

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).

December 2020

INZ 1007



# General Medical Certificate

## Section A Personal details

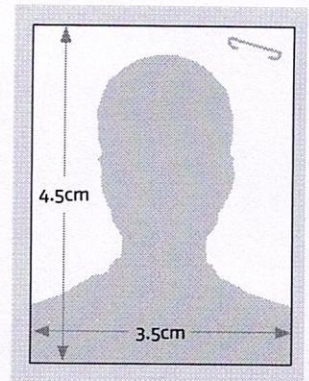
Question **A1** must be completed by the examining physician or delegated staff.

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* \_\_\_\_\_

**B12** Do you have an ongoing physical or intellectual disability affecting your current or future ability to function independently or be able to work full-time (including autism or developmental delay)?

No  Yes *Give details* \_\_\_\_\_

**B13** Do you have an addiction to drugs or alcohol?

No  Yes *Give details* \_\_\_\_\_

**B14** Are you taking any prescribed pills or medication (excluding oral contraceptives, over-the-counter medication and natural supplements)?

No  Yes  
*Give details of duration, dose, quantity and frequency* \_\_\_\_\_

**B15** Do you have a hereditary or autoimmune condition?

No  Yes *Give details* \_\_\_\_\_

**B16** Do you have a neurological condition, including having had a stroke or multiple sclerosis?

No  Yes *Give details* \_\_\_\_\_

**B17** Do you have any significant family health history?

No  Yes *Give details* \_\_\_\_\_

**B18** Are you pregnant? What is the expected date of delivery?

No  Yes *Give details* \_\_\_\_\_

**Examining physician:**

I have discussed the applicant's medical history with the applicant (or the applicant's parent or guardian if they are under 18 years of age).

**Physician's comments (if any)**

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

**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 (if applicable) \_\_\_\_\_ Date 

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

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 \_\_\_\_\_