

Please fill in all fields of this form

Surname(s) as shown on Passport

First name(s) as shown on Passport

Gender Male Female

Date of Birth

Pregnant Yes No

Title Mr Mrs Ms Miss Dr Other (specify)

Address

Phone

Email

Passport Number

Passport Issuing Country

Passport Date of Issue

Passport Expiry Date

Country of Birth

Which Visa Category are you applying for? Please tick the correct boxes below.

Temporary

- Visitor
- Student
- Worker with job offer
- Worker without job offer

Residence

- Skilled/Business
- Pacific Categories
- Family
- Humanitarian UNHCR
- Humanitarian other

Work to Residence

- Worker
- Family of Worker

What is your intended occupation in New Zealand (if applying under the work/skills category)?

How long do you intend to stay in NZ? Less than 6 months 6-12 months 12-24 months More than 24 months

Type of Immigration examination Chest X-ray only Full Medical Limited Medical

Do you have an Interpreter/Chaperone? Yes No

If YES provide Name and Relationship to you

I would like NZ Immigration to contact me via email

Please note:

Please remember to bring in your original passport with you at the time of your examination

Please read the eMedical client consent and declaration form, enter your name at the top and bottom, then date and sign it.