



# 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.

## 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 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.

In New Zealand any registered medical practitioner is able to complete this certificate. If you do not have a doctor

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



please refer to the telephone book for a list of general practitioners near you.

### 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.

- The medical history section (Section B) must be completed by the examining physician or delegated person. 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 the form.
- Your application 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 lodge 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 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](http://www.immigration.govt.nz)
- telephone our call centre on 0508 558 855 (within New Zealand).



# General Medical Certificate

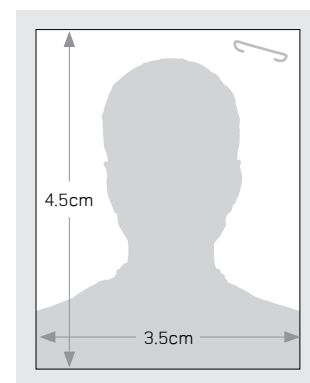
## Section A Personal details

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)

**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

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



**A11** What is your intended work or study activity in New Zealand?

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## Section B Medical history

### Applicant:

- The examining physician will complete this medical history section with your assistance. You (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.
- If you answer 'Yes' to any question, please give details and give the physician any reports, tests or other information.

Have you had or do you have any:

<b>B1</b>	Prolonged or repeated hospital admissions and/or any surgery?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B2</b>	Heart or lung condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B3</b>	Kidney, liver or blood condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B4</b>	Diabetes?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B5</b>	Neurological condition, hearing or vision problems?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B6</b>	Physical, intellectual or developmental condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B7</b>	Psychiatric (mental) problems or addiction?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B8</b>	AIDS, hepatitis B, hepatitis C, or positive HIV tests?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B9</b>	Tuberculosis (TB), treatment for TB, and/or household and/or occupational contact with someone with TB?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B10</b>	Muscle, bone, skin, hereditary or autoimmune condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B11</b>	Cancer, malignancy or organ transplant? When?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B12</b>	Government assistance for medical, health or disability reasons?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B13</b>	Any other treatment or therapy?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B14</b>	Do you smoke or have you ever smoked?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B15</b>	Do you consume alcohol?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Give details</i>	<input type="text"/>
<b>B16</b>	Are you pregnant?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<i>Expected date of delivery</i>	<input type="text" value="D D M M Y Y Y Y"/>

**B17** List all medications and doses (excluding oral contraceptive).

Drug name	Dose	Quantity	Frequency
eg Aspirin	100 mg	2	Daily

**B18** **Family history:** Please complete the table below detailing relationship, age and state of health of your parents, brothers and sisters. If any are deceased, please specify the age at death and cause of death. (If there is not enough space, please attach an additional sheet of paper and have this initialled by the examining physician.)

Relationship (eg father, sister)	Age	State of health (if not good, please state reason)	Cause of death if deceased (please provide full details)	Age at death

## 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 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.

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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*(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
---	---	---	---	---	---	---	---

*(if applicable)*

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

### Declaration of examining physician

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

D	D	M	M	Y	Y	Y	Y
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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/medicalhandbook](http://www.immigration.govt.nz/medicalhandbook).

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 

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

**D2** Height in metres \_\_\_\_\_ Weight in kilograms \_\_\_\_\_

Body mass index (kg/m<sup>2</sup>) \_\_\_\_\_ (for applicants aged 18 years and over)

**D3** Pulse rate and rhythm  Normal  Abnormal *Give details* \_\_\_\_\_

**D4** Bruits  Normal  Abnormal *Give details* \_\_\_\_\_

**D5** Blood pressure Systolic \_\_\_\_\_ Diastolic \_\_\_\_\_

**D6** Peripheral pulses  Normal  Abnormal *Give details* \_\_\_\_\_

**D7** Heart murmur  No  Yes *Give details* \_\_\_\_\_

**D8** Visual acuity  Normal  Abnormal *Give details* \_\_\_\_\_

Corrected visual acuity Left \_\_\_\_\_ Right \_\_\_\_\_

**D9** General appearance  Normal  Abnormal *Give details* \_\_\_\_\_

**D10** Cardiovascular system  Normal  Abnormal *Give details* \_\_\_\_\_

**D11** Respiratory system  Normal  Abnormal *Give details* \_\_\_\_\_

**D12** Ear, nose, throat  Normal  Abnormal *Give details* \_\_\_\_\_

**D13** Abdominal and genitourinary system  Normal  Abnormal *Give details* \_\_\_\_\_

**D14** Neurological system  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/medicalhandbook](http://www.immigration.govt.nz/medicalhandbook).*

**D15** Hearing  Normal  Abnormal *Give details* \_\_\_\_\_

**D16** Eye/fundal  Normal  Abnormal *Give details* \_\_\_\_\_

**D17** Physical, intellectual or sensory capacity  Normal  Impaired *Give details* \_\_\_\_\_

**D18** Psychiatric status  Normal  Abnormal *Give details* \_\_\_\_\_

<b>D19</b>	Musculoskeletal system	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
<b>D20</b>	Skin and lymph nodes including cervical lymph nodes in children under 15 years of age	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
<b>D21</b>	Evidence of drug taking	<input type="checkbox"/> Absent	<input type="checkbox"/> Present	<i>Give details</i>	<input type="text"/>
<b>D22</b>	Breast examination in women over 45 years of age	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
<b>D23</b>	Children under five years of age: developmental milestones	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
<b>D24</b>	Children under three years of age: head circumference	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
<b>D25</b>	In your opinion, is the applicant able to live independently without significant support and perform activities of daily living without assistance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>Give details</i>	<input type="text"/>

### 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 laboratory. Where dipstick results return abnormalities attach full laboratory urinalysis.
- 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 laboratory urinalysis if positive blood pigment; red cells and/or test positive for protein.

#### 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"/> Laboratory			
Date (if tested again) <input type="text" value="D D M M Y Y Y Y"/> <input type="checkbox"/> Dipstick <input type="checkbox"/> Laboratory			

Please attach results of all laboratory tests.

### Blood tests

Refer to *Handbook for Examining Physicians (INZ 1216)* ([www.immigration.govt.nz/medicalhandbook](http://www.immigration.govt.nz/medicalhandbook)) for additional tests when abnormalities.

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

Date

HBA1c	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
Serum creatinine	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
Hepatitis B surface antigen (Hep B sAg)	<input type="checkbox"/> Negative <input type="checkbox"/> Positive*	<i>Give details</i>	<input type="text"/>
<small>*Request hepatitis B e antigen, alphafetoprotein and liver function tests.</small>			
Hepatitis C serology	<input type="checkbox"/> Negative <input type="checkbox"/> Positive*	<i>Give details</i>	<input type="text"/>
<small>*Request HCV RNA.</small>			
HIV	<input type="checkbox"/> Negative <input type="checkbox"/> Positive*	<i>Give details</i>	<input type="text"/>
<small>*Repeat with Western Blot or local equivalent for confirming HIV.</small>			
Treponemal serology	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>
Full blood count	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	<i>Give details</i>	<input type="text"/>

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





# 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 *Handbook for Examining Physicians (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"/> Serum creatinine <input type="checkbox"/> Hepatitis B surface antigen (Hep B sAg) <input type="checkbox"/> Hepatitis C serology <input type="checkbox"/> HIV <input type="checkbox"/> Treponemal serology <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

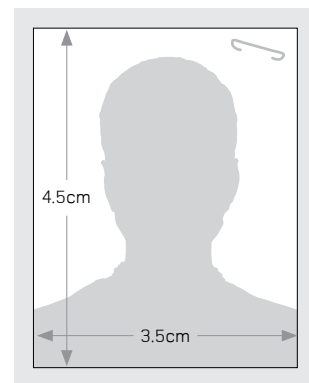
Postal address



## Section I Confirmation of identity and declaration

### Applicant

- Attach one recent colour passport photograph in the space provided.
- Complete **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 on page 4. 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



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[newzealand.govt.nz](http://newzealand.govt.nz)