

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:

Please complete the forms provided, email a clear (A4 SIZE) copy of your passport and the completed forms to immigration@tga.thedoctors.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@tga.thedoctors.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 X-ray.
- 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 when an interpreter is available.

Immigration appointments are only available by appointment.

Prepayment is required to confirm your appointment:

Full General Medical: \$345.00

Chest XRAY only: \$180.00

Limited Medical: \$250.00

Follow-up: \$180.00 for 15-minute consult and \$280.00 for 30-minute consult.

Cancellation charge of \$150.00 applies if you cancel your appointment within 24 hours. If you request cancellation more than 24 hours before your appointment, an admin fee of \$50.00 applies.

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:** Costs start from \$150.00 apply and are payable directly to Pathlab. The cost will depend on the tests required.
- **X-rays:** An additional charge of \$205.00 apply are payable directly to Bay Radiology.

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:

- ✦ **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: ____/____/____