



Information about this guide

This guide has been written to provide medical examiners with:

- an overview of the immigration health screening process
- an outline of the role and responsibilities of the medical examiner within this process
- information and guidelines that may assist the medical examiner to complete the form *Medical and Chest X-ray Certificate (INZ 1007)*
- assistance in assessing and reporting on people travelling to New Zealand, either on a temporary basis or as permanent migrants
- a standardised process to obtain appropriate, accurate and comprehensive information.

It will also:

- minimise the risk of fraudulent applications
- explain to medical examiners the standard of practice preferred to complete the Immigration New Zealand medical examination and report
- promote adherence to similar standards as practiced internationally, for example by the Australian, Canadian and the USA immigration services.

It **is not** a technical medical reference manual.

Any comments regarding errors, omissions or amendments would be appreciated.

Please forward your comments to:

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Introduction

Background

New Zealand has a publicly-funded health system. Over recent years pressure on this system has grown, with the demand for services in some instances outweighing available funding and resources.

Within this context, concern has also grown about the impact of migrants on the health and special education services that are in short supply. Migrants to New Zealand have always had to have an acceptable standard of health to be granted temporary entry to, or residence in, New Zealand. In 2002 the Government initiated a review of immigration health screening requirements. As a result of this review, the Government agreed on a number of changes to strengthen migrant health and disability screening in order to manage the costs to New Zealand's public health and education systems. This included the establishment of an acceptable standard of health framework.

Acceptable standard of health framework

The acceptable standard of health framework includes:

- a definition for 'acceptable standard of health'
- tests and examinations for indicators of health conditions
- specific cost and demand thresholds to guide the assessment of whether a migrant has an acceptable standard of health.

Any migrants intending to be in New Zealand for longer than 12 months will have to complete a full *Medical and Chest X-ray Certificate*.

Definition of an acceptable standard of health

Migrants will be assessed as **not** having an acceptable standard of health if they are:

- likely to be a danger to public health
- likely to impose significant costs/demands on New Zealand's health and/or special education services
- not able to undertake the functions for which they are applying for a visa or permit.

Tests and examinations

A *Medical and Chest X-ray Certificate* has been developed to support the Acceptable Standard of Health Framework. The certificate is to be used by all applicants who require a medical examination to accompany their application for entry to New Zealand.



The certificate includes:

- a number of compulsory blood tests for applicants 15 years and older – HIV, hepatitis B, full blood count, serum creatinine, eGFR, liver function
- screening for developmental delay – particularly in children
- screening for impaired cognitive performance, with screening compulsory for asymptomatic applicants 70 years and older.

Note: Immigration New Zealand will update and issue new medical certificates and handbooks for medical examiners from time to time. The most up to date medical certificates are available on the Immigration New Zealand website at www.immigration.govt.nz/medicalhandbook.

Health resource utilisation thresholds

Immigration New Zealand will use a set of criteria to assess whether an applicant has an acceptable standard of health. These criteria include the definition of an acceptable standard of health outlined above, and some specific cost and demand thresholds. These thresholds will be used by Immigration New Zealand's medical assessors to determine whether an applicant has an acceptable standard of health for immigration purposes. If there is a relatively high probability that an applicant is going to require health, disability or special education services to levels above these thresholds then they are not likely to be assessed as having an acceptable standard of health. These thresholds are based on the average cost of the top five per cent of New Zealand health care users.

Glossary

Applicant – A person who applies to enter or remain in New Zealand as a permanent resident (including refugees) or as a temporary entrant (including tourists, students or temporary workers).

Conditions – Physical, mental, emotional or intellectual disorders of the applicant that are identified by either the applicant or by the medical examiner from the history, examination and subsequent tests.

Family group – The partner of a 'principal applicant' and the dependent children of a 'principal applicant' and/or their partner.

High cost conditions – Those conditions that exceed the high cost threshold.

High demand conditions – Those conditions that require services within New Zealand, the demand for which is currently unmet. The availability of health services across the whole of New Zealand is considered, not just the availability within a particular locality.

Immigration officer – A person designated as an immigration officer by the New Zealand Secretary of Labour.

Medical assessors – See page 8.

Medical examination – The medical examination for New Zealand immigration purposes that includes the functional inquiry for present, past, and family history, the findings on physical

and mental examination and the results of all relevant radiology, laboratory and diagnostic tests including further specialist reports.

Medical examiner – See page 7.

ORRS guidelines – Ongoing and Reviewable Resourcing Schemes guidelines. ORRS resources are primarily to provide specialist assistance to meet students' special education needs throughout their school years. ORRS resources are additional to the teacher funding and operational grants that are paid to schools for every student in New Zealand. The ORRS criteria have been adopted for use as a screening tool for immigration purposes.

Panel doctors – See page 8.

Principal applicant – The principal applicant is the person who is declared to be the principal applicant on the application form. When the application is assessed, the principal applicant will be the person first assessed against the Government residence policy criteria. An analogous term for medical use would be 'index applicant'.

Specialist report – A written document received from the relevant specialist that provides a complete record of the mental or physical condition being considered, including the history, findings on physical examination, diagnosis, current treatment and prognosis.

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TABLE OF CONTENTS

INTRODUCTION	1
Background	1
Acceptable standard of health framework	1
Definition of an acceptable standard of health	1
Tests and examinations	1
INFORMATION ABOUT THIS GUIDE	1
Health resource utilisation thresholds	2
GLOSSARY	2
ACKNOWLEDGEMENTS	3
ROLES AND RESPONSIBILITIES IN THE IMMIGRATION HEALTH ASSESSMENT PROCESS	7
The health screening process	7
The medical examiner	7
Immigration New Zealand (the visa/immigration officer)	8
The immigration medical assessor	8
WHO CAN CONDUCT AN IMMIGRATION MEDICAL EXAMINATION?	8
New Zealand medical examiners	8
Countries with medical panel doctors	8
Countries with no medical panel doctor	8
Related parties	8
CONDUCTING AN IMMIGRATION MEDICAL EXAMINATION	9
Medical examiner independence	9
Referrals for medical care	9
Counselling	9
Interpreters	9
Parents and guardians	9
Legibility of the medical certificate	9
Delegation of the medical examination	9
Locums	9
Medical examination process scenarios	9
Immigration decision	9

GUIDE TO PERFORMING THE MEDICAL EXAMINATION	10
Medical examiner's initials	10
Confirming the identity of applicants	10
Completing Section A: Personal details	11
Completing Section B: Medical history of person having the medical condition	12
Completing Section C: Declaration of person having the medical examination	17
Completing Section D: Medical examination and findings	18
Completing the form	18
Delegated measurements	18
Medical findings	18
Timely medical tests	18
Attendance of chaperones	18
Breast, vaginal and rectal examinations	18
Completing Section E: Urinalysis and blood tests	23
Completing Section F: Medical examiner's summary of findings	24
Medical examiner's recommendation	24
Completing Section G: Medical examiner's declaration	25
GUIDE TO THE LABORATORY REFERRAL FORM	26
Completing Section H: Instructions for medical examiner and laboratory	26
Positive tests	26
Standard laboratory tests	27
Discretionary laboratory tests	29
Completing Section I: Confirmation of identity and declaration	31
GUIDE TO THE CHEST X-RAY REFERRAL FORM	31
Completing Section J: General information and confirmation of identity	31
Completing Section K: Results of chest X-ray examination	32
Completing Section L: Radiologist's declaration	32
FURTHER INFORMATION	32
Subsequent medical requests	32
QUALITY ASSURANCE	33
Quality assurance process	33

MEDICAL INFORMATION	33
Statistical collection	33
Privacy Act	33
Data matching	34
FUTURE DEVELOPMENT OF IMMIGRATION MEDICAL ASSESSMENTS	34
REVISIONS TO THIS HANDBOOK AND RELATED DOCUMENTS	34
APPENDIX 1: RUDAS DEMENTIA SCREENING FORM	35
APPENDIX 2: RUDAS ADMINISTRATION GUIDE	38
APPENDIX 3: MINI MENTAL STATE DEMENTIA SCREENING FORM	47

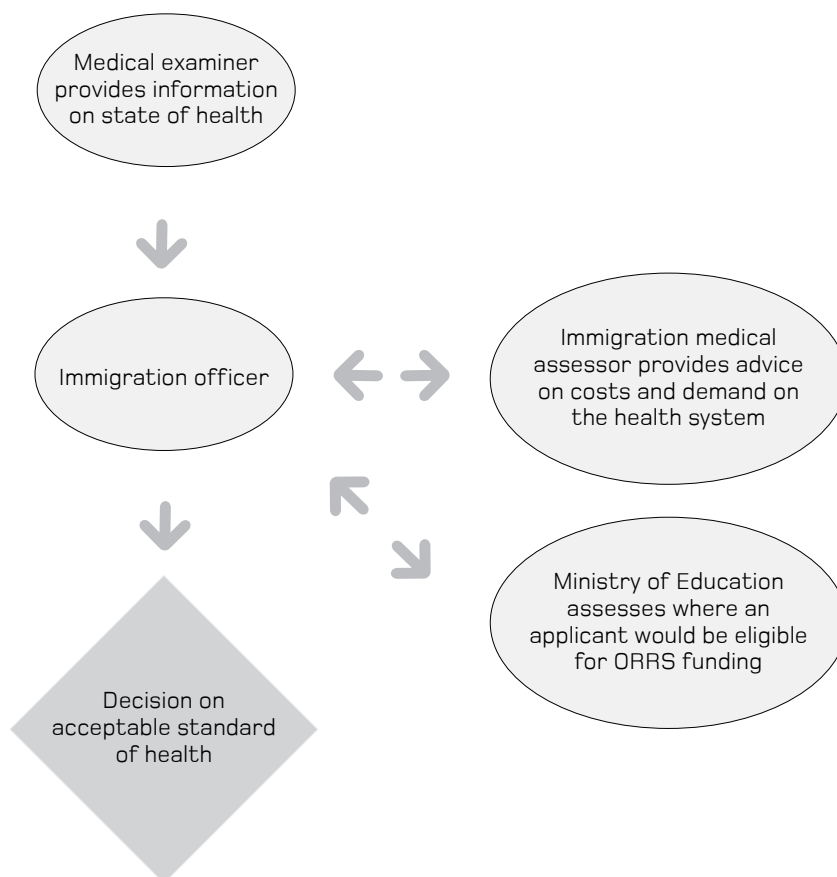
Roles and responsibilities in the immigration health assessment process

There are three key parties involved in the immigration health assessment process. These are the medical examiner, Immigration New Zealand visa/immigration officers, and immigration medical assessors.

Each has a clear and distinct role that contributes to the health assessment process. The final decision about whether an applicant meets the acceptable standard of health required for immigration purposes is made by Immigration New Zealand.

Medical examiners and immigration medical assessors have key supporting roles in this decision making process, as outlined in the diagram below.

The health screening process



The medical examiner

The role of the medical examiner is to provide a comprehensive assessment of the applicant's current state of health and record this accurately on the *Medical and Chest X-ray Certificate (INZ 1007)*. This includes:

- undertaking the required immigration medical examination. This includes confirming the identity of the person being examined and to whom the information on the *Medical and Chest X-ray Certificate* relates
- applying the appropriate medical, ethical and professional standards during the examination and in completing the certificate
- capturing the required information accurately and comprehensively on the certificate
- commenting on anything identified during the examination that appears to contradict information provided by the applicant
- referring the applicant for compulsory blood tests, and any other tests that may be appropriate given clinical or risk factors present
- referring the applicant for the required chest X-ray
- reviewing all the information on the certificate (including results from blood tests and chest X-ray) and providing an assessment of the applicant's current state of health and any significant conditions that may have an impact on their future health

- remaining accountable for any part(s) of the examination/completion of the medical certificate, that is delegated to a staff member within the practice
- providing the applicant with appropriate counselling and/or referral when previously undiagnosed conditions are identified.

Immigration New Zealand expects that the medical examiner completing the *Medical and Chest X-ray Certificate* has the necessary medical expertise and experience to fulfil the above responsibilities.

Immigration New Zealand (the visa/immigration officer)

The role of the visa/immigration officer is to decide whether an applicant meets the acceptable standard of health. This includes:

- reviewing the information contained on the *Medical and Chest X-ray Certificate*
- where significant issues are identified, referring the *Medical and Chest X-ray Certificate* to an Immigration medical assessor for advice on the likely costs and demands of an applicant's medical condition on New Zealand's health/special education systems
- reviewing any recommendation from a medical assessor and deciding whether an applicant meets the acceptable standard of health
- determining whether an applicant does not meet the acceptable standard of health and whether a medical waiver should be considered.

The immigration medical assessor

The role of the Immigration New Zealand and Ministry of Education medical assessors is to provide opinion(s) to a visa/immigration officer regarding:

- whether an applicant is likely to be a danger to public health
- whether an applicant has a condition that is likely to exceed cost or demand thresholds
- whether an applicant is able to undertake the work or study that is the basis for their application
- the likely costs and demands that an applicant who exceeds cost and/or demand thresholds will place on the New Zealand health/special education systems, including eligibility for ORRS funding
- the information contained on the *Medical and Chest X-ray Certificate*
- requesting additional tests and investigations where they consider it necessary for further understanding an applicant's medical condition
- applying the appropriate medical, ethical and professional standards during their considerations

- applying the appropriate policy and cost and demand thresholds in their assessment of an applicant's medical condition
- any medical matters related to the consideration of a medical waiver.

Who can conduct an immigration medical examination?

New Zealand medical examiners

Within New Zealand any medical practitioner holding a current annual practising certificate issued by the New Zealand Medical Council may conduct the New Zealand immigration medical and complete the medical certificate.

Countries with medical panel doctors

In some countries, Immigration New Zealand branches and Ministry of Foreign Affairs and Trade (MFAT) offices select and require use of a panel of reputable registered medical practitioners and/or radiologists. A list of countries for which there are panel doctors can be found on the Immigration New Zealand website at www.immigration.govt.nz/paneldoctors.

All applicants in such countries must have their medical and chest X-ray reports completed by a panel doctor and/or radiologist. Applicants who are resident in these countries should consult the nearest branch of Immigration New Zealand for details of the appropriate panel doctor(s) in their area.

Countries with no medical panel doctor

For countries where there is no Immigration New Zealand medical panel, a registered or board certified or licensed medical practitioner or physician may conduct the Immigration New Zealand medical and complete the *Medical and Chest X-ray Certificate*.

Immigration New Zealand will require details of the registration, certification or board licence of the medical practitioner or physician.

The medical examination will not be accepted if completed by a nursing practitioner, a physician's assistant, or by other health practitioners.

Related parties

Where the immigration candidate is a relative of the medical examiner or the medical examiner has a personal or financial interest in the immigration application the examination should be declined and the applicant should be referred to an unrelated independent medical examiner. Reference may be made to the applicable ethical standards of practice.

Conducting an immigration medical examination

Medical examiner independence

The examination is conducted, at the request of the applicant, in accordance with the Immigration New Zealand protocol. It is inappropriate for the medical examiner to act as a patient advocate. Immigration New Zealand relies upon the medical examiner and referred providers such as specialists to provide independent and objective advice and assessment that might be reasonably obtained from any medical examiner.

Referrals for medical care

If the medical examiner finds that the applicant being examined is seriously ill, or in need of urgent treatment, or has a new unknown diagnosis, the medical examiner should refer the applicant to their usual doctor or to an appropriate specialist or health provider and arrange appropriate assessment and or treatment, bearing in mind the applicable local ethical standards of practice. Document the referral, the reason for it, and where applicable the outcome in the medical examiner's Summary of Findings, Section F.

Counselling

Where new medical diagnoses are made, for example hepatitis B, hepatitis C, HIV or cancer, ensure that pre- and post-test counselling is carried out in accordance with local protocols and standards. For example, please include advice on vaccination for close contacts of those testing positive to hepatitis B antigen.

Interpreters

Indicate on the medical certificate the name of any interpreter present during the examination and relationship (if any) to the applicant being examined. For reasons of privacy and objectivity the use of a family member as an interpreter is not recommended. Cultural considerations may influence interpreter selection.

Parents and guardians

A parent or guardian should be present when taking the history and examining children under 16 years of age.

Legibility of the medical certificate

The certificate and all documentation must be legible. Illegible or incomplete certificates or documentation will be returned to the medical examiner for clarification. If an error is made in

completing an answer, rule a single line through the error (ie ~~an error~~), and make the changes immediately following. Do not use correction fluid or otherwise erase the error. The medical certificate will be returned if it has been altered in such a manner.

Delegation of the medical examination

Where the medical examiner delegates parts of the examination they are expected to be responsible for ensuring an acceptable standard of practice is followed. For example where a staff member is delegated to conduct a visual acuity examination they are expected to be able to perform the examination and annotate their findings to the standard one would expect if the medical examiner had conducted the examination.

Locums

A locum must also hold the required qualifications to perform the medical examination in whole or part (see 'Who can conduct an immigration medical examination?', page 8). Where a locum is engaged to examine the patient, yet is unavailable to complete the medical certificate (for example they may have completed their term of engagement), the host practitioner is to sign the medical certificate and annotate the name of the examining doctor.

Medical examination process scenarios

To assist medical examiners, some operational scenarios that are likely to be acceptable to Immigration New Zealand for the completion of the immigration medical are:

1. Medical examiner does all examination
2. Medical examiner/nurse appropriately share examination
3. Medical examiner/nurse/receptionist appropriately share examination.

Immigration decision

The medical examiner is asked to make an assessment of the applicant's state of health, to be considered as a part of the application process towards the migration decision.

The medical examiner is not authorised to make an assessment of the admissibility or inadmissibility of the applicant or the applicant's family members to New Zealand. This is the function of the Immigration New Zealand visa officer.

The medical examiner should not make any statement to the applicant which might be construed as implying a favourable or unfavourable immigration assessment outcome.

Guide to performing the medical examination

Medical examiners are to ensure that all requested sections of the examination are completed.

All answers must be in English.

Medical examiner's initials

An applicant for a New Zealand visa or permit may have been provided with a bound medical examination form by Immigration New Zealand. Alternatively, they may have accessed the form as loose-leaf pages (eg from the internet – www.immigration.govt.nz/medicalhandbook) and will have a form that is not bound as a single document.

The medical examiner is to initial:

- every separate sheet submitted as a part of the examination assessment, and
- each of the relevant pages in the *Medical and Chest X-ray Certificate* and sign Section G.

This process is requested to ensure that individual pages have not been substituted after the medical examiner has completed them and before receipt by Immigration New Zealand.

Confirming the identity of applicants

INZ recommends the following to confirm a person's identity for a medical examination or X-ray.

- Certify that the photo is a close resemblance of the person being examined by signing and dating the photograph (without obscuring the person's face).
- Confirm that the person examined is the person identified on the passport or other acceptable identity document.
- Start the examination only if the applicant has provided acceptable photographic identification.
- If you are not satisfied of the identification **do not complete the medical examination**.

Acceptable form of identification

INZ medical and X-ray forms may be handled by many people before they are lodged with an immigration application. For this reason we prefer that applicants provide two forms of acceptable identification when they present. At least one of these must be photo identification.

Photo identification

Photo identification ensures that the person who presents for the medical examination is the same person who intends to submit the medical certificate/X-ray certificate to INZ.

INZ considers the following to be acceptable forms of photo identification:

1. Passport
2. *Certificate of Identity (INZ 1052)*
3. New Zealand driver's licence
4. National ID card
5. National ID certificate.

Neither certified nor ordinary copies of these documents are acceptable forms of identification because of the risk of fraud.

Difficulties determining identity

It is recommended that when photo identification is not conclusive to determine a person's identity, then seek another form of photo identification or request a secondary form of supporting identification.

Supporting identification

INZ considers the following to be acceptable forms of secondary identification:

1. Birth certificate
2. Credit card
3. Bank card
4. National ID card.

Particular attention should be paid to the name and date of birth on the document (birth certificate or national identity card) or name on the bank card or credit card.

Likeness of the person presenting

If the photo attached to the medical certificate or X-ray form is not a close resemblance of the person presenting for examination, advise the person to provide an acceptable photo. Do not continue the medical examination until this requirement is satisfied.

Recent photograph

The image on the photo attached to the form must be reasonably clear, and there should be no drastic differences between the image and the person, eg facial features, hair length, style, and colour, facial symmetry. If there are major differences, advise the person to provide an acceptable photo. Do not continue the medical examination until this requirement is satisfied.

Acceptability of an expired photo ID

Expired passports and IDs are acceptable if the requirements above are met.

Does INZ hold applicants' passports?

We need an applicant's passport for a number of reasons, including verification of their identity when we process an application. We will return an applicant's passport upon their request.

What about people who are unable to present their passport because they claim INZ is holding it?

People who require an immigration medical or X-ray would generally be in possession of their passport because at this stage they have not yet lodged an application with INZ.

There may be some instances where INZ is holding the person's passport, but it is the applicant's responsibility to present an acceptable form of identification for the medical/X-ray examination. Please remind people of this responsibility when they book their appointment for an examination.

Completing Section A Personal details

This section should be completed by the applicant prior to attending the immigration medical examination.

The questions in this section are for the purpose of collecting information for Immigration New Zealand. Some of the questions are also relevant to the medical examiner, in:

- providing a cross-check against history
- triggering close examination of body systems
- facilitating the development of the medical examiner's opinion which is required in [D17](#) and 'Section F: Medical examiner's summary of findings'.

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

The medical examiner is to consider the possibility of exposure to chronic infectious disease particularly from tropical regions, including the risks of TB and HIV infection.

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).

The medical examiner is to consider if there are any findings which may affect the ability of the applicant to perform the intended occupation. This is now one of the three determinants whether someone has an acceptable standard of health and is therefore an important consideration when conducting the medical examination (see question [D17](#)).

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

If Yes, the medical examiner is expected to ensure the details are documented at appropriate places in the form. If the benefit received is from the New Zealand Accident Compensation Corporation (ACC), document the nature of the injury and the duration of the ACC payment.

Completing Section B

Medical history of person having the medical condition

This section must be completed by the medical examiner or their delegated staff member with the assistance of the person being examined or, if the person being examined is under 16 years of age, with the assistance of the parent or guardian.

The medical examiner is expected to:

- ensure that this section is completed fully
- explain the nature of any condition or conditions which may not be understood by the person completing the form
- ensure that the nature of any Yes answer is fully explored and detailed
- attach any specialist reports that have been provided and that the medical examiner considers relevant
- ensure that each additional page attached is also signed by the medical examiner (eg specialist reports)
- ensure adequate information is provided for assessment purposes including history and examination findings at the appropriate places
- ensure that details of duration, diagnosis and treatment are provided.

The medical examination documentation will be assessed by Immigration New Zealand staff and, where considered necessary, the medical assessor's guidance will also be sought by Immigration New Zealand staff.

When completing information in the certificate, medical examiners need to provide adequate information to enable the medical assessors, where asked, to be in a position to give quality and well founded advice to Immigration New Zealand.

Immigration New Zealand staff have to make informed decisions and medical assessors have to give advice based on the documentation in front of them; they do not normally see the applicant in person, they therefore rely on the medical examiner's provision of adequate information.

Where inadequate information is provided or where Immigration New Zealand considers it appropriate, the applicant may be asked to provide further information, for example to seek referral to a specialist.

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

The medical examiner is expected to detail the date/s of treatment, the reason/s for treatment and the type/s of treatment received. Both inpatient and outpatient treatments are relevant.

Attendance at accident and emergency departments, which did not lead to either admission or follow-up treatment, does not need to be documented.

Hospital admissions for normal vaginal delivery do not need to be documented.

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

The medical examiner is expected to detail the date and reason for the operation, the operative procedure that was performed and where available any pathology reports.

The medical examiner is also expected to refer to the other parts of the medical examination form and:

- cross-reference to the condition for which the operation was performed
- comment on the presence of any scarring.

Where an applicant has been advised to undergo surgery, outline the status of this, was the advice declined, and for what reason; or is the surgery currently pending, if so when, and on what basis?

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

The medical examiner is expected to note the indications, dates and ownership (country of origin and risk profile, for example HIV and hepatitis C risk) of the transfused blood (allogeneic or autologous). Please note the standard and discretionary laboratory test requirements in the Laboratory Referral Form (Sections H and I).

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?

If Yes, the medical examiner should document the history and examination findings of the disability. Immigration New Zealand is particularly interested if there will be a funding requirement for ongoing renewable resource scheme funding (ORRS).

If there is a history of autism or Asperger's syndrome or special schooling, attach any existing report that is available from a paediatrician and/or clinical psychologist, ideally describing:

- developmental history
- psychometric testing including IQ testing and assessment of adaptive skills
- associated behavioural disorders
- specific diagnosis
- school vocational training and/or work records
- current and future treatment requirements, recommendations for speech therapy, occupational therapy, physical therapy, special education or vocational training
- current and future need for ongoing supervision or institutional care.

If there is a history of senility or dementia interfering with the applicant's activities of daily living, when undertaking the physical and mental examination the medical examiner is to particularly note:

- duration and rate of progression of symptoms
- a brief summary of treatment and management requirements
- whether a screening assessment for dementia is required (eg RUDAS or Mini Mental State – see **D8** and Appendix 1: RUDAS dementia screening form).

Where already documented, a recent and relevant specialist report should be provided to assist assessment, eg paediatric or psychogeriatric report including the type of disability or problem, the level of care needed, and the prognosis.

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?

If Yes, the medical examiner is to:

- document the disabilities history and examination
- where already documented, a recent and relevant specialist report should be provided to assist assessment, eg paediatric report including the type of disability, the level of care needed, and the prognosis.

B7 Do you smoke or have you ever smoked cigarettes?

If the applicant is a current cigarette smoker or has ever regularly smoked cigarettes for a period of six months or longer, the number of cigarettes smoked, the frequency, and the duration of smoking need to be documented. If the applicant is an ex-smoker, the number of years they have been 'cigarette free' should also be documented.

The medical examiner is to use these details to calculate the pack year history.

Pack year is a way to measure the amount a person has smoked over a long period of time. It is calculated by multiplying the number of packs of cigarettes smoked per day by the number of years the person has smoked:

(Packs of twenty cigarettes per day) x (number of years smoked)

- eg 10 cigarettes per day for 10 years = $\frac{1}{2} \times 10$ = five pack year history
- eg 40 cigarettes per day for 30 years = 2×30 = 60 pack year history

If the applicant has a pack year history ≥ 20 , the medical examiner is to include, where available, a lung function test.

B8 Do you drink alcohol?

If the applicant drinks alcohol, ensure that the type, quantity and frequency of consumption are documented.

B9 Have you ever been addicted to a drug or taken drugs illegally?

The medical examiner is expected to note any known drug addictions. Where it is uncertain if an addiction is relevant, please detail this.

If there is a positive history of alcohol/drug abuse, particularly narcotic or intravenous drug use or addiction, details should include the history of any social or occupational consequences from the abuse/addiction, any history of detoxification or rehabilitation programmes, the duration of abstinence, and whether there is any current use of alcohol or drugs.

Where there is a history of past or present drug use, note any exposure risk, for example to HIV or hepatitis B or C. See the Laboratory Referral form (Sections H and I).

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

Applicants with active tuberculosis (TB) are a risk to the public health. If there is any suspicion of TB, a detailed history with clinical, bacteriological and radiological examination will determine the activity of the disease. It is of particular importance to Immigration New Zealand to confirm the presence of multi-drug resistant tuberculosis (MDRTB) in any applicant. Immigration New Zealand may consider deferring the application for a period to allow for completion of treatment.

A medical examiner within New Zealand who identifies that an applicant has active TB must refer that applicant to the local medical officer of health for further investigation and contact tracing. This is a mandatory requirement under the New Zealand Tuberculosis Act 1948. Overseas panel doctors are to apply their applicable standards of practice. Urgent referral to a pulmonologist should be considered.

Where there is an abnormal chest X-ray but no history of previous active TB or there is a history of previous TB with or without previous adequate treatment, the application is likely to be deferred until:

- a minimum of two chest X-rays, taken at a minimum interval of three months, have a stable appearance, and
- three sputum cultures taken at least twenty-four hours apart, examined for acid-fast bacteria (smear) and cultured for six to eight weeks for mycobacteria by standard culture methods, are negative.

The medical examiner may, when obtaining the patient's agreement, complete and provide the above information to support the application.

Note: Sputum smears, by themselves, are not considered adequate.

Full details of the dates of diagnosis, duration and type of treatments, follow up and sputum cultures will be required.

Latent TB is not a risk to the public health. However, applicants with treated TB are at risk of reactivation of TB disease and applicants with latent TB are also at risk of developing active TB. Persons who have had close contact with a person with TB are also at risk of latent TB infection.

Where TB is noted the medical examiner is expected at 'Section F: Medical examiner's summary of findings' to tick '2: Significant or abnormal findings'.

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

Details are required of any viral, bacterial, fungal, parasitic or other infectious disease for which symptoms lasted for more than two weeks or which have given rise to chronic infection or carriage of the causative organism whether symptomatic or not. Details of the disease should include the diagnosis, the dates of illness and treatment provided, if any.

If there is a history of HIV infection, AIDS or AIDS-related condition then the history is essential to assist assessment. Noting an HIV positive applicant's understanding, attitude and compliance with practices to prevent transmission is also relevant.

If there is a history of hepatitis, details should include the type of hepatitis, in particular, whether the causative agent was identified as hepatitis A, B, C (or other). See the 'Guide to the Laboratory Referral Form' (Sections H and I of this handbook).

If there is a history of rheumatic fever, details from the applicant should include date of diagnosis, the nature and type of any cardiac assessment, treatment and ongoing prophylaxis. The medical examiner is expected to cross-reference the medical examination, (especially **D5** and **D7**) for both the existence of any murmur and oral health.

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

If there is a history of hypertension, detail the date of diagnosis, current treatment, and whether or not there is any history of renal, cardiovascular or cerebrovascular disease.

If there is a history of ischaemic heart disease, detail the date of diagnosis, current treatment, the frequency of angina and the typical activities that induce angina.

If there is a history of congestive cardiac failure, detail the date of diagnosis, current treatment and current symptoms.

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

If there is a history of lung disease, such as pulmonary fibrosis or asthma, detail the date of diagnosis, history, frequency, current treatment and current impact of the respiratory disease on any occupational or leisure activities.

If the applicant has had any hospital admissions, or has required ventilation or management in an intensive care unit, note these, including the frequency of admission and the duration of hospitalisation.

If obstructive sleep apnoea, COPD or chronic lung disease are reported, detail the duration of symptoms, current treatment and current impact of the respiratory disease.

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

For any positive answers the medical examiner is expected to question further to elucidate the nature of symptoms and where possible determine cause, to assist Immigration New Zealand.

See 'Breast, vaginal and rectal examinations' page 18.

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

For any positive answer the medical examiner is expected to note details of the disease, the dates of illness and treatment provided, if any.

If there is a history of hepatitis, details should include the type of hepatitis, in particular, whether the causative agent was identified as hepatitis A, B, C (or other).

Refer to testing requirements outlined in pages 26–31 of this handbook.

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

If the applicant has a history of urinary tract or renal disorders, detail the date of onset, diagnosis, treatment and the current status.

See 'Breast, vaginal and rectal examinations' page 18.

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

Where there is a history of diabetes, detail the date of onset, treatment, history of complications, and the presence or absence of symptoms related to target organ damage, ie nephropathy, neuropathy, ischaemic heart disease, peripheral vascular disease or retinopathy.

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

If a history of convulsions, fits, blackouts, dizziness or faints is reported, include details of the age of onset, any precipitating factors, current drugs taken and the frequency of attacks, severity and sequelae.

Any history of vasovagal attacks or of postural hypotension should be documented.

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

If there is a history of mental illness, include details of the specific diagnosis, details of the type and duration of treatment, any history of non-compliance with treatment, frequency of relapses, and an assessment of potential for self-harm or harm to others.

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

For any positive answer the medical examiner is expected to detail the date of onset, diagnosis, treatment and the current status (in particular, the ability of the applicant to live and function independently).

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

If there is a history of chronic ear disease or difficulty hearing, include details of the history, specific diagnosis, type and duration of treatment.

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

If there is a history of eye disease or difficulty seeing, include details of the history, specific diagnosis, type and duration of treatment.

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?

If there is a history of arthritis or arthralgia, detail the severity of pain at rest and with movement, any functional limitations in activities of daily living, the distance that the applicant is able to walk, medications that are used including any intra-articular injections, and any surgical procedures performed.

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

If there is a history of skin disease, detail the diagnosis, duration and severity of the condition, an assessment of the extent of the surface area involved, treatment and the prognosis.

See guidance at [D13](#) of this handbook for estimation of the area of skin involved.

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

If the applicant has a primary immune deficiency, detail the diagnosis of the condition. If selective IgA deficiency is present, note the frequency of antibiotic treatment. For other primary immune deficiencies, detail the past history of all treatment including:

- antibody replacement therapy
- bone marrow transplants
- umbilical cord or stem cell transplants
- intravenous immunoglobulin
- cytokines
- granulocyte-macrophage colony-stimulating factor (GM-CSF).

If the cause for an applicant's anaemia due to B12 deficiency is known, please record this. Consider the possibility of other blood disorders such as haemoglobinopathies.

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

Where existing, a report from the treating specialist/s should be included, particularly detailing

- site and staging of malignancy
- histology reports
- details of all treatment modalities provided
- prognosis.

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)?
If the applicant has familial or genetic disorders, relevant details should be noted.

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

If Yes, and reports are available, the medical examiner is expected to provide details, for example copies of the most significant and most recent cervical smear tests.

Details of the obstetric history include number of pregnancies, deliveries and abortions (whether spontaneous or induced) in the formula:

G . . . P . . . A . . . (Gravida, parous, abortions or termination of pregnancies)

If there have been any investigations for, or treatment of, infertility, include details under this heading.

See 'Breast, vaginal and rectal examinations' page 18.

B30 What was the date of your last menstrual period?

The medical examiner is expected to ask all women of reproductive age about the date of their last menstrual period. If an abnormality is detected note the aetiology eg Depo-Provera amenorrhoea or hysterectomy.

See 'Breast, vaginal and rectal examinations' page 18.

B31 Are you pregnant?

If the applicant is pregnant, the medical examiner is to determine the expected date of delivery. Comment on whether the pregnancy is progressing normally would also be appropriate here and/or in the examination section.

B32 Family history of person being examined.

The medical examiner is expected to consider the risks resulting to the applicant as identified in the family history. Examples to consider include genetic lipid disorders, diabetes, premature cardiovascular disease (under the age of 55 in a brother or father or under 65 in a mother or sister) and any aetiology of premature deaths.

Completing Section C Declaration of person having the medical examination

This section must be signed and dated by the person having the medical examination in the presence of the medical examiner. If the form has already been signed, the applicant must sign the form again in the presence of the medical examiner.

If the person having the medical examination is under 16 years of age, the parent or guardian must sign the declaration in the presence of the medical examiner.

The medical examiner is to witness the signature and sign the declaration.

The medical examiner may either stamp the document with their name and address, or legibly print those details.

If the medical examiner has doubts about the identity of the person being examined they should refuse to complete the examination.

The medical examiner is to be aware that the consequences of the person being examined, or, in the case of a person under 16 years of age the parent or guardian of that person, providing false or misleading information, or altering or changing the certificate may include:

- the application being declined
- the visa or permit being revoked
- prosecution, and
- if convicted, imprisonment for up to seven years.

Completing the form

This section is completed in full by the medical examiner (questions marked with an * may be performed by a supervised medical staff member), who is accountable for the integrity of all facets of the medical examination.

All questions must be answered. Illegible forms may be returned for clarification.

If the medical examiner delegates any history or measurement part of the examination (eg height, weight or visual acuity) this may only be performed by a registered nurse (or registered medical practitioner) for whose work the medical examiner takes professional and legal responsibility.

Delegated measurements

The following listed measurements may be performed by staff supervised by the medical examiner on the basis that the staff member concerned uses the equivalent skills that the medical examiner would use to achieve the equivalent assessment result quality.

1. Weight	4. BMI	7. Reading acuity
2. Height	5. Head circumference	8. Blood pressure
3. Waist circumference	6. Visual acuity	9. Urine testing

Medical findings

Where an abnormality is detected or declared, the medical examiner is to provide sufficient details regarding the nature, severity and possible/likely prognosis of the medical condition and or disability to enable Immigration New Zealand to clearly understand and appreciate the examined person’s state of health.

The medical examiner is to provide detailed comment on examination findings where:

- affirmative answers have been given in ‘Section B: Medical history of person having the medical examination’
- there are pre-existing medical conditions
- abnormalities are present or are detected
- there are stable pre-existing conditions, and/or reports from relevant specialists are provided (authenticate these by initialling each page and attaching securely to the medical certificate).

Timely medical tests

All other medical tests required or indicated as a result of the examination arrangements should be carried out on or about the date of the medical examination.

Attendance of chaperones

Consider arranging the attendance of a chaperone, bearing in mind the applicable local standards of practice.

Provide a chaperone if that is the practice of the medical examiner or a local requirement or if one is requested by the person being examined.

Where a chaperone is used, note their name on the certificate.

Breast, vaginal and rectal examinations

Breast examinations are required where clinically indicated and for all women 45 years of age and over. Examination of breasts in women less than 45 years of age is not routinely required, nor is rectal or vaginal examination in any age group. However, if there is a clinical reason, be it symptomatic, personal/family history or examination finding suggestive of a health risk, where examination of these sites may provide contributory information on an applicant’s health then such examinations should be viewed as indicated and the patient requested to comply.

As an example, the medical examiner may consider a rectal examination is indicated to further assess a 65-year-old male who has a history of nocturia, haematuria, frequency, weight loss, and an enlarged bladder. The medical examiner should seek the patient’s consent to undergo this examination at the time of initial medical examination. It will however be just as acceptable for the medical examiner to

notate the certificate ('Section F: Medical examiner's summary of findings') with a recommendation for a rectal examination and any other examinations indicated in the medical examiner's opinion, for example PSA. In this instance Immigration New Zealand will then advise if they require the recommended examinations as a subsequent medical request.

Where an applicant declines to undergo advised breast, vaginal, rectal or any other examination required or recommended by the medical examiner, referral to another medical practitioner (who is acceptable to the applicant) may be arranged. Please note what transpires. Where this advice is not accepted (or not complied with) by the applicant, the medical examiner is to notate this on the immigration certificate at 'Section F: Medical examiner's summary of findings'. In this case, ensure the box '2. Significant or abnormal findings' in Section F is ticked.

D2 Weight, height, BMI and waist circumference

The medical examiner is expected to use metric units throughout. Measurements given in other units may result in Immigration New Zealand not accepting the medical certificate.

Adults and children should be weighed standing, barefoot or in stockings/socks and wearing lightweight clothing. Infants should be barefoot and weighed in undergarments. Weight is to be measured in kilograms, except for infants where weight should be noted to the nearest 0.1kg.

Height is measured standing in all persons over the age of 24 months. Use a stadiometer fixed to the wall. Measurement to the nearest centimetre or better is required. The measurement of children less than 24 months may be of height or of length. If length was measured because the child was unable to stand, this should be indicated, and the reason for this noted.

The medical examiner is expected to calculate the BMI for all applicants aged 18 years and older.

Measure the waist circumference of all applicants 18 years of age. With a tape measure, comfortably measure the shortest circumference that is below the rib cage and above the umbilicus.

The medical examiner is to request fasting glucose and fasting lipids where BMI >35 or when the waist circumference in applicants 18 years or over is greater than the following limits¹:

- men: ≥ 102cm, except Asian/Indian men: ≥ 90cm
- women: ≥ 88cm, except Asian/Indian women: ≥ 80cm.

Where a patient may be in a higher risk category, with fasting bloods having been requested, the applicant's attitude to their condition should be explored. Please note whether they recognise a problem exists, whether they are planning any changes to improve the situation, have they made any changes, what success, if any, have they had etc, is all relevant information.

D3 Head circumference (cm) for children under three years

The medical examiner is expected to record the head circumference of all children aged 36 months and younger. The greatest occipitofrontal circumference should be recorded.

D4 Vision

The medical examiner is expected to assess visual acuity using a Snellen's test chart for each eye and recording the result in metres. Test the visual acuity of each eye separately both without and with corrective lenses (if worn). Where possible note the cause of defective vision eg amblyopia, astigmatism, myopia.

Where visual acuity is noted to be less than 6/12 in the best eye also perform pin-hole tests and record the result.

The medical examiner is expected to consider the relevance of reading visual acuity, in relation to the need that applicants are fit and capable of performing their intended occupations.

Where reading is occupationally required then perform a standard reading test, for example using Jaeger's test type, and note the result.

Routinely perform fundoscopic examination and note the result. Dilation of the pupils pharmacologically is not considered necessary although examination in a darkened room is.

1 i "The IDF consensus worldwide definition of the metabolic syndrome"
http://www.idf.org/webdata/docs/IDF_Metasyndrome_definition.pdf,
ii "Mainstreaming the metabolic syndrome: a definitive definition" MJA, Vol 183 No 4, 15 August 2005.

D5 Cardiovascular system

Cardiovascular system examination includes an assessment of blood pressure (BP), cardiac rhythm, cardiac auscultation including heart sounds and/or murmurs, peripheral pulses and any peripheral oedema.

Blood pressure is to be measured in all persons 15 years of age and older, or where there is history or signs of cardiovascular disease, using a cuff of the appropriate size. If the initial blood pressure result is noted as satisfactory for the limits detailed at question **D5** then simply record this. Where the blood pressure is outside these parameters, record the BP while the person is rested supine, for at least five minutes. Where necessary, repeat at 10 minutes. Space is provided to record any successive results.

The medical examiner is expected to consider the clinical indications for an ECG and balance this with the value, availability and inclusion of an ECG. Bearing in mind these considerations, please include an ECG when the medical examiner recommends this.

Checking of the peripheral pulses should include:

1. Carotid	3. Femoral	5. Dorsalis pedis
2. Radial	4. Posterior tibial	

D6 Respiratory system

Nose

A high index of suspicion is necessary to detect malignant tumours of the nose, throat, and mouth. Signs such as unilateral nasal obstruction and discharge, leukoplakia, erythroplakia and masses should be noted.

Lung function assessment (FEV1/FVC)

Where there is a history or finding of the applicant having asthma that requires daily medication, a pack year history ≥ 20 , or other evidence of lung dysfunction, and the medical examiner has the facility available, perform a lung function assessment. Where not available a peak flow assessment may provide useful clinical information, as the medical examiner may recommend.

D7 Gastro-intestinal system

The medical examiner is expected to document any operative scars, ileostomy or colostomy sites, hepatosplenomegaly, hernias and any abdominal masses (including any uterine, ovarian or bladder masses).

Please describe the state of oral hygiene and its relevance, for example to any cardiovascular condition noted.

Rectal examinations are not normally required. Consider whether there are any indications for a rectal examination.

See 'Breast, vaginal and rectal examinations' page 18.

D8 Central and peripheral nervous system

Careful examination of sensory and motor functions and reflexes will detect nervous system abnormalities. If the abnormalities are mild or minor, it is still important to assess the ability of the applicant to carry out activities of daily living and their capacity to work and to lead an independent life.

A general comment should be provided on the communicativeness and behaviour of the applicant, with comments on any abnormalities including any inappropriate behaviour, bizarre thought processes or cognitive deficits.

Children

A formal assessment of developmental milestones is required if there is evidence or concerns of developmental delay or mental retardation in children, from observation during the examination or from reports given by the parents or caregivers.

The following represent critically delayed developmental milestones:

Milestone	Critically delayed	Normal
Cannot hold head up unsupported	8 months or more	4 months
Cannot sit unsupported	10 months or more	8 months
Cannot walk	24 months or more	13 months
No words	24 months or more	15 months
No two–three–word phrases	36 months or more	21 months
Moro reflex persisting at 8 months or older		

Non-symmetrical findings on examination and significant hypotonia or hypertonia are abnormal at any age.

School-age children

The child should be assessed as to whether they have been able to attain the levels of personal independence and social responsibility expected in their cultural setting. Questions on school performance are important as flags for possible learning disorders, behavioural disorders, developmental delay and mental retardation.

Dementia screening

For patients aged less than 70 years where the medical examiner has concerns, for example about the ability of adults to live independently, or there is evidence of a memory deficit, use of a dementia screening tool is requested to screen for dementia.

For patients aged 70 years and over, where the medical examiner has noted no concern a dementia screening tool should be used to screen for dementia.

For patients aged 70 years and over, where the medical examiner has noted significant concerns, a dementia screening assessment may be viewed as not adding any additional new information and therefore, at the medical examiner's discretion, may be omitted on that basis. Bear in mind that in this case a psychogeriatric assessment is likely to be requested by Immigration New Zealand where no screening data is provided to suggest that a psychogeriatric assessment is not required.

Dementia screening tool selection

Immigration New Zealand's preferred dementia screening tool is the RUDAS assessment protocol, in part because there is evidence to support its multicultural applicability¹ for screening for dementia.

The Mini Mental State Examination form is also enclosed for use where the medical examiner is more familiar with this tool.

Where a medical examiner is in the practice of using and interpreting an alternative dementia screening tool, then this will be acceptable as an alternative dementia screening assessment. The medical examiner is expected to note any factors influencing interpretation such as cultural or language factors and comment on the interpretation of the results, to guide Immigration New Zealand.

The medical examiner may photocopy or print the relevant RUDAS or Mini Mental State pages from this handbook for insertion into the *Medical and Chest X-ray Certificate (INZ 1007)*.

D9 Hearing

If there is a hearing deficit noted some comment on the communication skills that are used by the applicant should be included eg lip reading, signing, reading or writing.

If the applicant has had a cochlear implant, documentation of administration of age appropriate pneumococcal and meningococcal vaccinations, together with the dates of administration, should be provided.

1 The Rowland Universal Dementia Assessment Scale (RUDAS): a multicultural cognitive assessment scale. *Int Psychogeriatr*. 2004 Jun;16(2):218

D10 Locomotor system

To assess the habitus and physical characteristics of the applicant ensure appropriate clothing has been removed. Record any congenital or acquired deformities, limitations in movement, or presence of a limp.

The back should be examined for signs of scoliosis, ankylosing spondylitis and degenerative disease.

Upper and lower limbs require careful examination, particularly if there is a history of previous joint injury or surgery, a history of pain or stiffness in the shoulders, elbows, wrists, hands, hips, knees or ankles, anti-inflammatory medication is taken, or there are difficulties with activities of daily living such as bathing, dressing, walking, ascending and descending stairs.

The ability of the applicant to carry out activities of daily living, as well as the capacity to perform their stated occupation, should be assessed.

D11 Lymph nodes

The medical examiner is expected to note and correlate any enlargement of neck, axillary and inguinal regional lymph nodes (and others where relevant) with any regional conditions.

D12 Endocrine system

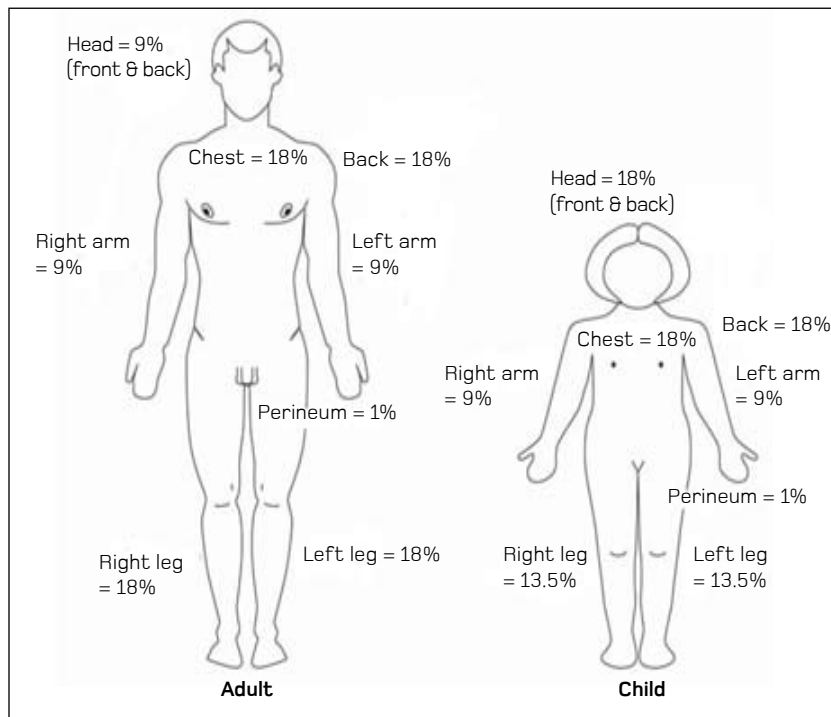
A variety of signs can result from endocrine disorders, including central obesity, abnormal skin pigmentation or dryness, galactorrhoea, gynaecomastia, hirsutism, acromegaly, and thyroid nodules or enlargement.

D13 Disorders of skin and scalp

The presence of operative scars must be correlated with the history.

The area of skin affected by atopic or other conditions must be documented. For the area of skin affected by other than flexural creases the 'rule of nines' may be used (see diagram).

Where sores or non-healing ulcers which have been present for eight weeks are noted, comment from the medical examiner on the appropriateness of punch biopsy of the lesion and/or bacteriological and parasitic cultures and/or indications for a report from a dermatologist, infectious disease physician or microbiologist should be provided.



Note any tattoos and consider these when requesting blood tests and the associated risks. (Refer to the 'Guide to the Laboratory Referral Form', page 26.)

D14 Genito-urinary system

Examination of the external genitalia of males aged five years and under should be performed noting any abnormalities such as hypospadias, non-descent of testes etc.

Any copies of the most significant or recent cervical smears, where available, should be included. The medical examiner is to confirm their examination of the report(s) by initialling. Where reports are provided in this fashion the medical examiner must confirm, to their satisfaction, that the report is specific to the applicant.

Urine testing – see ‘Completing Section E: Urinalysis and blood tests’ below.

Rectal and vaginal examinations are not required routinely. See ‘Breast, vaginal and rectal examinations’ page 18.

D15 Breast

Immigration New Zealand requires breast examinations to be performed for all women 45 years of age and over or where the medical examiner advises this is indicated. Please document any such indication.

Women must give consent prior to breast examination. If consent is not given, the applicant may be referred to an appropriate physician for breast examination, or a mammography or breast ultrasound report should be attached. The report must be less than six months old.

See ‘Breast, vaginal and rectal examinations’ page 18.

D16 General appearance

The medical examiner is expected to provide a general comment on the appearance of the applicant, for abnormalities such as anaemia, jaundice, lipodystrophies, or cachexia.

D17 General medical comment

Conditions which may affect this person’s ability to earn a living, attend a mainstream school (or require a high level of ongoing specialist education support), take care of themselves or adapt to a new environment now or in future adult life.

If conditions or disabilities have been identified from history or examination, these should be listed and brief comments provided regarding the expected level of consequence.

Where the examiner notes illiteracy with a medical cause then please document this.

If the applicant does not speak or understand English well please document the applicant’s stated primary language and comment on the applicant’s English language abilities. If the medical examiner feels the language ability of the applicant may have compromised the quality of the history or examination then please note this.

Completing Section E Urinalysis and blood tests

This section cannot be completed until all results are received from the testing laboratory.

The medical examiner is to select and recommend suitably accredited laboratories to perform the tests required by Immigration New Zealand.

When reviewing the laboratory tests, ensure that the person collecting the blood, and/or receiving the laboratory specimens has signed the signature box at ‘Section I: Confirmation of identity and declaration’ confirming that the samples were collected from the individual identified on the form.

To assist Immigration New Zealand interpretation, ensure the laboratory reference standard ranges for each test are included.

Where the test(s) are serological for antibodies or antigens, the laboratory test used must be specified.

As with all attached documentation, laboratory report sheets must all be initialled for authenticity and securely attached.

The medical examiner is to record any relevant summary information that they wish to communicate to Immigration New Zealand, in particular whether:

- there is a significant family history
- there is any definitive diagnosis or diagnoses – substantiate the basis for these
- the applicant is hosting an infectious disease or there is an immunisation or vaccination issue that might place the New Zealand public's health at risk
- the medical examiner has identified a serious illness and has referred the applicant to their own physician for further investigation and treatment
- the medical examiner is concerned about the use of other substances of abuse or misuse eg cannabis, kava, khat, amphetamines, narcotics, anabolic steroids, etc
- there are inconsistencies in the history and the examination
- a history of being declined insurance or immigration applications is elicited
- the medical examiner has any concerns about the quality of the interpreting or the ability of any interpreter to act appropriately or independently in fulfilling their role
- the applicant has not completed the tests required within the required time frame, without credible explanation
- there were any test(s) or examination(s) from the Immigration New Zealand protocol that were declined or not completed and any stated reason(s) for this.

Note: 'Section G: Medical examiner's declaration' provides a tick box where a medical examiner may request Immigration New Zealand staff to contact the medical examiner to discuss any concerns. Where a medical examiner has reasons to prefer not to use any of the above options, the medical examiner is to contact the Operations Manager of Immigration New Zealand.

Medical examiner's recommendation

To assist Immigration New Zealand staff to efficiently process the application the medical examiner is to classify their findings into one of the following.

1. No significant or abnormal findings

The box adjacent to '1. No significant or abnormal findings' should be ticked when all the following criteria are met.

- There is no history of any significant operation or illness or disorder or disability. In the absence of heritable disorders, the following are not considered to be significant: appendicectomy, tonsillectomy or adenoidectomy in childhood, haemorrhoidectomy, herniorrhaphy, Fenton's repair, arthroscopic meniscectomy as a consequence of knee trauma, carpal tunnel release, rhinoplasty, minor cosmetic surgery, and vasectomy/tubal ligation. Caesarean section may be significant.
- There is no history of being declined insurance or immigration applications.
- There is no family history of any heritable disorder.
- There is no history or existing chronic infection such as tuberculosis or HIV etc, or infectious disease.
- The physical findings are completely normal, no significant recent weight loss, BMI in a normal range and less than or equal to 30, waist circumference and BP at or below the thresholds stated, no significant cardiac murmurs, normal urinalysis, and a visual acuity no less than 6/12 in the best eye, corrected where necessary.
- The applicant is not taking any regular medication or course of antibiotics or undergoing any other regular therapy.
- The chest X-ray and laboratory investigations (where indicated) are all within normal limits.
- No medical or surgical or psychiatric condition is present which would require further investigation or treatment, now or in the future.
- The applicant has complied with all of the medical examiner's recommended examinations or procedures and the medical examiner has not recommended any further examination be performed and the applicant has not declined any recommendation or expectation.

- The applicant has not been referred for any assessment or treatment as a result of the immigration examination.
- The applicant who has had the examination can cope independently (age appropriately) with the activities of daily living without family or other assistance.
- The applicant is medically capable of performing their stated occupation, study etc.

2. Significant or abnormal findings

The box adjacent to '2. Significant or abnormal findings' should be ticked if the medical examiner cannot answer Yes to '1. No significant or abnormal findings' as defined above, or there are findings in the view of the medical examiner that may be significant to the application or the medical examiner has any concerns they wish considered by Immigration New Zealand.

When ticking '2. Significant or abnormal findings' the medical examiner is expected to detail all reasons and circumstances for this opinion. Please note this is not an assessment of whether the applicant will or will not be accepted for the immigration decision.

Completing Section G

Medical examiner's declaration

The medical examiner responsible for the examination completes 'Section G: Medical examiner's declaration' after he or she has received and considered all the mandatory tests and reports, and all the supplementary tests and reports initiated as a consequence of history or examination.

MCNZ number for New Zealand practitioners

The MCNZ number is the New Zealand Medical Council's unique registration identifier for New Zealand registered practitioners. Doctors not registered with the New Zealand Medical Council are to state their equivalent current unique registration identifier and to append the name of the registering authority that has granted the registration.

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

Where a medical examiner has any issue they wish to discuss with Immigration New Zealand they may optionally tick the box 'Would you like Immigration New Zealand to contact you about this examination?'

Following finalising and signing the certificate the medical examiner is to collate the completed *Medical and Chest X-ray Certificate* with:

- laboratory identification form (Section I)
- laboratory test results
- chest X-ray identification and report (Sections J and K)
- chest X-ray films – where an abnormality is noted
- specialist investigations and reports
- any further information, tests and reports.

Following completion of Section G and the certificate, the medical examiner is to insert the completed documents into an envelope and arrange for this to be collected or received by the applicant, for submission to Immigration New Zealand. It is not necessary for the medical examiner to seal this envelope; however, the applicant may choose to do this. Where an X-ray film is included please include the envelope with the *Medical and Chest X-ray Certificate* in the X-ray envelope.

Validity

Immigration New Zealand will accept the medical certificate as valid for a period of three months from the date that it is signed by the medical examiner. In normal circumstances and where the health status of the applicant is unchanged, the applicant may reuse the medical certificate for up to two years in subsequent temporary entry applications, at the discretion of Immigration New Zealand.

Guide to the Laboratory Referral Form

Completing Section H

Instructions for medical examiner and laboratory

The *Laboratory Referral Form* (Sections H and I) comprises one double-sided page (or two single-sided pages where the applicant has an unbound form) which must be detached from the *Medical and Chest X-ray Certificate* for the applicant to take to the laboratory for completion. The applicant is to be referred to a reputable laboratory service of the medical examiner's choosing and recommendation.

Confirmation of applicant identification is an important issue, to ensure there is no applicant substitution resulting in false negative tests.

The NHI number is a New Zealand unique patient identifier. If a patient does not have such a number this may be left blank.

It is acceptable for medical examiners to use their own laboratory forms/process, with the proviso that 'Section I: Confirmation of identity and declaration' is still completed by the applicant and the person taking the specimens at the time of collection.

The medical examiner is to request the **standard laboratory tests** by ticking the appropriate boxes, which are required for all persons aged 15 years of age and over. As below, the medical examiner is to consider when the tests are indicated for applicants aged less than 15 years of age. A urine test(s), as below, is required for all applicants aged five years and over.

Discretionary laboratory tests are also sought, when the medical examiner advises these are indicated, bearing in mind the guidance provided in the 'Discretionary laboratory tests' section in this handbook and the assessment of an applicant's standard of health for Immigration New Zealand purposes. Also consider whether any 'standard laboratory tests' are clinically indicated for applicants less than 15 years of age. Similarly consider local conditions, when requesting tests, for example the local risks of *trypanosoma cruzi* (Latin America and Spain), incidence of particular conditions such as HIV and patient risk profile for hepatitis C etc.

Where discretionary tests are indicated, but not requested, Immigration New Zealand is likely to subsequently request these tests, possibly with or without other assessments. The medical examiner is to bear in mind, where clinically-indicated tests are not provided the additional time that might be required to complete the application and the possible consequences to the applicant of the additional delays.

Where applicable the medical examiner should explain:

- that these tests are required as a part of the medical examination
- the nature of infection/s with hepatitis B, HIV, and syphilis
- the nature of liver function, blood count and creatinine examinations
- the nature of any discretionary tests requested
- that the results will be provided to Immigration New Zealand.

The medical examiner must discuss the nature of testing with the applicant or, if the applicant is a person under 16 years of age, with the applicant's parent or guardian.

The medical examiner is to sign, date the form including adequate address details where the results and the completed 'Section I: Confirmation of identity and declaration' are to be returned. Please provide these pages of the form to the applicant along with directions to the laboratory.

Where a second battery of laboratory investigations are requested, for example urine, the medical examiner is to provide another laboratory identification form for identity confirmation purposes. A copy may be downloaded from www.immigration.govt.nz/medicalhandbook, or sought from Immigration New Zealand.

Positive tests

If an applicant's blood tests are positive the medical examiner should either:

- arrange for a second consultation and/or
- refer the applicant to his or her own doctor for appropriate follow-up.

The following points need to be covered in discussion with the applicant, bearing in mind local ethical standards and requirements:

- information about the tests

- implications and possible prognosis
- ways of transmission of the organism/s
- ways of protecting others from infection with the organisms, in particular, the vaccination of close contacts of hepatitis B carriers
- ways of minimising future complications
- referral for further information and support
- referral for medical intervention.

The medical examiner is to detail any referral in 'Section F: Medical examiner's summary of findings'.

If asked about the effect that a positive test result may have on an applicant's likelihood of meeting the Immigration New Zealand definition of an acceptable standard of health, the medical examiner should state that this is a matter for Immigration New Zealand to consider. Any further enquiries by the applicant should be referred to Immigration New Zealand.

The medical examiner is to consider and enter laboratory results in the appropriate places on the form in 'Section E: Urinalysis and blood tests', initial each sheet and securely attach the reports to the medical certificate.

Standard laboratory tests

Urinalysis

- The urine of every applicant aged five years and older must be tested.
- The urine of younger children must be tested, either as a 'clean catch' or bag urine if there is a significant clinical indication eg a history of recent tonsillitis or a history of kidney disease.
- The first midstream urine examination may be either a dip test by the medical examiner or a laboratory test. The specimen must be freshly collected at the site of the medical examiner or laboratory where the testing is to be done.
- Where abnormalities are noted (trace of protein, blood or glucose) follow up (or repeat) with a laboratory urinalysis. If the test is still positive, a further urine specimen for culture, cell count and morphology, albumin:creatinine ratio, a fasting blood glucose level, a glycosylated haemoglobin level and a glucose tolerance test, as clinically indicated, is sought.

Laboratory blood tests

For all applicants 15 years of age and older or where clinically indicated (see section 'Children under 15 years of age', page 29) the following blood tests are required.

- HIV 1 and 2.
- Hepatitis B surface antigen test.
- Syphilis.
- Liver function tests.
- Full blood count.
- Serum creatinine.
- eGFR or creatinine clearance.

HIV 1 and 2

Simple/rapid anti-HIV tests are not acceptable. Either an immunoassay test, immunoblot test or nucleic-acid test for HIV 1 and 2 should be performed by the laboratory.

If the screening test is positive, a second confirmatory test is required. Acceptable confirmatory tests are enzyme immunoassays, including core-antigen tests, immunoassays, including Western blot and line-blot tests, or nucleic acid tests.

If the confirmatory test gives an equivocal or indeterminate result, the test should be repeated and a nucleic-acid test performed.

Hepatitis B surface antigen

Hepatitis B antibody tests are not considered adequate and are not required. Where there is a suspicion or history of hepatitis B the medical examiner is to also request a hepatitis B E antigen test.

Syphilis screening

Non-treponemal tests are the first-line screening tests although they detect antigens that are not specific to treponemes. These tests include:

- venereal disease research laboratory test (VDRL)
- rapid plasma reagin test (RPR)
- automated reagin test (ART)
- toluidine red unheated serum test (TRUST)
- reagin screening test (RST)
- enzyme immunoassay (EIA).

All positive test results must be confirmed with a treponemal-specific test:

- treponema pallidum particle agglutination test (TP-PA)
- fluorescent treponemal antibody absorption test (FTA-ABS)
- microhaemagglutination for treponema pallidum (MHA-TP).

If the confirmatory test is positive, the applicant must be referred to their own medical practitioner or a physician of their choice for treatment. Document the referral in 'Section F: Medical examiner's summary of findings'.

Liver function tests

Immigration New Zealand requires the following tests:

- total bilirubin
- alkaline phosphatase
- AST – aspartate aminotransferase
- ALT – alanine aminotransferase
- GG – gamma glutamyltransferase
- albumin
- total protein.

If test results are abnormal the medical examiner should arrange for repeat tests, bearing in mind that Immigration New Zealand is likely to require these.

Full blood count

The medical examiner should comment on the likely cause of any anaemia or notable finding evident in the FBC, for example red cell indices are also intended to screen for β - and α - thalassaemia.

Immigration New Zealand requires the following:

- RCC – red cell count
- PCW – packed cell volume (haematocrit)
- MCV – mean cell volume
- fasting lipids
- fasting glucose
- RDW – red cell distribution width
- MCHC – mean cell haemoglobin concentration
- Hb – haemoglobin
- MCH – mean cell haemoglobin
- WCC – total white cell count
- differential white cell count
- PLATS – platelet count
- MPV – mean platelet volume.

Serum creatinine and eGFR

Screening renal function with a creatinine level and eGFR¹ is required. If testing for eGFR is not available, a creatinine clearance test is to be undertaken.

If abnormal, further tests of renal function including creatinine microalbumin ratio and, if necessary, 24 urinary protein ratio are discretionary to the medical examiner, bearing in mind Immigration New Zealand is likely to require these.

Children under 15 years of age

If clinically indicated, a child under the age of 15 years should be tested for HIV 1 and 2, hepatitis B, C, FBC, LFTs and serum creatinine.

Indications for testing a child under 15 years of age include:

- a history of transfusion of blood or blood product
- a parent seropositive for HIV
- intended adoption
- being adopted
- being a refugee and an unaccompanied minor
- being an orphan.

Discretionary laboratory tests

The medical examiner is to consider any additional tests that they may advise, in any age group, because of any indication in the history, or examination or known local conditions and risks at the time of completing the Laboratory Referral Form (sections H and I). Medical examiners are expected to use their local knowledge of risk conditions and any recent information on disease incidence when selecting these tests.

- Hepatitis C antibody test.
- HbA1c.
- Creatinine microalbumin ratio.
- Thalassemia screen.
- Trypanosoma cruzi antibody test.
- Faeces culture.
- Other.

Hepatitis C antibody

The initial screening test for hepatitis C chronic infection is for hepatitis C virus antibody. Typical indications for testing include:

- elevated ALT
- a past history of intravenous or significant drug use
- transfusions
- exposure to other people's blood
- contaminated medical equipment or needles (hypodermic or tattoo)
- sexual contact with infected people
- multiple sexual partners
- sharing personal care items such as toothbrushes and razors etc.

If an initial screening test for hepatitis C is positive, the medical examiner should consider an HCVRNA test.

1 If the only available testing method for eGFR involves a 24-hour urine collection, making it difficult for an applicant to complete this test, Immigration New Zealand will accept the serum creatinine test on its own. If the eGFR is not performed for this reason, medical examiners are required to note this next to the result section on the medical certificate. However, medical examiners need to bear in mind, if an INZ medical assessor subsequently requests a creatinine clearance test, this MUST be provided by the applicant.

Fasting glucose and fasting lipids

Fasting glucose and fasting lipids are required where there is a history or finding of:

- BMI > 35 (aged ≥ 20 years)
- waist circumference meets or exceeds the testing threshold of¹:
 - men ≥ 102cm, except Asian/Indian men ≥ 90cm
 - women ≥ 88cm, except Asian/Indian women ≥ 80cm
- untreated BP:
 - >140/90 where aged 40 or less years
 - >150/90 where aged between 41 to 64 years
 - >160/90 where aged 65 or more years
- treated hypertension
- where a medical examiner feels these tests are otherwise clinically indicated, eg:
 - men over 45 years
 - women over 55 years
 - history of:
 - known or treated hyperlipidaemia
 - gestational diabetes
 - polycystic ovary syndrome
 - family history of:
 - genetic lipid disorders
 - diabetes in a first degree relative (parent or brother or sister)
 - premature cardiovascular disease (under the age of 55 in a brother or father or under 65 in a mother or sister)
 - other risk factors for the development of diabetes or CVD:
 - racial group²
 - relative physical inactivity.

HbA1c

This is required if there is a history or finding of diabetes. Where the applicant is known to have a haemoglobinopathy, fructosamine is also sought.

Creatinine microalbumin ratio

Also known as albumin/creatinine ratio, as a measure of microalbuminuria, this is required if there is a history or finding of:

- hypertension
- diabetes
- autoimmune disorders
- persistent proteinuria
- kidney disorders.

Thalassemia screen

If there is a family history of any haemoglobinopathies, a thalassemia screen must be performed.

Where a child who is either adopted or for adoption, a FBC and thalassemia screen is required.

1 i "The IDF consensus worldwide definition of the metabolic syndrome" http://www.idf.org/webdata/docs/IDF_Metasyndrome_definition.pdf,
ii "Mainstreaming the metabolic syndrome: a definitive definition" MJA, Vol 183 No 4, 15 August 2005

2 <http://www.cdc.gov/diabetes/pubs/estimates.htm>

Trypanosoma cruzi antibody

Testing for antibodies to the parasite trypanosoma cruzi is required of all applicants from Latin America and Spain. If the test is positive, details should be provided on whether the condition was previously detected and, if so, at what stage of the illness treatment was administered.

Faeces culture

Please arrange a faecal culture test where suspicion of an infective diarrhoea is suspected or the applicant is from a tropical country and/or there may be a public health/occupational concern for an infectious diarrhoea.

Other tests

Where the medical examiner is of the view that a particular investigation is pivotal to the assessment of the applicant by Immigration New Zealand they may, at their discretion, perform the investigation or recommend it be performed. In this case the medical examiner is expected at 'Section F: Medical examiner's summary of findings' to tick '2. Significant or abnormal findings'.

Intestinal parasites

Consideration should be given for intestinal parasite transmission risk from public health and occupational perspectives (eg chefs), for organisms such as ascaris, and thus whether faecal screening tests should be requested.

Hepatitis B E antigen

Where there is a suspicion or history of hepatitis B the medical examiner is to also request a hepatitis B E antigen test.

Thyroid function tests

If there are signs of thyroid dysfunction or thyroid enlargement, attachment of thyroid ultrasound and thyroid function tests should be considered, where the patient consents and the investigations are available. The medical examiner may prefer to advise any tests that are in their view indicated, and await Immigration New Zealand confirming such investigations.

PSA

A PSA test is not required by Immigration New Zealand for initial medical assessment. Where the medical examiner believes a PSA would assist Immigration New Zealand and the patient is agreeable, include PSA in the discretionary laboratory test battery. Alternatively note for Immigration New Zealand's consideration the medical examiner's opinion whether a PSA is indicated.

Completing Section I

Confirmation of identity and declaration

This section is to be completed by the applicant and person taking the specimens.

Where a medical examiner personally collects laboratory specimens they are to complete 'Section I: Confirmation of identity and declaration' themselves. Please ensure this completed form is included when returning the completed medical certificate to the applicant.

Guide to the Chest X-ray Referral Form

Completing Section J

General information and confirmation of identity

All applicants aged 11 years or over, other than pregnant women, are required to undergo a chest X-ray.

The medical examiner is to refer the applicant using the *Chest X-ray Referral Form* (Sections J, K and L) to either a panel radiologist, a vocationally-registered radiologist, or a radiologist who, in the medical examiner's opinion, holds the appropriate skills and experience.

J7

Medical examiner's name

This question provides a space for the referring medical examiner's name. If the referring radiologist is unsure of the medical examiner's address, please annotate the medical examiner's address underneath the medical examiner's name on the referral form.

The chest X-ray section comprises one double-sided page which must be detached from the *Medical and Chest X-ray Certificate (INZ 1007)* for the applicant to take to the radiologist for completion.

Where a medical examiner personally performs the X-ray examination they are to complete 'Section J: General information and confirmation of identity' themselves. Please ensure this completed form is included when returning the completed medical certificate to the applicant.

Completing Section K Results of chest X-ray examination

The medical examiner is to detail any clinical findings that might be relevant for the radiologist to correlate and consider, when examining the chest X-rays, in box K1 (Notes to radiologist).

Other than providing the applicant with a referral for a chest X-ray, and where applicable completing J7 and K1, the medical examiner should not complete any part of Sections J, K or L.

The chest X-ray is expected to be recorded on full-sized film, in case there are abnormalities to be viewed by the medical assessors.

When reviewing the radiology results, ensure that the person taking the chest X-rays has signed the signature box on 'Section J: General information and confirmation of identity', confirming that the chest X-rays were taken of the individual identified on the form.

Where a positive radiological finding is noted, ensure the chest X-ray films are also attached along with the medical certificate bundle.

Completing Section L Radiologist's declaration

The medical examiner should ensure this section is completed. Please ensure this completed form is included when returning the completed medical certificate to the applicant.

The MCNZ number is the New Zealand Medical Council's unique registration identifier for New Zealand registered practitioners. Doctors not registered with the New Zealand Medical Council are to state their equivalent current unique registration identifier and to append the name of the registering authority that has granted the registration.

Further information

Subsequent medical requests

Following submission and consideration of the *Medical and Chest X-ray Certificate (INZ 1007)*, Immigration New Zealand may consider that further medical information is required to establish whether an applicant has an acceptable standard of health. They may address a request for further information, laboratory investigation(s), medical or specialist referral etc to the applicant.

Further investigations, reports or opinions, as requested by Immigration New Zealand, that require referral, are to be provided by a specialist of the medical examiner's choosing and recommendation.

As it is inappropriate for the medical examiner to act as a patient advocate, Immigration New Zealand also relies upon any referred specialist assessment as being independent, objective, and providing an opinion that might be reasonably obtained from any equivalent medical specialist.

Within New Zealand, additional tests and specialist reports are not available through the publicly-funded health services provided by the district health boards (DHBs). All specialist reports for immigration purposes are to be funded by the applicant.

The specialist reports and investigations should be those that enable:

- a diagnosis to be made
- a condition to be assessed as to whether it is mild, moderate or severe
- a prognosis to be determined.

When arranging for further investigation and reports, advise the specialist or consultant that:

- the investigations or reports are required for the purposes of Immigration New Zealand
- the specialist or consultant report must list their qualifications and memberships
- the specialist or consultant must confirm that the person who attends is the person who was referred

- the specialist or consultant must confirm identity by referring to a passport or other document with photographic identification
- the passport number or other identity document number must be recorded on the report.

When arranging for further investigation and reports, advise the applicant that they will need to attend the specialist consultation with their passport or other photographic identification.

Quality assurance

Immigration New Zealand may review the medical examination certificates and documentation that are a part of the process of application.

Review has the following purposes.

- To maintain the integrity of immigration medical examinations.
- To ensure continuous improvement of the process.
- To improve the flow of communication between Immigration New Zealand and medical examiners who undertake the immigration medical screening process.

Quality assurance process

Reviewing the applicant's medical documents allows Immigration New Zealand to review the medical examination form in the following areas.

Form completion

Ensuring that all appropriate sections are legibly completed, with records of all positive and negative findings.

Screening tests

Ensuring that the screening tests required by Immigration New Zealand policy are carried out. The quality of the testing and the appropriate identification of the applicant are of the utmost importance.

Diagnostic tests

Ensuring the use of those diagnostic tests and reports necessary to provide Immigration New Zealand with the best available evidence upon which to assess whether the applicant has an acceptable standard of health. The clinical skill and judgment of the medical examiner must be diligently exercised.

Completeness and timeliness

Ensuring that all parts of the medical examination process are complete and submitted in a timely fashion.

Further reports and investigations

After lodgement of the application and the accompanying medical examination forms, Immigration New Zealand may request additional information. Responses to additional Immigration New Zealand requests may be reviewed for timeliness and quality.

Panel doctor status

Where there are issues of concern related to the performance of an Immigration New Zealand panel doctor, the Immigration New Zealand Operations Manager will write to the panel doctor advising the panel doctor of that concern. The letter will specify the concern and may request remedial action.

Medical information

Statistical collection

Immigration New Zealand collects aggregated statistical information on the health status of persons applying to migrate to or visit New Zealand.

Privacy Act

Medical examiners should be aware that medical examination certificates are held by Immigration New Zealand and are subject to the provisions of the Privacy Act 1993.

Data matching

Immigration New Zealand may also data match with other New Zealand Government health agencies to review the examination process and to develop the quality of the immigration function.

Future development of immigration medical assessments

As a result of consultation during April/May 2005 on the revision of the *Medical and Chest X-ray Certificate*, it became clear that there were many and varying views on the appropriate dimensions of and thresholds for health screening and assessment. Some views did not always match available evidence. Health is dynamic with the indicators and trends changing over time. Immigration New Zealand, in developing the current health screening requirements for migrants, has endeavoured to strike a balance and take a pragmatic approach, taking into account the views of many interested parties.

It is, however, recognised that there is scope for future development and advancement of the assessment process. For example, as the evidence basis for the metabolic syndrome evolves it may become appropriate to lower the current examination triggers for testing for fasting glucose and lipids, using lower blood pressure and or BMI thresholds.

Immigration New Zealand wishes to ensure that the medical assessment remains appropriate and continues to evolve with the underlying evidence base. Also, as further analysis is undertaken on emergent and high cost health conditions and more information is gathered on the impact of migrants on New Zealand's health system, the health screening requirements for migrants are likely to change. This is important to ensure that these requirements continue to meet the New Zealand Government's objectives of managing the impact of migrants on New Zealand's public health and education system while recognising the contribution that migrants make to New Zealand's economy and society.

We welcome comments from medical practitioners wishing to convey their views or experience on particular issues. Email RICH@dol.govt.nz or write to the Manager Operational Support, Immigration New Zealand, Department of Labour, PO Box 3705, Wellington 6140, New Zealand.

Revisions to this handbook and related documents

The latest versions of the following forms and guides can be downloaded from our website at www.immigration.govt.nz/medicalhandbook

- *Handbook for Medical Examiners*
 - *Medical and Chest X-Ray Certificate (INZ 1007)*
 - *Laboratory Referral Form/Laboratory Confirmation of Identity and Declaration*
 - *RUDAS Dementia Screening Form*
 - *RUDAS Administration Guide*
 - *Minimal State Dementia Screening Form.*
-

Appendix 1: RUDAS dementia screening form

Rowland Universal Dementia Assessment Scale: A Multicultural Minimal State Examination.

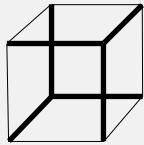
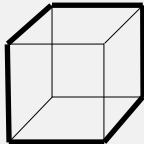
(Storey, Rowland, Basic, Conforti & Dickson, 2002)

Date

Applicant's name:

Medical examiner's signature:

Item		Max score
Memory		
1. (Instructions) I want you to imagine that we are going shopping. Here is a list of grocery items. I would like you to remember the following items which we need to get from the shop. When we get to the shop in about five minutes time I will ask you what it is that we have to buy. You must remember the list for me. Tea, cooking oil, eggs, soap Please repeat this list for me. (Ask person to repeat the list three times). (If person did not repeat all four words, repeat the list until the person has learned them and can repeat them, or, up to a maximum of five times.)		
Visuospatial orientation		
2. I am going to ask you to identify/show me different parts of the body. (Correct = 1). Once the person correctly answers five parts of this question, do not continue as the maximum score is 5.		
(1) Show me your right foot	1	
(2) Show me your left hand	1	
(3) With your right hand touch your left shoulder	1	
(4) With your left hand touch your right ear	1	
(5) Which is (indicate/point to) my left knee	1	
(6) Which is (indicate/point to) my right elbow	1	
(7) With your right hand indicate/point to my left eye	1	
(8) With your left hand indicate/point to my left foot	1	
		/5
Praxis		
3. I am going to show you an action/exercise with my hands. I want you to watch me and copy what I do. Copy me when I do this ... (One hand in fist, the other palm down on table – alternate simultaneously.) Now do it with me: Now I would like you to keep doing this action at this pace until I tell you to stop – approximately 10 seconds. (Demonstrate at moderate walking pace).		
Score as:		
Normal = 2 (very few if any errors; self-corrected, progressively better; good maintenance; only very slight lack of synchrony between hands)		
Partially adequate = 1 (noticeable errors with some attempt to self-correct; some attempt at maintenance; poor synchrony)		
Failed = 0 (cannot do the task; no maintenance; no attempt whatsoever).		
		/2
Visuo-constructional drawing		
4. Please draw this picture exactly as it looks to you. (Show cube on last page). (Yes = 1)		
Score as:		
(1) Has person drawn a picture based on a square?	1	

(2) Do all internal lines appear in person's drawing? 	1	
(3) Do all external lines appear in person's drawing? 	1	
Judgement		
5. You are standing on the side of a busy street. There is no pedestrian crossing and no traffic lights. Tell me what you would do to get across to the other side of the road safely. (If person gives incomplete response that does not address both parts of answer, use prompt: "Is there anything else you would do?") Record exactly what patient says and circle all parts of response which were prompted.		
Score as:		
Did person indicate that they would look for traffic? (YES = 2; YES PROMPTED = 1; NO = 0)	2	
Did person make any additional safety proposals? (YES = 2; YES PROMPTED = 1; NO = 0) 2	2	
		/4
Memory recall		
1. (Recall) We have just arrived at the shop. Can you remember the list of groceries we need to buy? (Prompt: If person cannot recall any of the list, say "The first one was 'tea.'" (Score 2 points each for any item recalled which was not prompted – use only 'tea' as a prompt.)		
Tea	2	
Cooking oil	2	
Eggs	2	
Soap	2	
		/8
Language		
6. I am going to time you for one minute. In that one minute, I would like you to tell me the names of as many different animals as you can. We'll see how many different animals you can name in one minute. (Repeat instructions if necessary). Maximum score for this item is 8. If person names eight new animals in less than one minute there is no need to continue.		
1 | _____ | 5 | _____ |		
2 | _____ | 6 | _____ |		
3 | _____ | 7 | _____ |		
4 | _____ | 8 | _____ |		
		/8
Total score =		/30

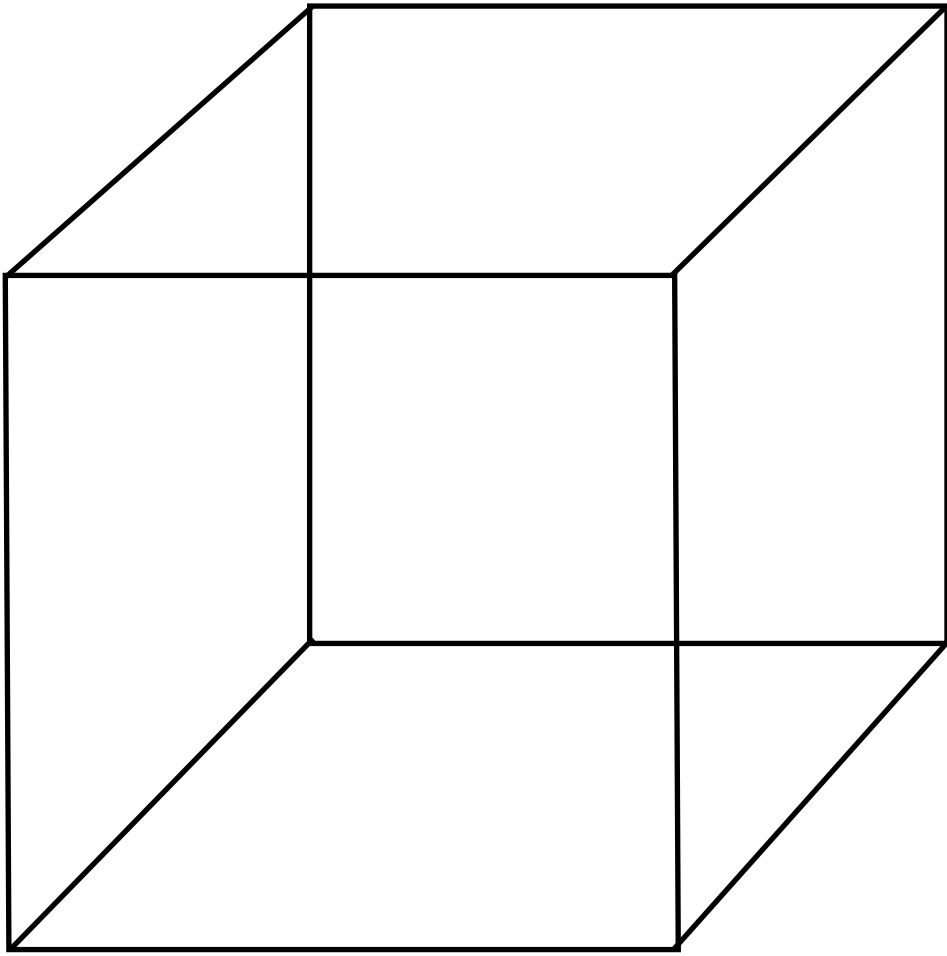


TABLE OF CONTENTS

INTRODUCTION	39
THE ASSESSMENT CONTEXT – GENERAL GUIDELINES	39
Test anxiety	39
Hearing	39
Vision	39
Seating	39
Recording responses	39
Physical disability	39
THE LANGUAGE/CULTURAL CONTEXT	39
Using a professional interpreter	39
MULTILINGUAL TEST ADMINISTRATORS	40
ITEM ONE: MEMORY	40
Notes	40
Scoring	41
ITEM TWO: BODY ORIENTATION	41
Notes	41
Scoring	41
ITEM THREE: PRAXIS	41
Notes	41
Scoring	42
ITEM FOUR: DRAWING	43
Notes	43
Scoring	43
ITEM FIVE: JUDGEMENT	44
Notes	44
Scoring	44
ITEM ONE: MEMORY	45
Notes	46
Scoring	46
ITEM SIX: LANGUAGE	46
Notes	46
Scoring	46

Introduction

The Rowland Universal Dementia Assessment Scale (RUDAS) - Storey J, Rowland J, Basic D, Conforti D, Dickson H, 2002 is a short cognitive screening instrument designed to minimise the effects of cultural learning and language diversity on the assessment of baseline cognitive performance.

When administering the RUDAS it is important that the respondent is encouraged to communicate in the language with which they are most competent and comfortable.

Test administrators should read the following instructions carefully before using the RUDAS.

The assessment context – general guidelines

Test anxiety

Make sure the test taker is as relaxed as possible, as test anxiety can interfere with performance on cognitive tests.

Hearing

Conduct the RUDAS in a quiet area and make sure the test taker can hear clearly. It is important to identify at the beginning of the assessment if the test taker has impaired hearing and accommodate for this as much as possible by speaking slowly and clearly. Encourage the test taker to wear any hearing aids. Be careful not to speak too loudly as this may result in distortion. (There is a large print version of the RUDAS for test takers with severe hearing impairment).

Vision

Ensure that the test taker is using reading glasses where necessary and that there is sufficient light in the room.

Seating

Sit opposite the test taker. This is important for communication reasons as well as controlling for the difficulty of some items on the RUDAS. Do not sit behind a desk, as this will inhibit the giving of instructions for some items on the RUDAS and may also be intimidating for the test taker.

Recording responses

It is important to record the test taker's full response to each item.

Physical disability

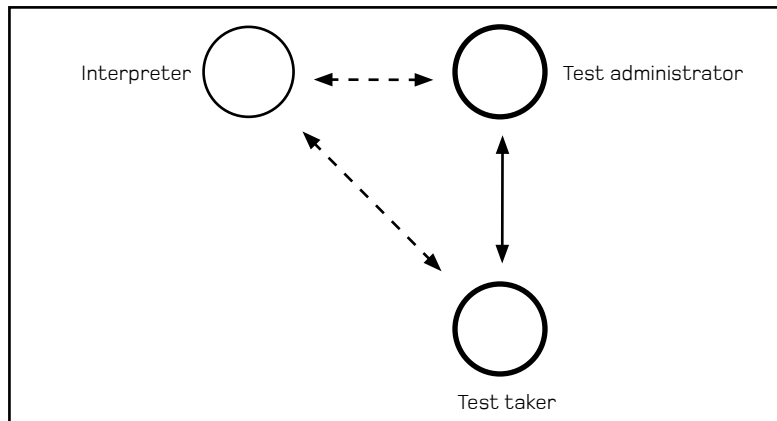
For test takers who have a physical disability (eg vision, hearing, hemiparesis, amputee, stroke, aphasia) which may affect their ability to perform certain items on the RUDAS, it is important to complete the RUDAS as fully as possible but to interpret any total score less than 22 with caution (further research is necessary to assess validity of the RUDAS in this sub-group of patients).

The language/cultural context

Using a professional interpreter

If you are utilising a professional interpreter to administer the RUDAS it is important to consider the following:

1. Interpreters should be used in all situations where the test taker's preferred language is not spoken fluently by the test administrator.
2. Make sure that the language spoken by the interpreter (including the dialect) is the same one with which the test taker is familiar.
3. It is important to explain to the test taker that the interpreter is the facilitator and that you will be asking the questions. This may help to avoid confusion during the assessment.
4. It is better for the interpreter to sit next to the test administrator while the test taker sits opposite. This will reinforce the adjunctive role of the interpreter and make it easier for the test taker to synthesise the non-verbal cues from the test administrator and the verbal cues from the interpreter.



5. It is important to brief the interpreter before starting the assessment.
- The interpreter should be aware of the general nature of the interaction ie that it is a cognitive assessment.
 - Remind the interpreter of the importance of concurrent and precise interpreting. Explain that your instructions and the test taker's responses should be interpreted as exactly as possible.
 - Ask the interpreter to take note of any instances during the assessment where the test taker's performance may have been affected by subtle or unintended changes to the meaning of the test instructions due to language or cultural factors.
 - Inform the interpreter that it may be necessary at the end of the test for you to clarify a concept covered in the assessment to further make the distinction between the test taker's actual cognitive capacity and potential cultural bias which may arise as a result of the translation process.

Multilingual test administrators

If, as the test administrator, you are multilingual it is important to consider all of the same issues which are relevant to the use of a professional interpreter, as well as the following.

- You may need to be careful when translating the RUDAS questions as you might find it more difficult when you have to read in one language and speak in another.
- It is important that you translate the RUDAS questions precisely. Be aware of the differences between formal and informal word usage when translating the RUDAS instructions and recording the test taker's responses.

Item one: Memory

Grocery list

1. I want you to imagine that we are going shopping. Here is a list of grocery items. I would like you to remember the following items which we need to get from the shop. When we get to the shop in about five minutes time I will ask you what it is that we have to buy. You must remember the list for me.

Tea, cooking oil, eggs, soap

Please repeat this list for me. (Ask person to repeat the list three times). (If person did not repeat all four words, repeat the list until the person has learned them and can repeat them, or, up to a maximum of five times.)

Notes

- It is important to give enough learning trials so that test taker registers and retains the list as well as they can (max. of five learning trials).
- Ask the test taker to repeat the list back to you at least three times until they can repeat it correctly or as well as they are going to.
- Use the realistic nature of the scenario and a little humour (if appropriate) to build rapport and make the task less confrontational ie WE are going shopping; I am relying on YOU to remember the list FOR ME, so don't forget. When WE get to the shop . . .
- To facilitate learning of the list, use your fingers to list off items on the list when teaching it to the test taker to make the task as concrete as possible eg thumb = tea, index finger = cooking oil etc.

Scoring

This is the learning part of the memory question. There are no points for this part of the question but the memory recall component later in the test has a maximum score of 8 points.

Item two: Body orientation

2. I am going to ask you to identify/show me different parts of the body. (Correct = 1). Once the person correctly answers five parts of this question, do not continue as the maximum score is 5.		
(1) Show me your right foot	..... 1	
(2) Show me your left hand	..... 1	
(3) With your right hand touch your left shoulder	..... 1	
(4) With your left hand touch your right ear	..... 1	
(5) Which is (indicate/point to) my left knee	..... 1	
(6) Which is (indicate/point to) my right elbow	..... 1	
(7) With your right hand indicate/point to my left eye	..... 1	
(8) With your left hand indicate/point to my left foot	..... 1	
		..... /5

Notes

- It is important to sit opposite the test taker (controls for difficulty of the tasks).
- There doesn't need to be a lot of explanation before starting, just say "I am going to ask you to indicate various parts of the body .." – the task is explicit as it evolves.

Scoring

- Although there are eight parts, this item has a maximum score of 5 points. Once the test taker has five correct answers there is no need to continue.
- Be careful with scoring – remember you are sitting opposite the test taker – it is easy to make mistakes so concentrate to make sure you score the person accurately.
- There are no half marks, the test taker must get each task 100% correct to be marked correct (eg if the test taker is asked "with your right hand indicate my left eye" and they use their left hand but still point to your left eye – mark as incorrect).

Item three: Praxis

Fist/Palm

3. I am going to show you an action/exercise with my hands. I want you to watch me and copy what I do. Copy me when I do this ... (One hand in fist, the other palm down on table – alternate simultaneously.) Now do it with me: Now I would like you to keep doing this action at this pace until I tell you to stop – approximately 10 seconds. (Demonstrate at moderate walking pace).		
<i>Score as:</i>		
Normal = 2 (very few if any errors; self-corrected, progressively better; good maintenance; only very slight lack of synchrony between hands)		
Partially adequate = 1 (noticeable errors with some attempt to self-correct; some attempt at maintenance; poor synchrony)		
Failed = 0 (cannot do the task; no maintenance; no attempt whatsoever).		
		..... /2

Notes

- It is important to sit opposite the test taker (controls for difficulty of the task).
- When teaching the task use the following steps:
 - Step 1: I want you to put your hands on your knees like this (ie put both your hands palm down on your knees (ie if no table surface).
 - Step 2: Now watch carefully as I do this (put one hand in a fist in the vertical position and leave the other hand palm down) – I want you to do this just like I did.

- Step 3: Watch me again now as I am doing this (alternate hands simultaneously – one in a fist and the other palm down and keep alternating for five or six trials).
- Step 4: Ask test taker to copy exactly what you are doing. If test taker is confused and has not learned the task successfully then repeat steps 1, 2 and 3.
- Step 5: Once test taker has learned the task (ie understands as well as possible what they are meant to do – regardless of whether or not they can do it 100%), ask them to repeat the exercise at the pace you demonstrate until you tell them to stop (now demonstrate task – intervals between change of hands should reflect moderate walking pace). Do not allow the test taker to copy you when scoring – must demonstrate the task independently.

Scoring

This question has a maximum score of 2 points.

In order to help distinguish between the three levels of competence, refer to the following:

Score	Fist/Palm integrity	Number of errors	Fluency	Ability to self-correct	Progressive improvement	Synchrony
Normal	Good adherence to palm down' and 'fist' actions with few intrusions or incorrect variations	Minimal	Good	Good	Clearly evident	Only very slight lack of synchrony
Partially adequate	Obvious intrusions and incorrect variations in 'palm down' and 'fist' actions	Noticeable	Some attempt to maintain	Some attempt	Some indication	May be noticeable lack of synchrony
Failed	Barely able to identify correct 'palm down' and 'fist' actions because of many intrusions and incorrect variations	Many	Poor or none	None	Very little or none	Little or no synchrony

Normal

A person who performs normally on this task should exhibit signs of intact learning and should be able to replicate clearly, the 'fist in the vertical position' and 'palm down' actions. Their performance on the task should improve with progressive learning trials to a point where they can do the task fluently with minimal errors. The test taker should demonstrate the ability to self-correct, show progressive improvement over the course of the task and have only very slight lack of synchrony between the hands.

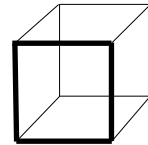
Partially adequate

A person whose response is partially adequate will make noticeable errors eg occasionally places palm up instead of palm down or may place palm up instead of converting to the fist or may form the fist in the horizontal position. They may have to stop occasionally in order to self-correct but even if they are unable to perform the task perfectly there should be some evidence that they have learned the task, some attempt to self-correct and some indication of an attempt to maintain the fluency of the alternating hands. There may be a noticeable lack of synchrony between the hands.

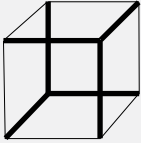
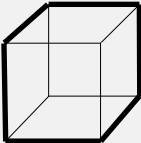
Failed

A person who fails this task shows very little if no ability to understand and execute the task. There are many errors, very little or no evidence of improvement, inability to self-correct, poor maintenance, and obvious inability to emulate correct hand positions and to perform the simultaneous changing of hands with any synchrony. A person who fails may not be able to form a fist or distinguish between palm up and palm down, may not alternate the actions across hands and may not be able to use both hands together at all.

Item four: Drawing



Visuo-constructive cube drawing

4. Please draw this picture exactly as it looks to you. (Show cube on page 37). (Yes = 1)			
Score as:			
(1) Has person drawn a picture based on a square?		..... 1	
(2) Do all internal lines appear in person's drawing?			
		..... 1	
(3) Do all external lines appear in person's drawing?			
		..... 1	
			..... /3

Notes

This question has a maximum of 3 points.

- Show test taker cue page of cube drawing.
- Make sure that test taker can see the drawing clearly (check that they are wearing prescription glasses if applicable).
- Ask test taker to draw the picture of the cube as well as they can.

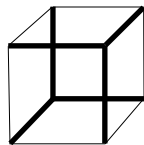
Scoring

Has test taker drawn a picture based on a square? (ie there is a square somewhere in the drawing.)

Yes No

Do all internal lines (ie dark lines) appear in test taker's drawing?

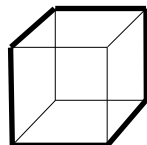
Yes No



ie

Do all external lines (ie dark lines) appear in test taker's drawing?

Yes No



ie

Item five: Judgement

Judgement – crossing the street

<p>5. You are standing on the side of a busy street. There is no pedestrian crossing and no traffic lights. Tell me what you would do to get across to the other side of the road safely. (If person gives incomplete response that does not address both parts of answer, use prompt: "Is there anything else you would do?") Record exactly what patient says and circle all parts of response which were prompted.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>		
<p>Score as:</p>		
<p>Did person indicate that they would look for traffic? (YES = 2; YES PROMPTED = 1; NO = 0)</p>	<p>..... 2</p>	
<p>Did person make any additional safety proposals? (YES = 2; YES PROMPTED = 1; NO = 0) 2</p>	<p>..... 2</p>	
		<p>...../4</p>

Notes

- If the test taker gives no response to the question or says "I don't know", then repeat the question once only.
- Except where the test taker answers both parts of the question on the first attempt, use the prompt 'Is there anything else you would do' in all situations. This is to gain as complete a response as possible from the test taker.
- Use only the general prompt 'Is there anything else you would do' – do not prompt the person in any other way.
- Record test taker's response to this question.
- Circle any part of test taker's response which was prompted and score accordingly.
- If the test taker says that they never cross the road by themselves (eg they are in a wheelchair or their eyesight is poor), then ask them the question again but modify as follows:
"What would anyone who wanted to cross the road have to do to get across safely?"

Scoring

This item has a maximum score of 4 points. Each of the two parts:

1. look for traffic, and
2. additional safety proposal

has a total score of 2 points ie Yes = 2; Yes Prompted = 1; No = 0

ie Did test taker indicate that they would look for traffic?

YES/YES PROMPTED/NO

2 1 0

Examples of correct responses	Examples of incorrect responses
I would look for traffic.	Just go across.
Look left and right.	Put my hand up so the traffic knows I want to cross.
Check the cars.	Go to the corner and cross.
Check that it's clear.	Wave at the cars so they can see me.
Go across when there is nothing coming.	I wouldn't go across.

Did test taker make any additional safety proposals in road crossing scenario?

YES/YES PROMPTED/NO

2 1 0

Examples of correct responses	Examples of incorrect responses
Cross to the middle of the road and then look again to make sure there was no traffic before going right across.	Run as fast as I can.
Keep looking for traffic while crossing.	Cross when the walk sign is green.
Go across quickly but without running.	Cross at the crossing.
Be careful.	Just put my head down and go.
Wait till I could cross with some other people.	
Ask for help.	

Scoring examples

Example 1

"I don't know. (Repeat the question).

"I'd look for the cars. I can't think of anything else except be careful."

This response would score 3 points out of a total of 4 because the person said that they would look for the cars (2/2) and when prompted (ie circle indicates that it was prompted) said that they would be careful (1/2) ie $2/2 + 1/2 = 3/4$

Example 2

"Just go across. Check the cars."

This response would score 1 point only out of a total of 4 because the first part of the answer 'just go across' was incorrect (0/2), and the second part of the answer 'check for the cars' while correct, was prompted (ie because it was circled to indicate that it was prompted) (1/2) ie $0/2 + 1/2 = 1/4$

Example 3

"Put my hand up so the traffic knows I want to cross and then walk to the middle of the road before going right across."

This response would score 2 points out of a total of 4 because the first part of the answer is incorrect (0/2) and the second part of the answer 'then walk to the middle of the road before going right across' is correct (2/2) ie. $0/2 + 2/2 = 2/4$

Item one: Memory

Memory recall (item one revisited – four grocery items)

1. (Recall) We have just arrived at the shop. Can you remember the list of groceries we need to buy? (Prompt: If person cannot recall any of the list, say "The first one was 'tea'")		
(Score 2 points each for any item recalled which was not prompted – use only 'tea' as a prompt.)		
Tea	..... 2	
Cooking oil	..... 2	
Eggs	..... 2	
Soap	..... 2	
		..... /8

Notes

- Ask test taker to repeat the four items on the grocery list.
- If after 20-30 seconds the test taker cannot remember learning the list OR any of the items on the list then use the prompt – ie the first one was 'tea' and then circle 'tea' or write a 'P' in parentheses after it to indicate that it was prompted and score as 0.
- Use the prompt 'the first one was 'tea', only if the person cannot remember any of the grocery items.
- Do not use any other prompts in this task (eg if the person says 'cooking oil' but cannot remember any of the other grocery items on the list do not use the 'tea' prompt or any other prompt).

Scoring

The recall component of the memory item has a maximum score of 8 points.

- There are no part marks, the person scores either zero or 2 points for each item on the grocery list.
- If 'tea' was used as a prompt then the maximum score the person can get on this task is 6/8.
- Mark as correct if the person says 'cooking oil' or 'oil'.

Item six: Language

Language generativity – Animal naming

6. I am going to time you for one minute. In that one minute, I would like you to tell me the names of as many different animals as you can. We'll see how many different animals you can name in one minute. (Repeat instructions if necessary). Maximum score for this item is 8. If person names eight new animals in less than one minute there is no need to continue.

1		5	
2		6	
3		7	
4		8	

/8

Notes

This item has a maximum score of 8 points.

- Time the test taker for one minute ONLY – make sure that it is clear to the test taker when to start ie "When I say 'Go' you should start listing animals. Don't worry about me writing them down, say the animals as quickly as you can."
- If test taker does not speak English make sure that interpreter also understands the instructions and the importance of simultaneous interpreting.

Scoring

If test taker says for example – 'big horse' and 'little horse', then record these as two separate animal names. Then at the end of the assessment, if the person was born in a non-English speaking country, check with the interpreter that these two names actually represent different concepts in the relevant language (eg in English – 'big horse' and 'little horse' are not separate animal names therefore an English-speaking person would score only one point (BUT, if the English-speaking person had said 'horse' and 'foal' then these are two separate concepts and the person would score two points). A non-English-speaking person depending on the language spoken may score two points if they used the correct two words for 'big horse' and 'little horse'. It is important here to distinguish between perseveration (ie repetition of the same animal name) and linguistic peculiarities of different languages which conceptualise/describe animals differently.

APPENDIX 3: MINI MENTAL STATE DEMENTIA SCREENING FORM

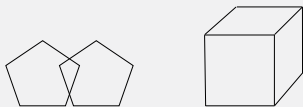
Adapted from Folstein et al. J psychiat. Res., 1975, Vol 12, pp.189-198.

Date

D	D	M	M	Y	Y	Y	Y
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Applicant's name:

Medical examiner's signature:

Item	Score	
Registration		
1. Give three words and warn the applicant that you will ask them to be recalled in three minutes' time. Test immediate recall.	3	
Attention/concentration		
2. Ask the applicant to count backwards from 100 in steps of seven (up to five steps). OR To spell the word "WORLD" backwards.	5	
Short-term memory		
3. Memory recall. Ask the applicant to recall the words given in question 1.	3	
Language		
4. Ask the applicant to name two common items, as shown (eg pen, watch).	2	
5. Ask the applicant to repeat the following sentence: "No ifs, ands or buts".	1	
6. Ask the applicant to do the following three things with a piece of paper: <ul style="list-style-type: none"> • Pick it up with the left hand • Fold it in half • Put it on the floor. Give all three instructions before handing over the paper.	3	
7. Ask the applicant to do what is written on the paper ("Close your eyes").	1	
8. Ask the applicant to write a short sentence (must contain a subject and verb and make sense).	1	
Orientation		
9. Ask the applicant their address OR where you are now (street number, street, town, state, country).	5	
10. Ask what today's date, day and season are (day, month, year, day, season).		
Visuospatial skills		
11. Ask the applicant to copy this figure (intersecting pentagons or a three-dimensional cube)		
		
Total	30	
<ul style="list-style-type: none"> • Probable cognitive impairment, score less than 24 • Definite cognitive impairment, score less than 17 		

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