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.

Aı	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: DIBIMIMITYIYIY Date of expiry: DIBIMIMITYIYIY					
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 DIDIMINITY OF THE DESCRIPTION OF T					
A5	Country of birth					
A6	Contact address:					
	and/or personal email address:					

Α7	Which visa category are you applyi	ng for a visa under:				
	Temporary					
	☐ Visitor					
	☐ Student				*	550
	\square Worker with job offer					
	\square Worker without job offer					
	Residence					
	Skilled/Business					
	☐ Pacific Categories					
	☐ Family				(47	
	Humanitarian UNHCR					
	Humanitarian other					
	Work to Residence					
	Worker					
	Family of a worker					
A8	If you are applying under the Temp	oorary – Worker with a	job offer, Resid	dence – Skill	ed/Business or Wor	k to
	Residence – Worker categories det	tail your intended occu	ipation:		(4	
A9	How long do you intend to stay in	New Zealand:				
	_		24 months	☐ More th	an 24 months	
		12 110 110 110				

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Section B Medical history

hypertension, valve or congenital disease?

Bio Do you have a blood condition

(including thalassemia)?

B11 Do you have bladder or kidney problems?

Applicant:

Examining physician:

- 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.

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. Have you ever been diagnosed No Yes Give details with Tuberculosis (TB)? Have you ever had to take treatment for TB? ☐ No ☐ Yes Give details Have you ever been in close contact at home with a person known to have TB? ☐ No ☐ Yes Give details Have you ever had prolonged medical treatment and/or repeated hospital admissions for any reason, including a major operation or psychiatric illness? B4 Do you suffer, or have you ever \(\subseteq \text{No} \subseteq \text{Yes Give details} \) suffered, from a psychological or psychiatric disorder (including major depression, bipolar disorder or schizophrenia)? B5 Have you ever had an abnormal 🔲 No 🔲 Yes Give details or reactive HIV blood test? B6 Have you ever had an abnormal No Yes Give details or reactive Hepatitis B or Hepatitis C blood test? B7 Do you have or have you had No Yes Give details cancer or malignancy in the last 5 years? ☐ No ☐ Yes Give details Do you have diabetes? Do you have a heart condition ☐ No Yes Give details including coronary disease,

■ No ■ Yes Give details

☐ No ☐ Yes Give details

Name	of applicant			Examining physician's initials
	Do you have an ongoing physical or intellectual disability affecting your current or future ability to function independently or be able to work full-time (including autism or developmental delay)?	□ No	Yes Give details	
B13	Do you have an addiction to drugs or alcohol?	□No	Yes Give details	5
B14	Are you taking any prescribed pills or medication (excluding oral contraceptives, over-the counter medication and natural supplements)?		Yes rails of duration, dose, and frequency	
B15	Do you have a hereditary or autoimmune condition	□No	Yes Give details	S
B16	Do you have a neurological condition, including having had a stroke or multiple sclerosis?	□No	Yes Give details	5
B17	Do you have any significant family health history?	□No	Yes Give details	is
B18	Are you pregnant? What is the expected date of delivery?	□No	Yes Give details	is
	mining physician: I have discussed the applicar they are under 18 years of ag sician's comments (if any)	nt's med je).	dical history with th	he applicant (or the applicant's parent or guardian if
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