



Limited Medical Certificate

Who should use this form?

Applicants for entry to New Zealand are required to have an acceptable standard of health (the leaflet *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.

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 3705, Wellington, 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 the partner of a New Zealand citizen or resident and you meet the requirements of the Partnership Category, which includes having lived together with your partner for 12 months or more in a partnership which is genuine and stable (your dependent children (if any) should also use this certificate), or
- are the dependent child of a New Zealand citizen or resident, or
- are a person (or the partner or dependent child of a person) who has been recognised as having refugee or protection status* in New Zealand.

You must not use this certificate if you are applying for a visa as the partner or dependent child of a New Zealand citizen or resident and you were not included in, or were withdrawn from the earlier residence application made by your partner or parent. If this situation applies to you, you must use the *General Medical Certificate (INZ 1007)*.

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

You may not need a new medical certificate if you submitted a medical certificate completed and dated by a 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.

* A person has refugee or protected person status in New Zealand if they have been recognised as such under the Immigration Act 2009.

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



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 panel physician. Please see our website at www.immigration.govt.nz/healthinfo to find your nearest panel physician.

If you live in a country that does not have any panel physicians, a registered medical practitioner can complete this certificate.

Your responsibilities

- All applicants must pay the fees for the immigration medical examination, any tests required and all postage and courier fees.
- All applicants 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 colour passport photos. Photographs must be no more than six months old.
- All your medical notes and reports, 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 of the immigration medical examination:

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

- the medical certificate must be completed in English
- the medical history section (section B) must be completed by the examining physician or a nurse or health care assistant
- the physician will complete the physical examination. You may need to remove some items of clothing for the physical examination
- some parts of the physical examination may be carried out by a nurse or health care assistant
- you will also need to get blood tests, a chest X-ray and possibly some other tests if clinically necessary, and
- 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.**

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 the form.
- Your application form is complete only when **all** the completed test results and specialist reports have been attached and the physician has completed all sections of the form.
- You must submit your completed immigration medical examination, including all blood tests, and X-rays (*Chest X-ray Certificate (INZ 1096)*) and any other tests, within three months from the date the physician signed the completed application form.
- Your application 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 the applicant's 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, or
- telephone our call centre on 0508 558 855 (within New Zealand).



Limited Medical Certificate

Section A Personal details

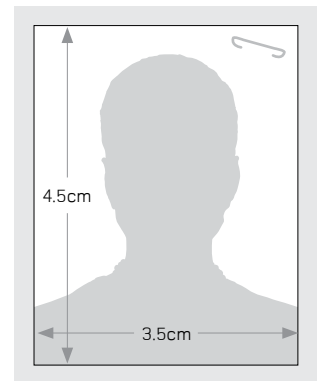
Question **A1** must be completed by the examining physician or delegated staff.

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 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? (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 List all countries you have lived, studied or worked in for three months or more in the last five years.



Section B Medical history**Applicant:**

- The examining physician will complete the medical history section with your assistance. The applicant must NOT complete this section.
- If the form is for a child under 16 years of age, the examining physician (or a delegated staff member such as a nurse) will complete the medical history section with the assistance of a parent or guardian, and
- If you answer Yes to any question, you will need to provide a specialist report.

B1 Do you require or are you likely to require dialysis treatment in the next five years? No Yes *Give details*

B2 Do you have haemophilia? No Yes *Give details*

B3 Do you have a condition which requires full-time care, support, or equipment, either in hospital or the community? No Yes *Give details*

B4 Do you have any personal history of tuberculosis (TB), or any household or occupational contact with someone who has TB, or have you ever needed medication for TB? 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 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 laboratory test section.

I declare that 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 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 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 examining physician 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 form in any material way after it has been signed, my visa application may be declined, and I may lose any right of appeal of the decision to decline the application. I may become liable for deportation. I may also be committing an offence and I may be imprisoned.

Signature of person being examined _____ Date

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

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 ensure specialist reports are obtained. If you do not have enough space, attach a separate sheet. All attached sheets must be initialled by the examining physician. For more information see www.immigration.govt.nz/medicalhandbook.

Was a chaperone present during the examination?

Yes *Provide chaperone's name and the relationship to person being examined.* No Declined

Was an interpreter present during the examination?

Yes *Provide interpreter's name and the relationship to person being examined.* No Declined

D1 Date of examination

D2 Are there any indications that this person requires or will require dialysis in the next five years? No Yes *Give details*

Examples: severe diabetes; renal surgery scars or stomas; shunts; hypertension; abnormal renal tests; polycystic kidney disease.

D3 Are there any indications that this person has haemophilia? No Yes *Give details*

Examples: spontaneous or pathological bruising, swelling, bleeding into joints, muscles and soft tissues; history of blood or blood product transfusion?

D4 Are there any indications of a physical, intellectual, cognitive and/or sensory incapacity which may require full-time care, including care in the community? No Yes *Give details*

Examples: any medical, health, education or disability services input?

D5 Are there any symptoms or signs of previous or current TB, of any form? No Yes *Give details*

Next steps – checklist

- Examining physician:** 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).
 If any abnormalities noted, attach specialist reports.
- Applicant:** Undergo blood tests (refer to Section H of this form and the *Chest X-ray Certificate (INZ 1096)*).

Section E Blood tests

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

E1 Blood tests

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

Date

Full blood count Normal Abnormal *Give details*

Serum creatinine Normal Abnormal *Give details*

Glomerular filtration rate Normal Abnormal *Give details*
(abnormal if less than 60 ml/min/1.73m²)

Section F Examining physician's summary of findings

This section is compulsory. Please provide your comments on the history and health of this applicant, especially any areas where you consider follow-up is required. Please note any further tests or investigations that you would recommend.

Recommendation

Please consider the information provided about this applicant and refer to the handbook when making your recommendation. Based on the history, examination, the laboratory tests and the X-ray (if provided), you must consider whether:

- there are any significant findings. A significant finding is one that should be further reviewed by the INZ medical assessor, or
- there are any abnormal findings. An abnormal finding is not considered significant and does not need to be further reviewed by the INZ medical assessor, or
- there are no significant or abnormal findings.

Note this is not an assessment of whether or not the applicant has an acceptable standard of health in relation to the INZ standard.

1. No significant or abnormal findings.
2. Abnormal findings (not significant).
3. Significant findings.

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 print 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

INZ 1201



Laboratory Referral Form

Section H Instructions for examining physician and laboratory

Examining physician

Please complete your contact details below.

Please confirm which tests are required for this applicant.

Laboratory

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

Applicant's details (please print)

Applicant's full name

Applicant's date of birth NHI number (NZ)

Gender Male Female Examining physician's laboratory reference number (if applicable)

Age years Weight kg

Laboratory tests required

Standard (compulsory) tests	Discretionary tests
<input type="checkbox"/> Full blood count <input type="checkbox"/> Serum creatinine <input type="checkbox"/> Estimated glomerular filtration rate (eGFR)	<input type="checkbox"/> Any other tests deemed necessary by the examining physician (list). <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Signature of examining physician Date

Examining physician's full name

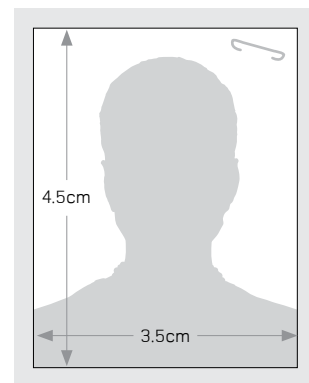
Postal address



Section I Confirmation of identity and declaration

Applicant

- Attach one recent colour passport photograph in the space provided. The photograph must be no more than six months old.
- 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? (For example, passport.)

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

Applicant details

11 Passport number

12 Applicant's 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: Declaration of person having the medical examination. 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