms of papers, photographs and appearance.

Signature of radiographer/examining radiologist Date D D M M Y Y Y Y

Full name ofradiographer or examining radiologist

Section K Results of chest X-ray examination

This section must be completed in full by the radiologist. Answer all of the questions. Please print or write clearly. Illegible forms will be returned for clarification. Please use a black pen. Please answer all questions in English.

Where abnormalities are present, the radiologist must provide details and comments in the space provided.

Where abnormalities are present, the X-ray film must accompany the certificate.

The radiologist's report must be attached to this certificate and both returned to the medical examiner.

K1 Notes to radiologist (if applicable)

				If abnormalities, please provide details.
K2	Skeleton and soft tissue	☐ Normal	☐ Abnormal	
K3	Cardiac Shadow	☐ Normal	☐ Abnormal	
K4	Hilar and Lymphatic glands	☐ Normal	☐ Abnormal	
K5	Hemidiaphragms and costophrenic angles	☐ Normal	☐ Abnormal	
K6	Lung fields	☐ Normal	☐ Abnormal	
K7	Evidence of TB	☐ No	☐ Yes	
K8	Evidence of old, healed TB	☐ No	☐ Yes	
K9	Evidence suspicious of active TB	☐ No	☐ Yes	

K10 Details of other abnormalities

Section L Radiologist's declaration

This declaration must be signed and dated by the radiologist who examined the X-ray. Read carefully before signing.

I certify that the statements my staff and I have made in answer to all the questions are true, correct and complete to the best of my knowledge.

Signature of Radiologist Date D D M M Y Y Y Y

Radiologist's Details (please print)

Full name

MCNZ number for New Zealand practitioners

Place of examination (city/state and country)

Postal address

Daytime telephone number

Email address

This form has been approved under section 132(1) of the Immigration Act 1987