

## IMMIGRATION MEDICAL EMAIL PACK

Tēnā koe,

Thank you for choosing to complete your immigration medical with us. This pack includes the following.

- 1x Immigration Information Sheet
- 1x Immigration Registration Form

Please ensure you read the following Information guide which includes details pertaining to the Immigration process. Including your right to a chaperone during the full body examination, prices and what we require from you on the day and in preparation for the appointment.

### IMPORTANT INFORMATION:

- Immigration NZ require the removal of **ALL** clothing down to your underwear, please ensure you wear suitable under wear for the full body examination and advise staff if you would like a chaperone present during any stage of the medical process.

Please complete the forms provided, email your passport and the completed forms to [reception.bayfair@baymed.co.nz](mailto:reception.bayfair@baymed.co.nz)

Please complete and read **ALL** sections in the Immigration Registration Guide and Form.

**IMPORTANT:** When selecting the visa category, you must tick 1 of the “Visa types”.

You then need to circle 1 of each “Visa Subcategories” and then a “Visa Subcategory”. Example below.

Please circle VISA TYPE, and 1 VISA CATEGORY box, and circle 1 SUBCATEGORY

| VISA TYPE             | VISA CATEGORY     | VISA SUBCATEGORY  |
|-----------------------|-------------------|---|
| LIMITED<br>MEDICAL    | Residence         | Family / Humanitarian UNHCR / Humanitarian other <b>2021 Resident Visa</b>      |
|                       | Temporary         | Visitor / Student/ Worker with job offer/ Worker without job offer              |
| GENERAL<br>MEDICAL    | Temporary         | Visitor / Student/ Worker with job offer/ Worker without job offer              |
|                       | Work to Residence | Worker / Family of worker   |
|                       | Residence         | Skilled Business / Pacific Categories/ Family/ Humanitarian other               |
| CHEST<br>XRAY<br>ONLY | Temporary         | Visitor / Student/ Worker with job offer/ Worker without job offer              |
|                       | Work to Residence | Worker / Family of Worker   |
|                       | Residence         | Skilled Business/ Pacific Categories/ Family/ Humanitarian other/ 2021 Resident |

**LIMITED MEDICAL:** Have you been selected for New Zealand's Refugee Quota Programme\* or are you applying under New Zealand's Refugee Quota Family Reunification Category? \*This does not include applicants who have been recognised as refugees in NZ (or are the partner or dependent child of a person who has been approved refugee or protection status in New Zealand).

YES  NO

If you have any concerns regarding the immigration medical, please feel free to call on Phone: **07 5726800** or email for an Immigration Pack [reception.bayfair@baymed.co.nz](mailto:reception.bayfair@baymed.co.nz).

## IMMIGRATION MEDICAL INFORMATION GUIDE

### Please read

- The first appointment you will see the administrator for a photo and to sign a declaration, followed by the Practice Nurse for 30 minutes.
- After the practise nurse you will see the doctor for the second part of your appointment, this will be another 30 minutes. Once you have finished you can go for your blood test and x-ray **(please book your x-ray in advance at Bay Radiology 075749140)** Nurse and doctor's appointments will be booked on SEPERATE days, unless advised otherwise.
- Please contact us and advise if you require an interpreter. If the nurse questions your ability to interpret questions you may be asked to re-book at a time that an interpreter is available. **This must be an independent interpreter, NOT a family member or friend.**

**Immigration appointments are only available by appointment.**

### Prepayment is required:

Full general medical: \$300.00

Chest x-ray only: \$150.00

Limited medical: \$200.00

Add-on extra information: *price to be confirmed at booking*

**Any cancellations or changes to bookings must be made at least 24 hours prior to the appointment. A fee of \$150 will be charged if you do not inform us of your non-attendance.**

### There are separate charges for blood tests and X-ray

- The Pathlab charges begin at \$100, *the price can exceed this depending on the tests required.*
- The x-ray cost is \$160.00- you must book this in advance with an immigration panel radiologist.  
*(both the above are payable on the day by cash, eftpos or credit card.)*

The applicant **must bring** the following to the nurse and doctor appointments:

- ✦ Current valid passport
- ✦ Glasses or contact lenses.
- ✦ Details of any prescription medicines you are currently taking.
- ✦ Details of hospital admissions and surgeries (dates if possible)
- ✦ Specialist reports if you have any known medical conditions
- ✦ Family medical history if known

### **IMPORTANT INFORMATION:**

- ✦ **Immigration NZ** require the removal of **ALL** clothing down to your underwear, please ensure you wear suitable under wear for the full body examination and advise staff if you would like a chaperone present.
- ✦ **Women** aged 45 years and over must have a breast examination at the Doctor's appointment.
- ✦ **Children** under 18 years of age must have a parent or legal guardian present.
- ✦ **A urine sample will be taken during your first consult with the nurse.** Women, please do not make your nurse appointment at a time when you are menstruating as this will affect the result.
- ✦ **Children** – under 11 do not usually require a chest X-ray, under 15 do not usually require blood tests, under 5 do not require urine samples unless there is a previous clinical indication.

**Please feel free to bring a chaperone or let our staff know if you would like one during any stage of the medical process.**



**IMMIGRATION REGISTRATION FORM (please use black pen)**

SURNAME/FAMILY NAME: \_\_\_\_\_

TITLE: Miss/ Master/ Ms/  
Mrs/ Mr / other: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male  Female

PASSPORT NUMBER: \_\_\_\_\_ PASSPORT ISSUE DATE: \_\_\_\_\_

COUNTRY OF BIRTH: \_\_\_\_\_ PASSPORT EXPIRY DATE: \_\_\_\_\_

PASSPORT ISSUING COUNTRY: \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_ PHONE: \_\_\_\_\_

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YES  NO

Current or intended Occupation: \_\_\_\_\_ Will you work or study? \_\_\_\_\_

Intended length of stay: less than 6 months / 6-12 months / 12-24months / more than 24 months

Do you require an XRAY? YES  NO

I have read and accept the EMedical Terms and Conditions

Signed \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_