


# Recognised Seasonal Employer Policy Supplementary Medical Certificate (HIV Test Form)

Medical certificate number	
Client number	
Date received	/ /

Immigration New Zealand  
TE RATONGA MANENE 

Department of Labour  
TE TARI MAHI 

You are only required to have this certificate completed if you are applying for a limited purpose visa to travel to New Zealand to work under the Recognised Seasonal Employer (RSE) policy where:

- you are a citizen of a country listed below; or
- you are normally resident in a country listed below.

Angola	Djibouti	Kenya	South Africa
Bahamas	Dominican Republic	Lesotho	Sudan
Barbados	Equatorial Guinea	Liberia	Suriname
Belize	Eritrea	Malawi	Swaziland
Benin	Estonia	Mali	Thailand
Botswana	Ethiopia	Mozambique	Togo
Burkina Faso	Gabon	Myanmar	Trinidad and Tobago
Burundi	Gambia	Namibia	Uganda
Cambodia	Ghana	Niger	Ukraine
Cameroon	Guinea	Nigeria	United Republic of Tanzania
Central African Republic	Guinea-Bissau	Papua New Guinea	Zambia
Chad	Guyana	Republic of Moldova	Zimbabwe
Congo	Haiti	Russian Federation	
Côte d'Ivoire (Ivory Coast)	Honduras	Rwanda	
Democratic Republic of Congo	Jamaica	Sierra Leone	

## General instructions for applicants

1. You are required to take this form to a Medical Examiner (see "Who can complete this form?" below). Please complete section A before the examination and section C in the presence of the Medical Examiner.
2. The Medical Examiner will confirm your identity, remove sections D and E and refer you to a laboratory to have a blood sample taken. The Medical Examiner will keep sections A, B and C of the form.
3. You must fill out and take sections D and E to the laboratory that the Medical Examiner refers you to.
4. The person taking your blood will confirm your identity, take a blood sample and have the blood tested. Once the test results are received, the laboratory will send sections D and E, and the test results sheet to the Medical Examiner.

### Note:

- If you want to be advised of your blood test result before it is sent to the Medical Examiner you should arrange this with the testing laboratory.
- Please refer to the further instructions in each section of this certificate.

## Who can complete this form?

In countries where Immigration New Zealand has an approved list of Panel Doctors this form must be completed by a listed Panel Doctor.

See our website [www.immigration.govt.nz/paneldoctors](http://www.immigration.govt.nz/paneldoctors) for a list of Panel Doctors near you. If you are in a country where there are no Panel Doctors, a registered medical practitioner, preferably your own general practitioner, can complete this form. The Panel Doctor or general practitioner that completes this certificate will be referred to as the 'Medical Examiner' throughout the form.

## What to bring to the medical examination

- Your valid passport for identification.
- Two recent passport photos (less than 6 months old).

## Your responsibilities

- You must pay for the examination and the laboratory tests.
- You must tell the truth. Any false statement on this form may result in your limited purpose visa application being declined, any visa or permit issued being cancelled and you may be required to leave New Zealand.

## What happens next?

You should submit this completed form, including the laboratory results, with your application for an RSE limited purpose visa. This form must be submitted with your RSE limited purpose visa application within three months of it being completed by the Medical Examiner. Immigration New Zealand may follow up your submission with a request for further information (for example, specialist reports or further tests).

## SECTION A: GENERAL INFORMATION AND PERSONAL DETAILS

## Instructions for Section A

## Instructions for applicant

- The person being examined should complete A1 to A10 before having the medical examination.
- Please use a black pen and write neatly in English using BLOCK LETTERS.

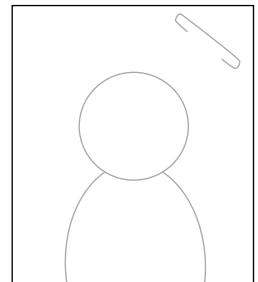
- Immigration New Zealand (INZ) will return illegible forms to you for clarification.
- Please tick or fill in **all** boxes.

## Instructions for Medical Examiner

- Please confirm the identity of the applicant below (see A11).
- **Once the form is completely filled out**, the Medical Examiner must initial the box at the top of each page.

## Applicant

Please attach one recent passport photograph in the space provided.



A1 Passport number:

A2 Your full name (as it appears in your passport):

Surname or family name:

First or given names:

Other names you are known by:

A3 Full home address:

A4 Daytime telephone number: (  COUNTRY CODE ) (  AREA CODE )

A5 Email address:

A6 Gender: Male  Female

A7 Date of birth:  |  |   
 day month year

A8 Country of birth:

A9 Country of citizenship:

A10 Country of residence:

## Medical Examiner

A11 Has valid photographic identification been sighted (eg passport)? Yes  No

*Medical Examiner to certify identity by placing signature and date across photograph above without obscuring the likeness of the person.*

**SECTION B: BLOOD TESTS****Instructions for Section B****Instructions for Medical Examiner**

- The Medical Examiner should complete this section after receiving the laboratory test results.
- The Medical Examiner must sign and attach all test results.

**B1 Blood test results**

Date test results received:     
day month year

HIV: Negative  Positive

If the initial 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.

Date confirmatory test results received:     
day month year

Confirmatory test: Negative  Positive

**Summary comments**

Please provide your comments (if any) on the applicant's test results.


**Medical Examiner's declaration**

This declaration must be signed and dated by the Medical Examiner who referred the applicant for a blood test and who examined the results. This declaration must be signed after the Medical Examiner has sighted and considered the blood test results. Please read carefully before signing.

I certify that:

- Prior to referral, the identity of the applicant was confirmed by me in terms of papers, photographs and appearance.
- The statements I have made in answer to the questions are true, correct and complete to the best of my knowledge.
- The test results I have considered are securely attached and signed by me.

Signature of Medical Examiner:

Date:     
day month year

Full name of Medical Examiner:

Place of examination (city and country):

Postal address:

Telephone number: (  AREA CODE )

Email address:

**SECTION C: DECLARATION OF PERSON HAVING MEDICAL EXAMINATION****Instructions for Section C****Instructions for applicant**

- You must sign and date the declaration below in the presence of the Medical Examiner.
- Please read carefully before signing.

**Instructions for Medical Examiner**

- Please witness the applicant's declaration and sign and date the appropriate section below.

I certify that:

- I understand the notes and questions in section A of this certificate and I declare the information given about me is true, correct, and complete.
- I understand that this declaration also applies to the laboratory test sections (sections D and E).
- I will inform Immigration New Zealand of any relevant fact or any change of circumstance that may affect the decision on my application for a permit or visa due to my health circumstances.
- I authorise Immigration New Zealand to make any enquiries it deems necessary in respect of the information provided on this certificate and to share this information with other Government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status.
- I authorise Immigration New Zealand to provide information about my state of health to any New Zealand health service agency.
- I authorise any New Zealand health service agency to provide information about my state of health to Immigration New Zealand.
- I undertake to pay the fees for this medical examination including the laboratory tests.
- I agree that the Medical Examiner and the laboratory that complete this certificate may release to Immigration New Zealand, or any Medical Assessor employed by them, any information acquired with regard to my health.
- I understand that if I make any false statements, or provide any false or misleading information or have changed or altered this certificate in any way, my application may be declined, or my visa or permit may be revoked, and that I may be committing an offence and be liable to prosecution and imprisonment.

Signature of person being examined:

Date:

day	month	year

**Declaration of person assisting (if applicable)**

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

Signature of person assisting applicant:

Name of person assisting:

Date:

day	month	year

Signature of Medical Examiner:

Name of Medical Examiner:

Date:

day	month	year

# LABORATORY REFERRAL FORM



## SECTION D: LABORATORY REFERRAL FORM

### Instructions for Section D

#### Instructions for Medical Examiner

- Remove Section D and E from the form.
- Complete the applicant's details below.
- Sign and complete your contact details below.
- Confirm that an HIV test is required for this applicant.

#### Instructions for applicant

- Please take sections D and E of this form to the blood testing facility that the Medical Examiner refers you to.

#### Instructions for laboratory

- Please complete the requested test and declaration in section E, and return this form (sections D and E) and the test results to the Medical Examiner.

### Applicant's details (please print)

D1 Applicant's full name:

D2 Applicant's date of birth:     
day month year

D3 Gender: Male  Female

D4 Medical Examiner's Laboratory Reference Number (if applicable):

### Laboratory test required

HIV  (Medical Examiner to tick)

**Note:** If the initial 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.

D5 Signature of Medical Examiner:

D6 Date:     
day month year

### Medical Examiner's details

D7 Full name:

D8 Postal address:

**SECTION E: CONFIRMATION OF IDENTITY AND DECLARATION**

**Instructions for applicant**

- Please attach one recent passport photograph in the space provided.
- Please complete E1 to E7 before your blood test.
- Please present this form when having blood taken for testing.
- The declaration below must be completed and signed in front of the person taking blood.

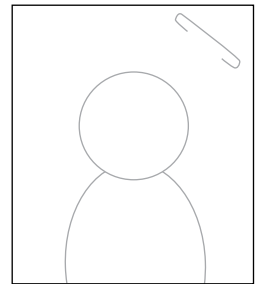
**Instructions for person taking blood**

- Please confirm the identity of the applicant.
- Sign and date the declaration below.

**Person taking blood**

Has valid photographic identification been sighted (eg passport)? Yes  No

*Person taking blood to certify identity by placing signature and date across photograph without obscuring the likeness of the person.*



**Applicant**

**E1** Passport number:

**E2** Your full name (as it appears in your passport)

Surname or family name:

First or given names:

Other names you are known by:

**E3** Gender: Male  Female

**E4** Date of birth:

day    month    year

**E5** Country of birth:

**E6** Country of citizenship:

**E7** Country of residence:

**Applicant's declaration**

- I certify that I have read and understood the declaration at section C of this form.
- I understand that the declaration at that section also applies to the laboratory tests on this form.

Signature of applicant:

Date:

day    month    year

**Declaration of person assisting (if applicable)**

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

Signature of person assisting:

Name of person assisting:

Date:   
          day    month    year

**Declaration of person taking blood**

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

Signature of person taking blood:

Name of person taking blood:

Date:   
          day    month    year

## PRIVACY ACT

The information about you on this certificate is collected to help determine your eligibility for an RSE limited purpose visa or permit and may also be used to contact you for research purposes or to advise you on immigration matters.

You will, if you come to New Zealand, have the rights provided under the Privacy Act 1993 to access personal information about you held by the Immigration New Zealand, and to ask for any of it to be corrected if you think that is necessary.

The main recipient of the information is Immigration New Zealand, a service of the Department of Labour, but the information may also be shared with other government agencies which are lawfully entitled to it. The address of Immigration New Zealand is PO Box 3705, Wellington, New Zealand. This is not where your form should be sent.

The collection of the information is authorised by the Immigration Act 1987 and the Immigration Regulations made under the Act. The supply of the information is voluntary, but if you do not supply it then your application is likely to be declined.

You can get more information and advice from any of our Immigration New Zealand branch offices, or the Immigration New Zealand website at **[www.immigration.govt.nz](http://www.immigration.govt.nz)**.