

Immigration Medical Form

Please complete all the fields in this form

First name(s) as it appears on your passport

Last name(s) as it appears on your passport

Gender

Pregnant

Date of Birth (date/month/year)

Male ☐

Female ☐

Yes ☐

No ☐

New Zealand Residential Address

Email Address

Phone Number

Passport Number

Passport Issuing Country

Passport Date of Issue

Passport Expiry Date

Country of Birth

Please indicate the type of visa category you are applying for

Type of Immigration examination

Chest X-Ray ☐

Full Medical ☐

Limited Medical ☐

Limited Medical+Chest X-Ray ☐

How long do you intend to stay in NZ? Less than 6 months ☐

6-12 months ☐

12-24 months ☐

More than 24 months ☐

Do you wear glasses or contact lenses? Yes ☐ No ☐

NOTE:

- Please bring your original passport.
- Please bring your glasses or contact lenses if you use them.
- Please bring any relevant information regarding past health concerns, such as specialist letters or test results.
- A parent or legal guardian must accompany you if you are under 18.



- If you are pregnant, please bring a letter from your midwife or doctor confirming your estimated due date.
- A urine sample is required for analysis. For female patients, please be aware that we are unable to test your urine until at least three days after your period has finished.
- Please read the eMedical client consent and declaration form, and then sign and date the last page.
- If the blood test results are abnormal, further testing may be required at the patient's expense.
- If any of the checks show abnormalities, a detailed medical report will be necessary.

