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IMMIGRATION MEDICAL FORM

Title:	Mr	Mrs	Miss	Ms	Mast
Surname on Passport					
First name on Passport					
Middle name/s on Passport					
Country of birth			Date of Birth		
Nationality					
Issuing country of passport					
Date of issue			Date of expiry		
Gender					
Email					
Address					
Mobile					
Visa category applying for					
Temporary – Visitor	<input type="checkbox"/>	Residence – Skilled/Business	<input type="checkbox"/>		
Temporary – Student	<input type="checkbox"/>	Residence – Pacific Categories	<input type="checkbox"/>		
Temporary- Worker with job offer	<input type="checkbox"/>	Residence – Family	<input type="checkbox"/>		
Temporary- Worker without job offer	<input type="checkbox"/>	Residence – Humanitarian	<input type="checkbox"/>		
		UNHCR	<input type="checkbox"/>		
		Residence – Humanitarian	<input type="checkbox"/>		
		Other	<input type="checkbox"/>		
Work to Residence- Worker	<input type="checkbox"/>	Residence – Christchurch Response (2019)	<input type="checkbox"/>		
Work to Residence- Family of a Worker	<input type="checkbox"/>	Residence – 2021 Resident Visa	<input type="checkbox"/>		
		Residence – Straight to Residence	<input type="checkbox"/>		
		Residence – Business Investor	<input type="checkbox"/>		
Medical Tests required					
General Medical	<input type="checkbox"/>	Xray	<input type="checkbox"/>		
Limited Medical	<input type="checkbox"/>	Blood test	<input type="checkbox"/>		

I understand the conditions of my immigration appointment is as follows:

1. I am required to bring my current ORIGINAL passport to all Immigration Medical appointments

2. *I acknowledge that The Doctors Whakatipu is not able to advise me on specific requirements by INZ as to whether I need a medical or not, or what type of medical I need. This is my responsibility. I am therefore booking this appointment/these appointments with full understanding that it is appropriate for my needs*
3. *If required, I am to bring a **translator** to be my **interpreter**. This **cannot** be a family member or friend*
4. **GENERAL MEDICALS** –tests must be done a minimum of 4 working days prior to my appointment, to ensure the results are available at the time of my appointment
5. *I am responsible for and have selected the correct visa category*
6. **GENERAL MEDICALS** – FEMALES only – If I have my period at the time of my appointment, I will be required to come back for urine analysis at a later date. My immigration medical will not be submitted until this has been completed
7. *I understand the implications of cancellation/rescheduling appointments. If I am unable to attend my appointment or am attending the appointment without all the requirements a cancellation fee might apply.*
 1. *Change of time at least 3 days prior **No Penalty***
 2. *Change or cancellation up to 48 hours (2 working days) **30% of fee paid***
 3. *Change or cancellation up to 24 hours (1 working day) **50% of fee paid***
 4. *Attending the appointment without all the requirements as listed **70% of fee paid***
8. *I acknowledge that all lab fees and radiology fees are at my own cost and not included in any The Doctors Whakatipu quotes for services.*
9. *I hereby acknowledge that the information I have provided is true and accurate and that I understand the conditions of my appointment.*

Signature

Date