

May 2019

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.

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 _____

