



Phone: 07 3088267 / Email: admin@totalhealthdrs.co.nz

IMMIGRATION MEDICAL EMAIL PACK

This pack will include the following:

- Immigration Medical + Fees
- Information Sheet
- Immigration Registration Form

Medicals & Fees

We have moved to prepayment across the board for all services, this includes immigration medicals.

Once we have reviewed your application, we will email you your tentative appointment.

To confirm this appointment, we require payment within 24hrs.

MEDICALS	PRICES
General Examination	\$340.00
Limited Examination	\$220.00
Chest X-ray	\$170.00
Additional Tests <small>*If further tests are required there may be further costs involved outside of our control</small>	\$120.00

Payment is required within 24hs to confirm your booking.

You can pay at reception in person, over the phone by Visa Debit/Visa/Master Card or via bank transfer - please send confirmation of your payment.

Additional Fees:

- DNA - Failure to attend any booked appointments will incur a fee of \$50.
- Cancellation - To cancel an appointment you must contact The Doctors Total Health on 07 308826 minimum 4 hours prior to the appointment otherwise \$50 DNA fee will apply.
- Chaperone - If you do not have anyone, we can organise this at a charge of \$50.

Initial you agree:

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. Without your passport we will not do your medical.

We have multiple options for immigration medical appointments, we have the Limited Medical & X-ray 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 a Health Care Assistant for 15 minutes you are required to do a urine test so please arrive with 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. Your 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 alternate Tuesdays and Thursdays.**
- **Interpreter:** This may **NOT** be a family member or friend. You can book a translator via the patient registration form at NO extra charge.

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.)

Initial you agree:

Patient Registration Guide

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.
- **Children** under 16 years of age must have a parent or legal guardian present.
- **A urine sample will be taken during your first consultation with the HCA.**
Please avoid making an appointment during your menstrual cycle as this will affect your results.
- **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.
- **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.

You must bring the following to your 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 or additional documentations to support your medical examination during your appointment.**
- **Please email us any communications you may have received from immigration or if you already have a Case file number.**

Proposed Visa Application details:

When selecting the visa category, you must select 1 of the 3 options. example below:

<p>Please tick 1 of 3 Visa CATEGORY suitable for your medical.</p> <p>VISA CATEGORY</p> <p><input checked="" type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Work to residence</p> <p><input type="checkbox"/> Residence</p>	<p>Please circle 1 SUBCATEGORY relating to your medical.</p> <p>Please tick 1 <u>VISA CATEGORY</u> box, and circle 1 <u>SUBCATEGORY</u></p> <table><thead><tr><th><u>VISA CATEGORY</u></th><th><u>SUBCATEGORY</u></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> Temporary</td><td>Student / Visitor / Worker with job offer / Worker without job offer</td></tr><tr><td><input type="checkbox"/> Work to residence</td><td>Family of worker / Worker</td></tr><tr><td><input type="checkbox"/> Residence</td><td>Family / Skilled Business / Humanitarian / Pacific Residence</td></tr></tbody></table>	<u>VISA CATEGORY</u>	<u>SUBCATEGORY</u>	<input checked="" type="checkbox"/> Temporary	Student / Visitor / Worker with job offer / Worker without job offer	<input type="checkbox"/> Work to residence	Family of worker / Worker	<input type="checkbox"/> Residence	Family / Skilled Business / Humanitarian / Pacific Residence
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<input type="checkbox"/> Work to residence	Family of worker / Worker								
<input type="checkbox"/> Residence	Family / Skilled Business / Humanitarian / Pacific Residence								

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: _____

TELEPHONE: _____

EMAIL: _____

Please tick 1 VISA CATEGORY box, and circle 1 SUBCATEGORY.

VISA CATEGORY

SUBCATEGORY

Temporary

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

Work to residence

Family of worker / Worker

Residence

Family / Skilled Business / Business Investor / Humanitarian UNCHR / Humanitarian OTHER

Pacific Categories / Christchurch Response 2019 / Straight to Residence / 2021 Resident Visa

Current or intended Occupation: _____

Will you work or study? _____

Intended length of stay: less than 6 months / 6-12 months / 12-24 months / 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

Do you require an interpreter? Y/N

If YES, please indicate your preferred language.

I have read and accept the E Medical Terms and Conditions

Signed _____ Date: ____/____/____

Office Use: Photocopy of passport Completed in full