

December 2020

INZ 1007



# General Medical Certificate

## Who should use this form?

Applicants for entry to New Zealand are required to have an acceptable standard of health (the guide *Health Requirements (INZ 1121)* has more details).

This medical certificate records information about your health that Immigration New Zealand requires to assess whether you meet this standard.

Most people can submit health information electronically via their panel physician. To find out if you can submit your health information electronically, go to [www.immigration.govt.nz/paneldoctors](http://www.immigration.govt.nz/paneldoctors). If you are not able to submit electronically, the medical clinic completing the form should send it directly to the following address:

Health Assessment Team  
C/O Immigration New Zealand  
PO Box 76895  
Manukau City  
Auckland 2241  
New Zealand

Courier costs may be charged for sending medical certificates. These costs must be disclosed to the client prior to the examination taking place.

## Deciding whether you are eligible for a visa

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

Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

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

You are able to ask for the information we hold about you and request to have any of it corrected if you think it is necessary. The address of Immigration New Zealand is PO Box 1473, Wellington 6140, New Zealand. **This is not where your application should be sent.**

## Applicant's notes

The information in this section will help you complete this certificate. Please read the information in this section before you start to complete this certificate. If you wish, you can tear off and keep these notes (pages 1-2).

## When do I use this immigration medical certificate?

You must use this certificate if:

- you are applying for a temporary entry class visa for New Zealand and you intend to stay longer than **12 months**, unless you are applying for a military visa, diplomatic, consular or official visa, or a visa related to the Antarctic Treaty, or
- you are applying for residence, unless you are a person who must use the *Limited Medical Certificate (INZ 1201)*. The guide *Health Requirements (INZ 1121)* has more information.

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

You may not need a new medical certificate if you have submitted a medical certificate completed and dated by an approved medical practitioner within the last 36 months with a previous application, and that information has been retained by Immigration New Zealand\*. If a new certificate is required, you are responsible for any fees.

## Where do I go to get my immigration medical examination?

In countries where Immigration New Zealand has an approved list of panel physicians this certificate must be completed by a listed panel physician. Please see our website at [www.immigration.govt.nz/healthinfo](http://www.immigration.govt.nz/healthinfo) to find your nearest panel physician.

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

\* Immigration New Zealand does not necessarily retain medical information about applicants.

## Your responsibilities

- You must pay the fees for the immigration medical examination, any tests required and all postage and courier fees.
- You must tell the truth. False statements on a medical certificate may result in your application being declined, any visa granted being cancelled, and if you are in New Zealand, you being required to leave the country.

## How do I prepare for my immigration medical examination?

- If you are mildly unwell or on a short course of antibiotics, wait until you are better before having your immigration medical examination.
- Do not have alcohol or high fat meals 48 hours before your blood tests.
- Do not consume kava for 48 hours before your blood tests.

## What do I bring?

- This certificate with sections A and I completed, and your name at the top of each page where indicated.
- Your valid passport or national identity document for identification.
- Three recent passport photographs. Photographs must be no more than six months old.
- A list of all your medications (including drug name and dosage).
- All your medical notes and reports, immunisation record, blood test results, X-rays, scans and anything else that is relevant to your health.
- Your glasses (spectacles) or contact lenses if you use them.
- You may bring a family member or support person with you to the immigration medical examination. Please let the physician know when you make your appointment.
- You may bring an interpreter with you to the immigration medical examination. The interpreter can be from a professional service or a respected member of your community. Please let the physician know when you make your appointment.

## What to expect for the immigration medical examination

There are three parts to the immigration medical examination:

1. Medical history and physical examination.
2. Urine and blood tests.
3. Chest X-ray, to be completed using the form *Chest X-ray Certificate (INZ 1096)*; the guide *Health Requirements (INZ 1121)* has more details.

The medical certificate must be completed in English.

- You may complete the medical history section (Section B) before your examination or you may complete this section with the physician (or delegated person) at your examination. If you are not sure about an aspect of your medical history, declare it.
- The physician will complete the physical examination. He or she will check your height, weight, mental state,

hearing and vision, listen to your heart, lungs, feel your abdomen and check your reflexes, power and the rest of your nervous system.

- You will need to remove some items of clothing for the physical examination.
- Some parts of the physical examination may be completed by a nurse or health care assistant.
- You will need to provide a urine sample during the immigration medical examination.
- You will also need to get blood tests, a chest X-ray and possibly some other tests if clinically necessary.
- You may need to go to different places to get some tests done.

## Women

- Do not have your immigration medical examination during your period (menstruation) because blood may affect the results. **Wait until your period is finished before you have your immigration medical examination.**
- Women over 45 years will need to have a breast examination. If you prefer, you can submit a breast examination report from a breast specialist, or submit a breast ultrasound scan, MRI scan or mammogram no more than six months old.

## Children

- All children including babies must have an immigration medical examination.
- Children under 11 years of age do not need a chest X-ray unless the physician declares it is necessary or one is requested by Immigration New Zealand.
- Children under 15 years of age do not need a blood test unless the physician declares it is necessary or one is requested by Immigration New Zealand.

## What happens afterwards?

- Your physician has to wait for all your test results to complete this form.
- This form is complete **only** when all the test results and specialist reports have been completed and attached and the physician has completed all sections of the form.
- You must submit your completed immigration medical certificates, including all blood tests, and X-rays [*Chest X-ray Certificate (INZ 1096)*] and any other tests, within three months of the date of the physician signing this form.
- Your medical information will be assessed by Immigration New Zealand, and possibly by a medical assessor.
- You may be required to get further specialist reports or tests. You are responsible for paying for these.
- Your medical information may be retained by Immigration New Zealand for use when assessing your health in the future or for audit reasons.

## For more information

If you have questions about completing the form:

- see our website [www.immigration.govt.nz](http://www.immigration.govt.nz)
- telephone our call centre on 0508 558 855 (within New Zealand).

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# General Medical Certificate

## Section A Personal details

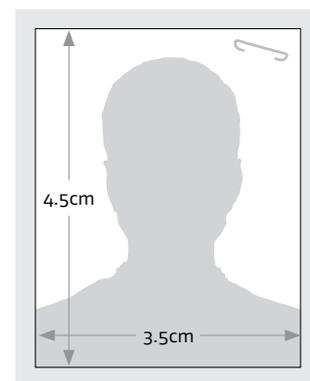
Question **A1** must be completed by the examining physician or delegated staff.

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

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

Tick or fill in all boxes.

Attach one recent passport-size colour photograph of yourself in the space provided. The photograph must be no more than six months old. Write your full name on the back of the photograph.



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

Valid photographic identification sighted? (for example, passport)

Type of identity document:

Original Passport  Certificate of identity  Refugee travel document  National ID card with photo

Identity document number: \_\_\_\_\_

Issuing country: \_\_\_\_\_

Date of issue:

Date of expiry:

**A2** Applicant: name as shown in identity document

Family name \_\_\_\_\_

Given name: \_\_\_\_\_

Title:  Mr  Mrs  Ms  Miss  Dr  Other (specify) \_\_\_\_\_

**A3** Gender  Male  Female

**A4** Date of birth

**A5** Country of birth \_\_\_\_\_

**A6** Contact address: \_\_\_\_\_

and/or personal email address: \_\_\_\_\_

**A7** Which visa category are you applying for a visa under:

**Temporary**

- Visitor  
 Student  
 Worker with job offer  
 Worker without job offer

**Residence**

- Skilled/Business  
 Pacific Categories  
 Family  
 Humanitarian UNHCR  
 Humanitarian other

**Work to Residence**

- Worker  
 Family of a worker

**A8** If you are applying under the Temporary – Worker with a job offer, Residence – Skilled/Business or Work to Residence – Worker categories detail your intended occupation:

**A9** How long do you intend to stay in New Zealand:

- Less than 6 months     6 – 12 months     12 – 24 months     More than 24 months

## Section B Medical history

### Applicant:

- You may complete the medical history section yourself and discuss your history with your examining physician, or your examining physician may complete the medical history section with your assistance.
- If this health examination is for a child under 18 years of age, the medical history section must be completed by a parent or guardian, or the examining physician with the assistance of a parent or guardian.
- If you answer 'yes' to any question, please give details and give the physician any reports, tests or other information.

### Examining physician:

If the medical history section has been completed before the examination begins, you must confirm each of the answers with the applicant. Do not assume that the applicant has understood the questions.

- B1** Have you ever been diagnosed with Tuberculosis (TB)? Have you ever had to take treatment for TB?  No  Yes *Give details* \_\_\_\_\_
- B2** Have you ever been in close contact at home with a person known to have TB?  No  Yes *Give details* \_\_\_\_\_
- B3** Have you ever had prolonged medical treatment and/or repeated hospital admissions for any reason, including a major operation or psychiatric illness?  No  Yes *Give details* \_\_\_\_\_
- B4** Do you suffer, or have you ever suffered, from a psychological or psychiatric disorder (including major depression, bipolar disorder or schizophrenia)?  No  Yes *Give details* \_\_\_\_\_
- B5** Have you ever had an abnormal or reactive HIV blood test?  No  Yes *Give details* \_\_\_\_\_
- B6** Have you ever had an abnormal or reactive Hepatitis B or Hepatitis C blood test?  No  Yes *Give details* \_\_\_\_\_
- B7** Do you have or have you had cancer or malignancy in the last 5 years?  No  Yes *Give details* \_\_\_\_\_
- B8** Do you have diabetes?  No  Yes *Give details* \_\_\_\_\_
- B9** Do you have a heart condition including coronary disease, hypertension, valve or congenital disease?  No  Yes *Give details* \_\_\_\_\_
- B10** Do you have a blood condition (including thalassemia)?  No  Yes *Give details* \_\_\_\_\_
- B11** Do you have bladder or kidney problems?  No  Yes *Give details* \_\_\_\_\_



**Section C Declaration of person having the medical examination**

This declaration must be signed and dated by the person being examined in the presence of the examining physician. A parent or guardian must sign on behalf of a child under 18 years of age. Please read carefully before signing.

I declare that the information that I have provided in terms of my medical history and during my immigration health examinations is true, complete and correct.

I understand that:

- my personal details and health information are being collected to enable Immigration New Zealand ("INZ"), Ministry of Business, Innovation and Employment ("MBIE") to determine whether or not they are satisfied that I meet the health criteria for a New Zealand visa(s);
- INZ may enter and store my personal details and health information into the eMedical system;
- INZ is authorised to collect and use my personal information under the Immigration Act 2009, regulations made under that Act and in accordance with the Privacy Act 2020; further information about the purposes for which INZ requires my information is included in my visa application form which can be found on the INZ website at [www.immigration.govt.nz](http://www.immigration.govt.nz);
- if I have provided any false or misleading information as part of my immigration health examination, my visa application(s) may be declined, and I may become liable for deportation. I may also be committing an offence and I may be imprisoned;
- I must inform INZ of any relevant fact or any change of circumstance that may affect the decision on my application for a visa due to my health circumstances;
- INZ will retain my personal information for use in assessing my health in the future as necessary, or for audit reasons.
- New Zealand Government health agencies, health and settlement service providers and examining physician(s);
- New Zealand Government agencies entitled to receive this information by law, to the extent necessary to make decisions about my immigration status; and
- New Zealand law enforcement, health agencies and international agencies, including overseas recipients in the United Kingdom, the United States of America, Canada and Australia. [Note: if I am applying for a visa as a refugee or protected person, INZ will only disclose this information to another country, if it is satisfied that this information will not be disclosed to the country from which I have sought refugee or protection status and the disclosure is otherwise permitted under the Immigration Act 2009].

I consent to:

- INZ retaining my medical information, including any x-ray images, beyond the determination of my visa application, for the purposes of considering future applications I may make for a visa to New Zealand;
- my medical information being temporarily stored on the eMedical system owned and operated by the Australian Department of Home Affairs;
- INZ disclosing my personal information, including information about my health, to the radiologists or panel physicians who have examined me. The reason(s) for this disclosure will be to investigate inconsistencies between the radiologist and/or panel physician's examination and a previous/subsequent health assessment, to investigate a complaint against the radiologist or panel physician, or to follow up adverse results with the radiologist or panel physician to ensure the quality of the work undertaken by New Zealand's panel physician network;
- INZ storing my photograph(s) digitally and using them for client identification purposes in addition to the health examination process where INZ deems it necessary;
- INZ making any enquiries it deems necessary in respect of health information I have provided and to share this information with other Government agencies (including overseas agencies), and for these agencies to provide information about my health to INZ, to the extent necessary to make decisions about my immigration status;
- myself, my partner and my children undertaking a full medical examination as requested by the medical agency assigned by the Refugee Quota Branch of INZ, if I have been selected under New Zealand's Refugee Quota Programme;
- any New Zealand health service agency providing information about my state of health to INZ; and
- INZ disclosing my medical information in accordance with the provisions above.

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

Signature of person being examined | \_\_\_\_\_ | Date | D | D | M | M | Y | Y | Y | Y |

Signature of parent or guardian if person being examined is under 18 years of age

| \_\_\_\_\_ | Date | D | D | M | M | Y | Y | Y | Y |

Full name of parent or guardian (if applicable)

| \_\_\_\_\_ |

Relationship to person being examined (if applicable) | \_\_\_\_\_ |

### Declaration of person assisting

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

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

Full name of person assisting | \_\_\_\_\_ |

### Declaration of examining physician

Signature of examining physician | \_\_\_\_\_ | Date | D | D | M | M | Y | Y | Y | Y |

Full name of examining physician | \_\_\_\_\_ |

## Section D Physical examination

This section must be completed by the examining physician. Answer all questions.

Where abnormalities are indicated, please provide all the relevant details in the space provided and attach any existing specialist reports. If you do not have enough space, attach a separate sheet. All attached sheets must be initialled by the examining physician.

**i** For more information, see [www.immigration.govt.nz/physicians](http://www.immigration.govt.nz/physicians).

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

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

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

**D1** Date of examination

**D2** Height in centimetres:   
Height percentile (if applicant is less than two years of age):  3rd  15th  50th  85th  97th

**D3** Weight in kilograms:   
Weight percentile (if applicant is less than two years of age):  3rd  15th  50th  85th  97th

**D4** Body Mass Index (kg/m<sup>2</sup>) (if applicant is 18 years of age or older):

**D5** Head circumference in centimetres (if applicant is less than two years of age):   
Head circumference percentile:  3rd  15th  50th  85th  97th

**D6** Blood pressure (if applicant is 15 years of age or older): Systolic  Diastolic:

**D7** Visual acuity with or without correction  Normal  Abnormal  
If abnormal best distance visual acuity (with or without correction) Left  Right

**D8** Cardiovascular system  Normal  Abnormal *Give details*

**D9** Heart Murmur  No  Yes *Give details*

**D10** Respiratory system  Normal  Abnormal *Give details*

**D11** Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities  
 Normal  Abnormal *Give details*

*Please complete and attach a dementia screening assessment (for example, RUDAS or MMSE) for all applicants over 70 years of age. Refer [www.immigration.govt.nz/physicians](http://www.immigration.govt.nz/physicians)*

**D12** Gastrointestinal system  Normal  Abnormal *Give details*

**D13** Musculoskeletal system  Normal  Abnormal *Give details*

**D14** Endocrine system  Normal  Abnormal *Give details*

**D15** Mental and cognitive status  Normal  Abnormal *Give details*

**D16** Intellectual ability  Normal  Abnormal *Give details*

**D17** Eyes (including fundoscopy)  Normal  Abnormal *Give details*

**D18** Ear/nose/throat/mouth  Normal  Abnormal *Give details* \_\_\_\_\_

**D19** Hearing  Normal  Abnormal *Give details* \_\_\_\_\_

**D20** Developmental milestones  Normal  Abnormal *Give details* \_\_\_\_\_  
(if the applicant is 4 years of age or younger)

**D21** Skin and lymph nodes  Normal  Abnormal *Give details* \_\_\_\_\_

**D22** Breast examination in women over 45 years of age:  Normal  Abnormal *Give details* \_\_\_\_\_

**D23** Are there any physical or mental conditions which may prevent this person from attending a mainstream school, gaining full employment or living independently now or in the future?  
 No  Yes *Give details* \_\_\_\_\_

**D24** Evidence of drug taking (for example venous puncture marks):  
 Absent  Present *Give details* \_\_\_\_\_

### Next steps – checklist

- Examining physician:**  Arrange urinalysis for all applicants five years of age and over.  
 Complete Laboratory Referral Form and detach for applicant to take when giving blood sample.  
 Consider noting any conditions which may be relevant to the radiologist when examining the X-ray. (Refer to question **D1** on the X-ray certificate).
- Applicant:**  Undergo blood tests and X-ray (refer to Sections H and I of this form and the *Chest X-ray Certificate (INZ 1096)*).

## Section E Urinalysis and blood tests

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

### Urinalysis

- May be completed via dipstick (by examining physician) or via microscopy. Where dipstick results return abnormalities attach microscopy.
- Required for all persons (except children under five years of age).
- Children under five years of age should have urinalysis if clinically indicated, for example, a history of kidney disease or recent tonsillitis.
- Females must not undergo urinalysis during their period (menstruation).
- Repeat/follow up microscopy if positive.

#### E1 Urinalysis results

Date of test/retest	Protein	Glucose	Blood
<input type="text" value="D D M M Y Y Y Y"/> <input type="checkbox"/> Dipstick <input type="checkbox"/> Microscopy			
Date (if tested again) <input type="text" value="D D M M Y Y Y Y"/> <input type="checkbox"/> Dipstick <input type="checkbox"/> Microscopy			

Please attach results of all microscopy tests.

### Blood tests

Refer to New Zealand Immigration Panel Member Instructions (INZ1216) ([www.immigration.govt.nz/physicians](http://www.immigration.govt.nz/physicians)) for additional tests when abnormalities are present.

For Hepatitis B, C and HIV testing, please ensure that pre and post-test counselling are carried out in accordance with local arrangements.

#### E2 Standard (compulsory) blood tests for all applicants 15 years of age and over or where clinically indicated.

Date

HbA1c in mmol/mol

Estimated glomerular filtration rate (eGFR) – mL/min/1.73m<sup>2</sup>

Full blood count

Haemoglobin (HB in g/L)

White Blood Cells (WBC in cells x 10<sup>9</sup>/L)

Platelets (PLT in cells x 10<sup>9</sup>/L)

Hepatitis B surface antigen (Hep B sAg)

Non-reactive  Reactive\* Give details

\*Request hepatitis B e antigen, alphafetoprotein and liver function tests.

Hepatitis C antibody test

Non-reactive  Reactive\* Give details

\*Request HCVRNA.

HIV

Non-reactive  Reactive\* Give details

\*Repeat with Western Blot or local equivalent for confirming HIV.

Syphilis test (VDRL or RPR)

Non-reactive  Reactive Give details

Please attach results of all laboratory tests.



## Section G Examining physician's declaration

This declaration must be signed and dated by the examining physician responsible for this examination. This declaration must be signed after the examining physician has sighted and considered all medical test results. Please read carefully before signing. Please write name and other details below.

I certify that this person has been examined by me or staff under my supervision and their identification in terms of papers, photographs and appearance has been confirmed.

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

I certify that all tests, investigations and reports I have considered are signed by me and securely attached.

Signature of examining physician \_\_\_\_\_ Date 

D		D		M		M		Y		Y		Y		Y
---	--	---	--	---	--	---	--	---	--	---	--	---	--	---

Full name \_\_\_\_\_

MCNZ number for New Zealand practitioners \_\_\_\_\_

Place of examination (city/state and country) \_\_\_\_\_

Postal address \_\_\_\_\_

\_\_\_\_\_

Daytime telephone number \_\_\_\_\_

Email address \_\_\_\_\_

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

Name of applicant

Examining physician's initials

New Zealand Government

December 2020

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# Laboratory Referral Form

## Section H Instructions for examining physician and laboratory

### Examining physician: Please complete your contact details.

Please confirm which tests are required for this applicant. Refer to *New Zealand Immigration Panel Member Instructions (INZ 1216)* for further information.

### Laboratory: Please return this form and results to the requesting examining physician.

#### Applicant's details (please write)

Applicant's full name

Applicant's date of birth

NHI number (NZ)

Gender  Male  Female

Examining physician's laboratory reference number (if applicable)

#### Laboratory tests required

Standard (compulsory) tests	Discretionary tests
<input type="checkbox"/> HbA1c <input type="checkbox"/> Estimated glomerular filtration rate (eGFR) – mL/min/1.73m <sup>2</sup> <input type="checkbox"/> Hepatitis B surface antigen (Hep B sAg) <input type="checkbox"/> Hepatitis C antibody test <input type="checkbox"/> HIV <input type="checkbox"/> Syphilis test (VDRL or RPR) <input type="checkbox"/> Full blood count	<input type="checkbox"/> Any other tests deemed necessary by the examining physician. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Signature of examining physician

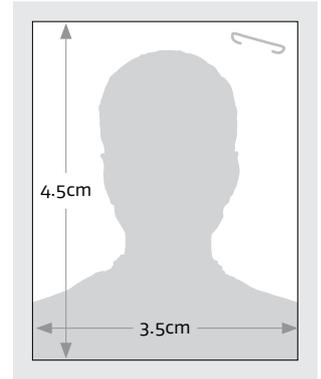
Date

Examining physician's full name

Postal address

**Section I** Confirmation of identity and declaration**Applicant**

- Attach one recent colour passport photograph in the space provided.
- Complete **I1** to **I5** before your examination.
- Present this form when having blood taken for testing.
- The declaration below must be completed and signed in front of the person taking blood.

**Person taking blood**

- Valid photographic identification sighted? (For example, passport.)  
*Certify identity by placing signature and date across photograph without obscuring the likeness of the person.*

**Applicant details****I1** Type of identity document:

- Original Passport  Certificate of identity  Refugee travel document  National ID card with photo

Identity document number: \_\_\_\_\_

Issuing country: \_\_\_\_\_

Date of issue:  Date of expiry:

**I2** Applicant's name as shown in identity document

Family/last name

Given/first name(s)

\_\_\_\_\_  
 \_\_\_\_\_

Title:  Mr  Mrs  Ms  Miss  Dr  Other (specify) \_\_\_\_\_

**I3** Gender  Male  Female**I4** Date of birth **I5** Country of birth \_\_\_\_\_**Applicant's declaration**

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

Signature of applicant \_\_\_\_\_ Date   
 (or parent/guardian)

Full name of parent or guardian \_\_\_\_\_

Relationship to person being examined \_\_\_\_\_

**Declaration of person assisting**

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

Signature of person assisting applicant \_\_\_\_\_ Date   
 (if applicable)

Full name of person assisting \_\_\_\_\_

**Declaration of person taking blood**

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

Signature of person taking blood \_\_\_\_\_ Date

Full name of person taking blood \_\_\_\_\_