

Passport/identification number

Radiologist/radiographer initials

Section A Personal details

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

Question **A1** must be completed by the radiographer or radiologist. All other questions in this section must be completed by the applicant before the examination.

A1 Radiographer or radiologist: certify identity by placing signature and date across photograph without obscuring the likeness of the person.

Valid photographic identification sighted?

Type of identity document

Original Passport Certificate of identity Refugee travel document

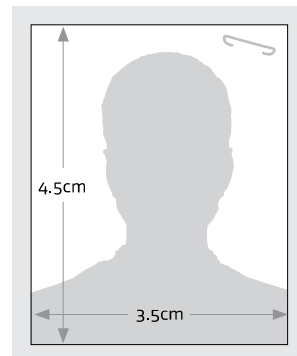
National ID card with photo

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 Contact no:

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

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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 Declaration of person having chest X-ray examination

This declaration must be signed and dated by the person having the chest X-ray examination, in the presence of the radiographer or radiologist.

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;
- 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.

I also understand that my personal information (including medical results, bio details and photographs) may be disclosed to:

- 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;

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- 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;
- 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 having chest X-ray

Date

Signature of parent or guardian if person having chest x-ray is under 18 years of age

Date

Full name of parent or guardian

Relationship to person having chest X-ray

Signature of radiographer or radiologist

Date

Name of radiographer or radiologist