



# Limited Medical Certificate

## Section A Personal details

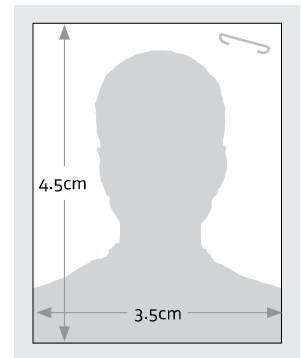
Question **A1** must be completed by the examining physician or delegated staff.

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)

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/last name

Given/first name(s)

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**

- Family  
 Humanitarian  
 UNHCR/Humanitarian Other

\*The Humanitarian 'UNHCR' option must be selected where the applicant:

- is mandated as a refugee by the United Nations Refugee Agency and is included in INZ's Refugee Quota Programme, or
- is applying under the Refugee Quota Family Reunification (RQFR) Category.

**A8** 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

**This section does not need to be completed if the visa category 'Humanitarian: UNHCR' has been selected at question A7.**

**Applicant:**

- You may complete the medical history section yourself and discuss your history with the examining physician, or the 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 of the questions from B1 to B4, please give details and provide the examining physician with any reports, tests or other information available.

**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** 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*

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**B5** Are you pregnant? If yes, what is the expected date of delivery?

No  Yes *Give details*

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**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)**

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**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, the Immigration 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 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;
- 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, for the purposes of identity checking. [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 reasonably 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.\*

\*Different payment arrangements exist for UNHCR-mandated refugees and RQFR Category applicants.

Signature of person being examined  Date

Signature of parent or guardian if person being examined is under 18 years of age

Date

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   
(if applicable)

Full name of person assisting

#### Declaration of examining physician

Signature of examining physician  Date

Full name of examining physician