**IMMIGRATION MEDICAL EMAIL PACK**

Please read the **Immigration Information Sheet,** in it you will find details about the appointments and services needed, and prices for immigration medicals.

**YOU MUST CIRCLE YES OR NO TO THE BELOW QUESTIONS**

Do you have any respiratory symptoms Cough, Sore Throat, Runny Nose, Fever YES / NO

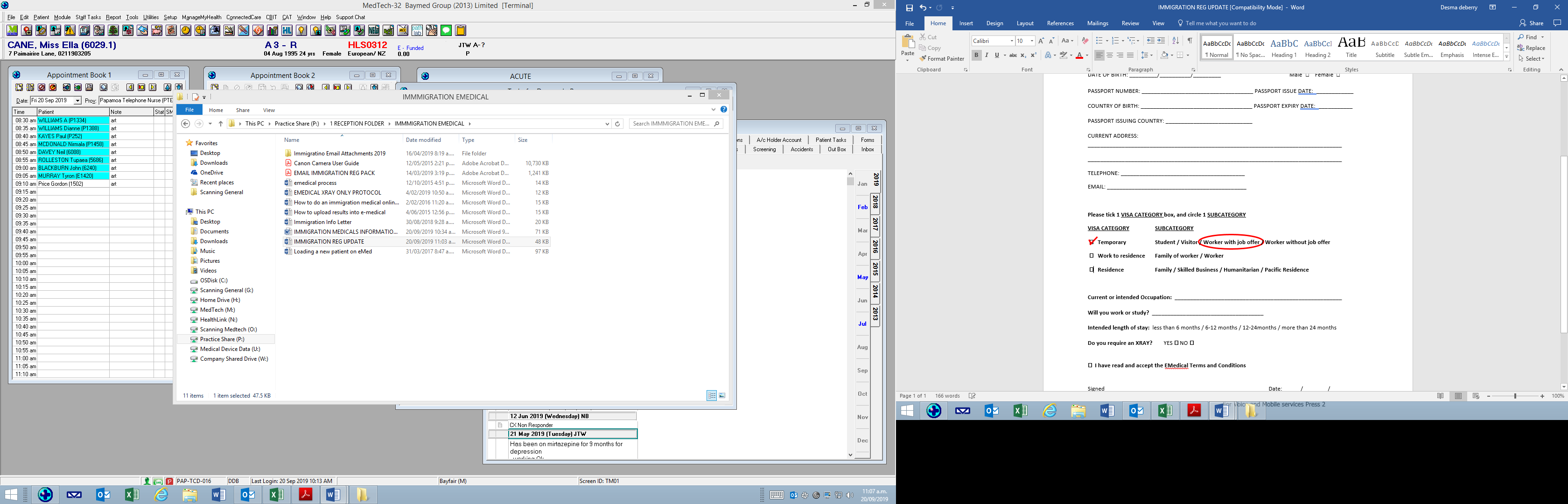
Have you tested positive for Covid in the last 7 days? YES / NO

**If you answer yes to any of the following question’s we will organise to see you in a different area of our clinic and or ask you to wear a mask to ensure the safety for yourself and our staff.**You will then need to complete the attached **Causal Registration Form**.

Finally, you need to complete **ALL** sections in the **Immigration Registration Form**.

When selecting the visa category, you must tick 1 of the 3 options.

You then need to circle 1 of the ‘Subcategory’ options. Example below.



Please email back all 4 pages and a clear copy of your passport and visa if you have one.

Once we have reviewed your application and loaded you into our system, we will email you a tentative booking.

**Fees:** General Medical - $330 Limited Medical - $220 Xray Only Medical - $170

To confirm this tentative booking, you will need to pay for your appointment.

You can pay by calling us and paying over the phone by card, or by bank transfer and sending us proof of payment. You can also come into reception to pay in person.

Only then your appointment will be confirmed. If you have any concerns regarding the immigration medical, please feel free to call on Phone: **07 3088267** or email [admin@totalhealthdrs.co.nz](mailto:admin@totalhealthdrs.co.nz).

**IMMIGRATION MEDICALS INFORMATION SHEET**

If you can, please bring your original forms with you to the appointment.

You **MUST BRING IN YOUR PASSPORT**.

Your passport cannot be submitted to Immigration until your medical has been completed.

Pathlab and Radiology will both need to view. Without your passport we will not do your medical.

We have multiple options for immigration medical appointments, we have the Limited Medical & Xray Only. For these appointments you only need 1 x 15 minute appointment with the GP.

We then have the General Medical with or without X-Ray.

For this you will be required to have two appointments:

* The first appointment you will see the administrator for a photo and to sign a declaration, followed by Health Care Assistant for 15 minutes you are require to do a urine test so please ensure you have a full bladder.
* After the HCA 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 be advised that we use a mobile phone to take your immigration photo.

You photo will only be used for this purpose and is deleted from the mobile phone once uploaded to the e medical database.

* For any immigration appointment that requires an X-Ray you are required to book this yourself in advance at East Bay Radiology, we do not do this for you.
* Immigration appointments are only available on Tuesdays, and Thursdays after 9am.
* You can organise your own interpreter or we can prebook one for you if you cannot understand English, please let us know the charge for this is $51.00. If you show up to your appointment without this being organised prior, you will have to be re-booked and you will be charged $50.00

This must be an independent interpreter, NOT a family member or friend.

Initial you agree:

**There are separate charges for blood tests and X-ray’s**

* The Path lab charges begin at $100, *the price can exceed this depending on the tests required*.
* The x-ray cost is $170 if done at East Bay Radiology

(*both the above are payable on the day by cash, eftpos or credit card.)*

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| The applicant **must bring** the following to the HCA and doctor appointments:   * Original 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 * Please email us any communications you may have received from immigration or if you already have a Case file number. |

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| Please be aware of the following:  **You may be required to remove all clothes down to your underwear for a full body examination**   * **Women** aged 45 years and over must have a breast examination at the Doctors appointment. * **You are welcome to bring a chaperone with you.** If you do not have anyone we can organise this for you the charge for this is $50.00 * **Children** under 16 years of age must have a parent or legal guardian present. * **A urine sample will be taken during your first consult with the HCA.** Women, please do not make your HCA 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. |

Initial you agree:

**IMMIGRATION REGISTRATION**

***(ALL QUESTIONS MUST BE ANSWERED IN FULL)***

Name as shown in passport:

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

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

DATE OF BIRTH: \_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_ Male 🗌 Female 🗌

If Child : Consenting Parent Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

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

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TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Please **tick 1 VISA CATERGORY** box, and **circle 1 SUBCATERGORY**

**VISA CATERGORY SUBCATERGORY**

**🗌 Temporary Student / Visitor / Worker with job offer / Worker without job offer**

**🗌 Work to residence Family of worker / Worker**

**🗌 Residence Family / Skilled Business / Humanitarian / Pacific Residence / 2021 One off Residency**

**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

**Please circle 1 medical you require:**Limited Medical Do you require an X-Ray with this? Y/N  
General Medical Do you require an X-Ray with this? Y/N   
X-Ray Only

**After reading the information sheet:**  
Do you need a chaperone? Y/N  
Do you consent to having your photo taken on a mobile phone? Y/N

If you do not speak or understand English and require an interpreter

Please indicate preferred language? Y/N

**🗌 I have read and accept the E Medical Terms and Conditions**

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

Office Use: Photocopy of passport 🗌 Completed in full