



How to complete the Medical part of this certificate (see page 10 for X-ray details)

Applicant

- Complete Section A prior to visiting the Medical Examiner.
- Complete Section B in the presence of the Medical Examiner.

What to bring to the examination

- Evidence of identification (such as a passport).
- Where you have a known medical condition, any existing specialist reports.

Medical Examiner

- Assist the applicant with Section B.
- Complete Sections C and D.
- Ensure that all sections are completed unless otherwise stated.

Please attach one recent passport sized photograph here

Medical Examiner must certify identity by placing signature and date across photograph.

Section A Personal Details

Medical and X-ray Information

Medical Certificate:

- this certificate must be completed by a registered medical practitioner. In most countries the NZIS has an approved list of Panel Doctors who will examine you. If you require information on the Panel Doctor list please visit your local NZIS branch or the NZIS website at <http://www.immigration.govt.nz>. If you are not required to use a Panel Doctor any registered medical practitioner, preferably your own General Practitioner can complete this certificate
- this certificate must be completed in English for each person applying for a visa to come to New Zealand or for a permit to be in New Zealand
- each Medical Certificate for residence and temporary applications must be no more than three months old at the time the application for a visa or permit is made
- this certificate will be treated in confidence but a copy may be released to the applicant or, in case of infants and children aged 16 years of age or under, their parent(s) or guardian(s)
- the NZIS may refer the certificate to a consultant physician, medical referee or New Zealand health authorities, if appropriate
- any fees for the medical examination must be paid by the applicant or the parent or guardian of a child applicant
- any false statement made on this form may result in
 - the application being declined
 - any visa or permit issued being cancelled and the applicant being required to leave New Zealand
- each applicant must produce to the Medical Examiner evidence of identification (such as a passport) and one recently taken passport type photograph.

X-ray Certificate:

- details regarding completion of the X-ray Certificate can be found on page 10.

Please tick or fill in all boxes.

A 1 Surname or family name as shown in passport:

A 2 First name or given names as shown in passport:

A 3 Gender: Male Female **A 4** Date of birth:
day month year

A 5 Country of birth:

A 6 Full name of parent(s)/guardian(s) (if applicant is aged 16 years of age or under):

A 7 Full home address:

A 8 Country of citizenship: **A 9** Passport number:

A 10 Marital status: Married Never Married Divorced
 Widowed De Facto Partnership

A 11 Type of stay in New Zealand: Permanent Temporary

A 12 If temporary, for how long:
month(s) year(s)

A 13 Number of children born to applicant:

Alive	Deceased	Total Born
<input type="text"/>	<input type="text"/>	<input type="text"/>

A 14 Present occupation:

A 15 Previous occupation(s):

Occupation	For how long
<input type="text"/>	<input type="text"/>

A 16 Proposed occupation in New Zealand:

A 17 Countries lived in during the past 5 years:

Section B Applicant's Medical History

- Section B is to be completed in the presence of the Medical Examiner and by all applicants unless otherwise stated.
- Where not applicable please place N/A next to the question.
- If space is not enough please attach an additional sheet of paper and have this signed by the Medical Examiner.

B 1

Have you visited a doctor in the last three years: No Yes ➤

Have you ever received hospital treatment or been hospitalised for any reason: No Yes ➤

Have you ever undergone or been advised to have surgery: No Yes ➤

Are you taking any pills, medicines or having other treatments: No Yes ➤

Do you have any physical/mental/communication/developmental/intellectual disabilities which may affect your ability to earn a living or take full care of yourself: No Yes ➤

Do you receive a sickness benefit, a pension or any other welfare benefit for medical reasons: No Yes ➤

(If yes, please provide details)

B 2

Personal habits of applicant (if over 12 years old):

Do you drink alcohol: No Yes ➤

Do you smoke: No Yes ➤

Have you ever smoked: No Yes ➤

Do you have any history of dependence on alcohol or other substances (e.g. amphetamines, cannabis, cocaine, hallucinogens, inhalants, opioids, anxiolytics, sedative-hypnotics): No Yes ➤

(If yes, please provide details)

Type of alcohol drunk:
In what quantity (per week)
What do you smoke?
In what quantity (per week)
For how long? In what quantity? (per week)
When did you stop?

B 3

Are you suffering from, or have you ever suffered from any of the following:

(a) Tuberculosis (or have you had contact with a person who has had tuberculosis): No Yes ➤

(b) Leprosy: No Yes ➤

(c) Venereal disease (sexually transmitted disease) – specify: No Yes ➤

(If yes, please provide details and dates)

(If yes, please provide details and dates)

(d) Hepatitis or liver disease (please specify type):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(e) Typhoid, dysentery or any other infectious or communicable disease lasting more than 2 weeks:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(f) AIDS/AIDS related conditions/HIV:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(g) Immune deficiency disorder:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(h) Bleeding disorders or anaemia (specify type):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(i) Genetic or familial disorder (eg Huntington's Chorea, muscular dystrophies):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(j) Persistent/recurrent indigestion, heartburn or other gastrointestinal disorder (including inflammatory bowel disorder):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(k) Nervous or mental illness (including depression, anxiety, schizophrenia, bipolar disorder or autism):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(l) Epilepsy, fits, faints, blackouts or dizziness:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(m) Diabetes:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(n) Heart disease (including angina, congenital heart disease, etc):	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	
(o) High blood pressure:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	▶	

(If yes, please provide details and dates)

C 8

Gastro-Intestinal System:

Any signs of abnormality in the following:

Teeth & Gums:

No Yes

Mouth/Throat:

No Yes

Abdomen (include hernia; abdominal masses; organomegaly):

No Yes

C 9

Genito-Urinary System (for 5 year olds and over only):

Urine Tests:

Protein:

No Yes

Sugar:

No Yes

Blood:

No Yes

Abnormalities:

(If abnormalities, attach full laboratory urinalysis.)

(Women Only) Where an abnormality occurs due to menstruation, repeat and record urinalysis following completion of menstruation.

No Yes

C 10

Endocrine System:

Any signs of abnormalities, including thyroid swellings and diabetes:

No Yes

C 11

Locomotor System:

Any signs of abnormality:

No Yes

C 12

Lymphatic System:

Any signs of abnormality:

No Yes

C 13

(Women Only): Is the applicant pregnant?

No Yes

Date of Last Menstrual Period:

| |
day month year

C 14

Are there any physical or mental conditions which may affect this person's ability to earn a living, take care of themselves or adapt to a new environment now or in future adult life?

No Yes

Vertical grid for providing details and dates for 'Yes' responses.

Immunisation:

Please specify date of previous immunisations (if the applicant remembers):

Diphtheria:	<input type="text"/>	Tetanus:	<input type="text"/>
	day month year		day month year
Hepatitis B:	<input type="text"/>	Whooping Cough:	<input type="text"/>
	day month year		day month year
Polio:	<input type="text"/>	Measles:	<input type="text"/>
	day month year		day month year

Children and Adults who have not been vaccinated against any of the above should be vaccinated before departure for New Zealand.

Medical Tests Required

- RPR (Rapid Plasma Reagin) or VDRL (Venereal Disease Reference Laboratory) tests for syphilis are required (For 15 year olds and over only).
- Urine tests are those required under the section on Genito-Urinary System (C9). (For 5 year olds and over only).
- Results of two stool tests are required for: (For 15 year olds or over only).
 - a person with a history of enteric fever or of recent salmonella infection; and
 - a person resident in tropical areas - for intestinal parasites.
- Attach results of routine serological tests for syphilis, urine tests and stool tests.

Applicant's Declaration – End of Section C

Please read carefully before signing

- 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.
- I understand the notes and questions in Section A, Section B and Section C of this certificate and I declare the information given about myself is true and correct.
- I declare that I will inform the New Zealand Immigration Service (NZIS) of any relevant fact or any change of circumstances that may affect the decision on my application for a permit or visa due to my health circumstances.
- I authorise the NZIS to make any enquiries it deems necessary in respect of the information provided on this form 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 the NZIS to provide information about my state of health to any health service agency. I authorise any health service agency to provide information about my state of health to the NZIS.
- I undertake to pay the fees for this medical examination and I also agree that I or my child will undergo, at my expense, any further medical examinations that may be required by the NZIS in respect of the immigration application.
- I agree that the Medical Examiner who completes this certificate may release to the NZIS, or any consultant physician employed by them, any information acquired with regard to the health of myself or my child.

Please sign this declaration in the presence of the Medical Examiner

Signature of applicant or if under 16 years their parent(s) or guardian(s) signature(s) day month year

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>			

Witness (Medical Examiner) day month year

	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>			

Section D Medical Examiner Declaration

- Section D is to be completed by the Medical Examiner, with all questions answered unless otherwise stated

D 1 Comments by Medical Examiner on Medical Examination of Applicant:

(If yes, please provide details)

Is the applicant suffering from any infectious or communicable disease:

No Yes ▶

Does the applicant show any signs or symptoms of psychiatric disorder or developmental disorder:

No Yes ▶

Is the applicant suffering from any condition which is likely to require any treatment, medication or hospitalisation or special care in New Zealand:

No Yes ▶

D 2 Medical Examiner Contact Details

Name:

Position and Qualifications:

Postal Address:

Telephone Number:

D 3 Medical Examiner Declaration

I certify that:

- I have examined the applicant and confirm the applicant's identification in terms of papers, photographs and appearance.
- I am satisfied that the particulars given to me by the applicant/applicant's parent or guardian are correct.
- The Certificate was signed by the applicant in my presence.
- The statements I have made in answer to all the questions are true to the best of my knowledge and belief.

Signature of Medical Examiner

day month year

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X-ray Certificate



New Zealand
Immigration Service
Te Ratonga Manene

How to complete the X-ray part of this certificate (see page 1 for Medical details)

Applicant

- Complete Section E in the presence of the Examining Radiologist or Radiographer.

Radiographer

- Complete Section F. Examining Radiologist
- Complete Section F (if not completed by Radiographer)
- Complete all of Sections G and H.

What to bring to the examination

- Evidence of identification (such as a passport).

Please attach one recent passport sized photograph here

Radiographer or Examining Radiologist must certify identity by placing signature and date across photograph.

IMPORTANT

Please DO NOT fold X-ray plates (film). Use a flat envelope preferably with a thick cardboard backing sheet. On every X-ray plate please write the full name of the applicant, and their date of birth.

Section E

Personal Details and Declaration

X-ray Information

X-ray Certificate:

- children under 12 years old and women who are pregnant are not required to undergo an X-ray examination
- this certificate must be completed by an Examining Radiologist. In most countries the NZIS has an approved list of Examining Radiologists who will examine you. If you require information on the Examining Radiologist list please visit your local NZIS branch or the NZIS website at <http://www.immigration.govt.nz>. If you are not required to use one of the approved NZIS Examining Radiologist any registered Examining Radiologist can complete this certificate
- this certificate must be completed in English for each person applying for a visa to come to New Zealand or for a permit to be in New Zealand
- each X-ray certificate for residence and temporary applications must be no more than three months old at the time the application for a visa or permit is made
- this certificate will be treated in confidence but a copy may be released to the applicant or in case of infants and children aged 16 years of age or under their parent(s) or guardian(s)
- the NZIS may refer the certificate to a consultant physician, medical referee or New Zealand health authorities if appropriate
- any fees for the examination must be paid by the applicant or the parent or guardian of a child applicant
- any false statement made on this form may result in
 - the application being declined
 - any visa or permit issued being cancelled and the applicant being required to leave New Zealand
- each applicant must produce to the Examining Radiologist or Radiographer evidence of identification (such as a passport) and one recently taken passport type photograph.

Please tick or fill in all boxes.

E 1 Surname or family name as shown in passport:

E 2 First name or given names as shown in passport:

E 3 Gender: Male Female **E 4** Date of birth:
day month year

E 5 Country of birth:

E 6 Full name of parent(s)/guardian(s) (if applicant is aged 16 years of age or under):

E 7 Full home address:

E 8 Country of citizenship: **E 9** Passport number:

Please read carefully before signing and please sign this declaration in the presence of the Radiographer or Examining Radiologist.

- I declare that the details given by me to the Examining Radiologist or Radiographer of this X-ray certificate and set out in Section E of this certificate are true and correct in every respect.
- 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 liable to prosecution.
- I authorise the NZIS 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 the NZIS to provide information about my state of health to any health service agency. I authorise any health service agency to provide information about my state of health to the NZIS.
- I undertake to pay the fees for this X-ray examination and I also agree that I or my child will undergo, at my expense, any further medical examinations that may be required by the NZIS in respect of the immigration application.
- I agree that the Examining Radiologist or Radiographer who completes this certificate may release to the NZIS or consultant physician employed by them, any information acquired with regard to the health of myself or my child.

Signature of applicant or if under 16 years their parent(s) or guardian(s) signature(s)
day month year

Witness (Radiographer or Examining Radiologist)
day month year

Section F Examining Radiologist Declaration

May be completed by the Radiographer if the Examining Radiologist does not actually see the applicant.

I certify that:

- I have examined and confirm the applicant's identification on papers and appearance.
- I am satisfied that the particulars given to me by the applicant/applicant's parent(s) or guardian(s) are correct.
- The Certificate was signed by the applicant in my presence.

Signature of Examining Radiologist or Radiographer

day month year

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Section G Applicant's Chest X-ray Results

(If yes, please provide details and attach large chest X-ray film)

G 1 Is there any evidence of pulmonary tuberculosis (past or present):

No Yes

G 2 Is there any evidence of any other abnormality:

No Yes

Section H Examining Radiologist Declaration

H 1 Examining Radiologist Contact Details

Name:

Position:

Postal Address:

Telephone Number:

H 2 I certify that:

- The statements made by me in answer to all the questions, are true to the best of my knowledge and belief.

Signature of Examining Radiologist or Radiographer

day month year

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The information about you on this certificate is collected to help determine your eligibility for a Visa or Permit. You will, if you come to New Zealand, have the rights provided in the Privacy Act 1993 to access personal information about you held by the New Zealand Immigration Service and to ask for any of it to be corrected if you think that is necessary.

The main recipient of the information is the New Zealand Immigration 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 the New Zealand Immigration Service is PO Box 3705, Wellington, New Zealand. This is not where your Medical and X-ray certificate 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.



New Zealand
the right choice

You can get more information and advice from:

- New Zealand diplomatic and consular offices; or
- Any of our NZIS branch offices; or
- The NZIS website at: <http://www.immigration.govt.nz>