



# Medical & Chest X-ray Certificate

Supporting information for a visa/permit application



## Applicant's notes

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

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

### Deciding whether you are eligible for a visa/permit

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

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

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

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

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

### When do I use this medical certificate?

You must use this certificate if:

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

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

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

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

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

To reduce the possibility of you being requested to return to the Medical Examiner for further tests, you can prepare for your examination by following these simple steps:

- drink plenty of water
- where possible and medically fit, be fasting by not eating 8 – 12 hours prior to blood tests
- do not consume alcohol or kava 48 hours prior to your examination
- minimise the fat content in your diet 48 hours prior to your examination
- if unwell, do not undergo medical examination
- if female, do not schedule your examination during menstruation.

### Where do I go to have my medical examination?

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



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

In New Zealand any registered general practitioner is able to complete this certificate. If you do not have a doctor please refer to the telephone book for a list of general practitioners near you.

### How long will it take to complete the medical certificate?

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

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

### What do I bring to the examination?

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

### Can I bring someone with me?

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

### What is involved in completing the certificate?

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

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

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

### What about children?

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

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

### Your responsibilities

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

### When do I submit my medical certificate?

**Your medical certificate must be lodged within three months from the date the medical examiner signs it.**

Submit your completed certificate, including chest X-ray and laboratory results, with your application.

### What happens next?

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

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

### For more information

If you have questions about completing the form:

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

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

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

# GUIDE TO COMPLETING THE MEDICAL CERTIFICATE

## Completing Section A Personal details

**Please complete this section before you see the doctor.**

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

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

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

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

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

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

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

## Completing Section D Medical examination and findings

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

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

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

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

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

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

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

## Completing Sections H & I Laboratory referral form

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

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

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

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

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

This page can be detached from the main form and is for you to take with you when you get your chest X-ray.

Please answer questions **K1** to **K9** before your X-ray but **do not** sign the declaration until you are with the radiographer who takes the X-ray.

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

**Please keep these notes. Detach at the perforation.**



# Medical & Chest X-ray Certificate

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## Section A Personal details

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

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

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

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

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

Valid photographic identification sighted? (eg passport)

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

Family/last name

Given/first name(s)

**A3** Other names you are known by

**A4** Full home address

Telephone (daytime)

Email

**A5** Gender  Male  Female

**A6** Date of birth

**A7** Country of birth

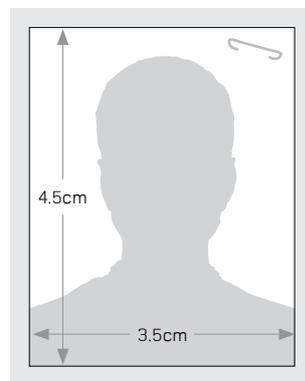
**A8** Country of citizenship

**A9** Number of children born to applicant: Alive

Deceased

Total born

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

**A11** How long were you there?

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**A12** State your occupation and, if you are intending to work or study, the types of activities you will be performing during your intended work or course of study in New Zealand (eg office work, labouring).

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**A13** Do you receive a sickness benefit, government assistance, or any other welfare benefit for health or disability reasons?

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

No

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## Section B Medical history of person having the medical examination

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

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

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

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

Yes *Provide details, including relevant dates.*

No

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

Yes *Provide details, including relevant dates.*

No

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

Yes *Provide details, including relevant dates. Arrange and attach Hepatitis C test.*

No

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

Yes *Provide details.*

No

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**B5** Are you receiving special support services?  Yes  No  
 If you are under 21 years of age and at school, are you in a special class at school?  Yes  No  Not applicable  
 If you are under 21 years of age are you in a special school?  Yes  No  Not applicable  
 If you are under 21 years of age does a disability prevent you from attending school?  Yes  No  Not applicable

*If you have answered Yes to any of the questions above please provide details.*

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

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

**B7** Do you smoke or have you ever smoked cigarettes?

Yes *Provide details*

No

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

**B8** Do you drink alcohol?

Yes *Provide details*

No

- What do you drink?
- What quantity per week?

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

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

Yes *If you have or had TB then include all X-ray films/plates/scans to show recent and past history of diagnosis and treatment. X-ray films/plates/scans must have a corresponding report attached.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received.*

No

**B23** Do you have or have you ever had arthritis or pain in the back, neck or any joint that has required treatment and/or time off work?

Yes *Provide details, including date of diagnosis and any treatment received.*

No

**B24** Do you have or have you ever had any skin disorder?

Yes *Provide details, including date of diagnosis and any treatment received.*

No

**B25** Do you have or ever had any blood disorder including anaemia, any immune disorder, thalassaemia, bleeding disorder, sickle cell disease, haemophilia?

Yes *Provide details, including date of diagnosis and any treatment received.*

No

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

Yes *Provide details, including date of diagnosis and any treatment received. If history of cancer treatment in the previous five years, request a report from the attending specialist (dated within the last three months) regarding histology, staging, management and prognosis.*

No



## Section C Declaration of person having the medical examination

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

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

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

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

I declare I will inform Immigration New Zealand (INZ) 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 INZ 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 INZ 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 INZ.

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

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

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

Signature of person being examined \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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(or parent/guardian)

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
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(if applicable)

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

### Declaration of medical examiner

Signature of medical examiner \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Full name of medical examiner \_\_\_\_\_

## Section D Medical examination and findings

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

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

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

For more information see [www.immigration.govt.nz/medicalhandbook](http://www.immigration.govt.nz/medicalhandbook).

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

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

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

**D1** Date of examination 

D	D	M	M	Y	Y	Y	Y
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**D2 BMI\*** In light-weight clothing and stockings feet: Weight (kg)  Height (cm)   
 BMI (Weight (kg)/(Height (m)<sup>2</sup>)) (for applicants 18 years and over)   
 Waist circumference (cm) (for applicants 18 years and over)

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

**D4 Vision**

Visual acuity\*: uncorrected Left  Right   
 corrected Left  Right

Any abnormalities of fundal examination?  Yes  No

**D5 Cardiovascular system**

**First reading blood pressure\*** (not required for children under 15 years of age)  /   
 systolic / diastolic

**Repeat if the first reading is 140/90 mmHg or more**  /   
 systolic / diastolic

**Heart**

Pulse rate  Rhythm

Murmur?  Yes *Provide either a specialist cardiologist or paediatrician's opinion; or an echocardiogram. (If echocardiogram is abnormal, request cardiologist review).*  
 No

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

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

Any other abnormality?  Yes *Provide details*  No

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

Yes *Provide details*  
 No

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

Yes *Provide details*  
 No

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

Yes *Provide details*  
 No

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

Yes *Provide details*  
 No

Any behavioural or communication problems?

Yes *Provide details*  
 No

Any evidence of mental illness or abnormal mental state?

Yes *Provide details*

No

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

Yes *Provide details*

No

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Any disability or developmental delay evident that is likely to require support services?

Yes *Provide details*

No

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

Yes *Provide details*

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

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Is this person likely to require assessment for support services?

Yes *Provide details*

No

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**D9** **Hearing:** any hearing difficulty or ear disease?

Yes *Provide details*

No

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

Yes *Provide details*

No

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**D11** Are there any abnormalities in the **lymph nodes**?

Yes *Provide details*

No

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**D12** Are there any abnormalities in the **endocrine system**?

Yes *Provide details*

No

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**D13 Disorders of skin and scalp** (including scars, ulcers, skin cancers, significant skin disease eg psoriasis)? Yes *Provide details* No

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

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**D15** Are there any abnormalities in the **breast**? Females 45 years and over and where otherwise indicated. *As an alternative to examination, applicants may supply a mammogram or breast ultrasound completed in the last 6 months.* Yes *Provide details* No

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

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**D17 General medical comment**

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

 Yes *Provide details* No

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**D18 Cancer or malignancy**

Do any responses in section D indicate abnormal or positive cancer findings including lymphoma or leukaemia?

 Yes *Provide details, including date of diagnosis and any treatment received. If history of cancer treatment in the previous five years, request a report from the attending specialist (dated within the last three months) regarding histology, staging, management and prognosis.* No**Next steps – checklist****Medical examiner:** Arrange urinalysis for all applicants five years of age and over. Complete Laboratory Referral Form and detach for applicant to take when giving blood sample. Consider noting any conditions which may be relevant to the radiologist when examining the X-ray.  
(Refer to question **Q1** on the X-ray certificate).**Applicant:** Undergo blood tests and X-ray (refer to Sections H, I and J).

## Section E Urinalysis and blood tests

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

### Urinalysis

- May be completed via dipstick (by medical examiner) or via laboratory. Where dipstick results return abnormalities attach full laboratory urinalysis.
  - Required for all persons (except children under five years of age).
  - Child under five years of age should have urinalysis if clinically indicated, eg a history of kidney disease or recent tonsillitis.
  - **Females must not undergo urinalysis during menstruation.**
  - Repeat/follow up **laboratory** urinalysis if positive blood pigment; red cells and/or test positive for protein.
  - Request HbA1C test if positive sugar in urine.

#### E1 Urinalysis results

Date          Dipstick  Laboratory 

Details if appropriate

Protein  Negative  Positive Sugar  Negative  Positive Blood  Negative  Positive 

If tested at a later date

       Protein  Negative  Positive Sugar  Negative  Positive Blood  Negative  Positive 

### Blood tests

The following tests are compulsory for all applicants 15 years of age and over or where clinically indicated.

#### E2 Blood test results

##### Standard tests

Glucose (preferably fasting)  Elevated  Not elevated Lipids (preferably fasting)  Elevated  Not elevated Full blood count  Normal  Abnormal Hepatitis B surface antigen\*  Negative  Positive 

\* If applicant applying for residence, and test result positive then request:

- Hepatitis C test; and

- Hepatitis B e antigen (if result negative, request HBVDNA test); and

- repeat Liver Function Test (LFT); and

- if applicant over 30 years of age, then request Alpha fetoprotein test.

HIV\*\*  Negative  Positive 

\*\* If the initial test is positive, repeat and perform Western Blot.

Liver function test  Normal  Abnormal Serum creatinine  Normal  Abnormal Syphilis  Negative  Positive 

##### Discretionary tests

Creatinine/microalbumin  Normal  Abnormal Faeces culture  Normal  Abnormal HbA1c  Normal  Abnormal Hepatitis C  Normal  Abnormal





# Laboratory Referral Form

Supporting information for a visa/permit application

## Section H Instructions for medical examiner and laboratory

Medical examiner

Please complete your contact details.

Please confirm which tests are required for this applicant.

The following tests are **compulsory** for all applicants 15 years of age and over; and where **clinically-indicated** for children under 15 years of age. Refer to *Handbook for Medical Examiners* for further information).

- Glucose (preferably fasting), lipids (preferably fasting), HIV, hep B, syphilis, LFT, FBC and serum creatinine tests.

The following tests are required in the following circumstances:

- Hepatitis C antibody tests where clinically indicated (eg elevated ALT, chronic hepatitis B). Refer to *Handbook for Medical Examiners*.

HbA1c and creatinine microalbumin ratio tests are required for diabetics.

Where other conditions are identified refer to *Handbook for Medical Examiners*.

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

Applicant's details (please print)

Applicant's full name

Applicant's date of birth  NHI number (NZ)

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

### Laboratory tests required

Standard tests	Discretionary tests
<input type="checkbox"/> Glucose (preferably fasting) <input type="checkbox"/> Lipids (preferably fasting) <input type="checkbox"/> Full blood count <input type="checkbox"/> Hepatitis B surface antigen <input type="checkbox"/> HIV <input type="checkbox"/> Liver function tests <input type="checkbox"/> Serum creatinine <input type="checkbox"/> Syphilis screening	<input type="checkbox"/> Urinalysis <input type="checkbox"/> Creatinine microalbumin ratio <input type="checkbox"/> Faeces culture <input type="checkbox"/> HbA1c <input type="checkbox"/> Hepatitis C antibody

Signature of medical examiner  Date

Medical examiner's full name

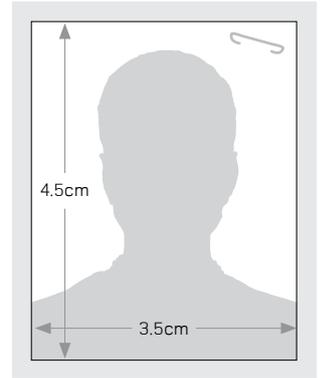
Postal address



## Section I Confirmation of identity and declaration

### Applicant

- Attach one recent passport photograph in the space provided.
- Complete **11** to **17** before your examination.
- Present this form when having blood taken for testing.
- **The declaration below must be completed and signed in front of the person taking blood.**



### Person taking blood

- Valid photographic identification sighted? (eg passport)

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

### Applicant details

**11** Passport number

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

Family/last name

Given/first name(s)

**13** Other names you are known by

**14** Gender  Male  Female

**15** Date of birth

**16** Country of birth

**17** Country of citizenship

### Applicant's declaration

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

Signature of applicant  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 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



# Chest X-ray Referral Form

Supporting information for a visa/permit application

## Section J

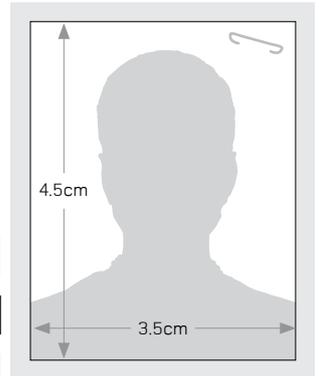
## General information and confirmation of identity

**Applicant** attach one recent passport photograph in the space provided.

Complete **J1** to **J6** before your examination. Present this form when presenting for your chest X-ray.

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

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



**J1** Family/last name as shown in passport

Given/first name(s) as shown in passport

Other names you are known by

**J2** Gender  Male  Female **J3** Date of birth

**J4** Applicant's passport number

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

**J7** Medical examiner's name

### Applicant's declaration

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

**Signature of applicant**  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 radiographer or examining radiologist

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

**Signature of radiographer/examining radiologist**  Date

Full name of radiographer or examining radiologist



## Section K Results of chest X-ray examination

This section must be completed in full by the radiologist. Answer all of the questions. Please print or write clearly. Illegible forms will be returned for clarification. Please use a black pen. Please answer all questions in English. Where abnormalities are present, the radiologist must provide details and comments in the space provided. Where abnormalities are present, the X-ray film must accompany the certificate.

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

**K1** Notes to radiologist (if applicable) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>K2</b>	Skeleton and soft tissue	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____
<b>K3</b>	Cardiac shadow	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____
<b>K4</b>	Hilar and lymphatic glands	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____
<b>K5</b>	Hemidiaphragms and costophrenic angles	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____
<b>K6</b>	Lung fields	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____
<b>K7</b>	Evidence of TB	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
<b>K8</b>	Evidence of old, healed TB	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
<b>K9</b>	Evidence suspicious of active TB	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
<b>K10</b>	If <b>K1</b> to <b>K9</b> are positive, then include all x-ray films/plates/scans to show recent and past history of diagnosis and treatment. X-ray films/plates/scans must have a corresponding report attached.			
<b>K11</b>	Details of other abnormalities _____ _____			

*If abnormalities, please provide details.*

## Section L Radiologist's declaration

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

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

**Signature of radiologist** \_\_\_\_\_ **Date** | D | D | | M | M | | Y | Y | Y | Y |

Radiologist's details (please print)

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

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

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

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

Daytime telephone number \_\_\_\_\_ Email address \_\_\_\_\_