

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 a clear (A4 SIZE) copy of your passport and the completed forms to immigration@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 tick 1 of each "Visa Categories" and then a "Visa Subcategory". Example below.

Please select VISA TYPE, and 1 VISA CATEGORY, and select 1 SUBCATEGORY

VISA TYPE	VISA CATEGORY	VISA SUBCATEGORY	
☐ LIMITED MEDICAL	☐ Residence	☐ Skilled Business ☐ Pacific Categories ☐ Family ☐ Humanitarian Other ☐ UNHCR	☐ Christchurch Response (2019) ☐ 2021 Resident Visa ☐ Straight to Residence ☐ Business Investor
	☐ Temporary	☐ Visitor ☐ Student	☐ Worker with job offer ☐ Worker without job offer
☒ GENERAL 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 ☐ UNHCR	☐ Christchurch Response (2019) ☐ 2021 Resident Visa ☐ Straight to Residence ☐ Business Investor
☐ CHEST XRAY 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 ☐ UNHCR	☐ Christchurch Response (2019) ☐ 2021 Resident Visa ☐ Straight to Residence ☐ Business Investor

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 process please email us at immigration@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/Healthcare assistant for 30 minutes.
- After the Practice Nurse/Healthcare Assistant you will see the doctor for the second part of your appointment, this will be another 30mins. Once you have finished you can go for your blood test and xray (**please book your xray in advance at Bay Radiology 075782073 / 08004674260**). 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 rebook 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 to confirm your appointment:

Full General Medical: \$365.00

Chest XRAY only: \$230.00

Limited Medical: \$270.00

Addon extra information: *Price to be confirmed at booking approx. \$220.00*

Any cancellations or changes to bookings must be made at least 48 hours prior to the appointment. A fee of \$165 will be charged if you do not inform us of your nonattendance.

Additional Charges

Please note that blood tests and X-rays are charged separately and are payable directly to the external providers on the day.

- **Blood tests:** Additional charges apply and are payable directly to Pathlab. The cost will depend on the tests required.
- **X-rays:** Additional charges apply and are payable directly to Bay Radiology. You will need to arrange your X-ray appointment with Bay Radiology once you have booked with us.

Please note: Fees charged by external providers may change at any time. We recommend confirming the current cost directly with the provider prior to your appointment.

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 Xray, 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

TITLE: Miss Ms Mr Male Female
 Master Mrs Other: _____
 SURNAME/FAMILY NAME: _____
 GIVEN NAMES: _____ DATE OF BIRTH: ____/____/____
 PASSPORT NUMBER: _____ PASSPORT ISSUE DATE: _____ COUNTRY OF BIRTH: _____
 PASSPORT EXPIRY DATE: _____ PASSPORT ISSUING COUNTRY (Not City): _____
 CURRENT ADDRESS: _____
 PHONE: _____ EMAIL: _____
 EMERGENCY CONTACT PERSON : _____ RELATIONSHIP TO YOU: _____ PHONE: _____

Please select VISA TYPE, and 1 VISA CATEGORY, and select 1 SUBCATEGORY

VISA TYPE	VISA CATEGORY	VISA SUBCATEGORY	
LIMITED MEDICAL	Residence	Skilled Business Pacific Categories Family Humanitarian Other UNHCR	Christchurch Response (2019) 2021 Resident Visa Straight to Residence Business Investor
	Temporary	Visitor Student	Worker with job offer Worker without job offer
GENERAL 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 UNHCR	Christchurch Response (2019) 2021 Resident Visa Straight to Residence Business Investor
CHEST XRAY 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 UNHCR	Christchurch Response (2019) 2021 Resident Visa Straight to Residence Business Investor

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YES NO

Current or intended Occupation: _____ Will you work or study? _____

Intended length of stay:	LESS THAN 6 MONTHS	12-24 MONTHS
	6-12 MONTHS	MORE THAN 24 MONTHS

Do you require an XRAY? YES NO

I have read and accept the EMedical Terms and Conditions

Signed _____ Date: ____/____/____