

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, during the week please email the forms and your passport 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 3 options.

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

Please tick 1 VISA CATEGORY box, and circle 1 SUBCATEGORY

VISA CATEGORY

Temporary

Work to residence

Residence

SUBCATEGORY

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

Family of worker / Worker

Family / Skilled Business / Humanitarian / Pacific Residence

If you have any concerns regarding the immigration medical, please feel free to call on Phone: **07 9288000** or email for an Immigration Pack 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 for 30 minutes.
- After the practise nurse 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
- Nurse and doctor's appointments will be booked on the same day, 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 re-book 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:

Full general medical: \$330.00

Chest x-ray only: \$170.00

Limited medical: \$230.00

Add-on extra information: *price to be confirmed at booking*

Any cancellations or changes to bookings must be made at least 24 hours prior to the appointment. A fee of \$150 will be charged (unless within reason) .

There are separate charges for blood tests and X-ray

- The Pathlab charges begin at \$100, *the price can exceed this depending on the tests required.*
- The x-ray cost is \$185.00 which can be done on the day on site.
(both the above are payable on the day by cash, eftpos or credit card.)

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 X-ray, 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 (please use black pen)



SURNAME/FAMILY NAME: _____

TITLE: Miss/ Master/ Ms/
Mrs/ Mr / other: _____

GIVEN NAMES: _____

DATE OF BIRTH: ____/____/____

Male Female

PASSPORT NUMBER: _____ PASSPORT ISSUE DATE: _____

COUNTRY OF BIRTH: _____ PASSPORT EXPIRY DATE: _____

PASSPORT ISSUING COUNTRY: _____

CURRENT ADDRESS: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT PERSON: _____

RELATIONSHIP TO YOU: _____ PHONE: _____

Please circle VISA TYPE, and 1 VISA CATEGORY box, and circle 1 SUBCATEGORY

VISA TYPE	VISA CATEGORY	VISA SUBCATEGORY
Limited Medical	Residence	Family / Humanitarian UNHCR / Humanitarian Other / 2021 Resident Visa
	Temporary	Visitor / Student / Worker with job offer / worker without job offer

OR

VISA TYPE	VISA CATEGORY	VISA SUBCATEGORY
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

OR

VISA TYPE	VISA CATEGORY	VISA SUBCATEGORY
Chest X-Ray Only	Temporary	Visitor / Student / Worker with job offer/ Worker without a job offer
	Work to residence	Worker / Family of worker
	Residence	Skilled business / Pacific Categories / Family / Humanitarian other / 2021 resident

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

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

Do you require an XRAY? YES NO

I have read and accept the EMedical Terms and Conditions

Signed _____ Date: ____/____/____