

# EMEDICAL IMMIGRATION FORM

**IMPORTANT:** You will need your original passport to apply.

All sections marked \* must be completed.

**Dr Hamid Al-Bahadly**

OFFICE USE ONLY

NHI:

<b>*Legal Name</b>	(Title)	Given Name	Other Given Name(s)	Family Name	
<b>Other Name(s)</b> (e.g. maiden name)		<b>*Gender</b>	<input type="radio"/> Male	<input type="radio"/> Female	<input type="radio"/> Gender diverse
<b>*Birth Details</b>	Day / Month / Year of Birth		Place of Birth		Country of Birth
<b>What is your current Status?</b>	<input type="radio"/> Visitor Visa Holder	<input type="radio"/> Student Visa Holder	<input type="radio"/> Work Visa Holder	<input type="radio"/> Refugee/Asylum Seeker	
<b>*Ethnicity Details</b> Which ethnic group(s) do you belong to?	<input type="radio"/> NZ Maori <input type="radio"/> NZ European <input type="radio"/> Samoan <input type="radio"/> Cook Island Maori <input type="radio"/> Tongan <input type="radio"/> Niuean <input type="radio"/> Tokelauan <input type="radio"/> Brazilian	<input type="radio"/> Fijian <input type="radio"/> Indian <input type="radio"/> Cambodian <input type="radio"/> Filipino <input type="radio"/> Chinese <input type="radio"/> Japanese <input type="radio"/> Vietnamese <input type="radio"/> Korean	<input type="radio"/> Iranian <input type="radio"/> Syrian <input type="radio"/> Afghani <input type="radio"/> Brazilian <input type="radio"/> Arab <input type="radio"/> African <input type="radio"/> African American <input type="radio"/> Other European	Other (Please state)	
<b>*Contact Details</b>	*Mobile Phone		Home Phone	*Email Address	
<b>*Usual Residential Address</b>	House Number and Street Name		Suburb/Rural Location	Town / City and Postcode	
<b>Postal Address</b> (if different from above)	House Number and Street Name or PO Box Number		Suburb/Rural Delivery	Town / City and Postcode	
<b>*Emergency Contact</b>	Name		Relationship	Phone	
<b>*How long do you intend to stay in NZ?</b>	<input type="radio"/> Less than 6months	<input type="radio"/> 6-12months	<input type="radio"/> 12-18months	<input type="radio"/> More than 24months	
<b>*Which Medical Exam are you applying for?</b>	<input type="radio"/> Full Medical & Chest X-ray	<input type="radio"/> Full Medical No Xray	<input type="radio"/> Chest X-ray Only	<input type="radio"/> Add on Tests	
	<input type="radio"/> Limited Medical & Chest Xray	<input type="radio"/> Limited Medical No Xray	<input type="radio"/> Child Medical & Chest Xray	<input type="radio"/> Child Medical 10yrs & under	
<b>*Limited Medical Additional Question</b>	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).				<input type="radio"/> Yes <input type="radio"/> No
<b>*Employer Details</b>	Company name		Address		Occupation

<b>*Visa Category</b> <i>(Please tick only one subcategory option)</i>	TEMPORARY	RESIDENCE	WORK TO RESIDENCE
	<input type="radio"/> Visitor <input type="radio"/> Student <input type="radio"/> Work with Job Offer <input type="radio"/> Work Without Job Offer	<input type="radio"/> Skilled / Business <input type="radio"/> Pacific Categories <input type="radio"/> Family <input type="radio"/> Family Humanitarian UNHCR <input type="radio"/> Humanitarian Other <input type="radio"/> Christchurch Response 2019 <input type="radio"/> <b>2021 Resident Visa</b>	<input type="radio"/> Worker <input type="radio"/> Family of Worker

<b>*Signatory Details</b>			<input type="checkbox"/>	<input type="checkbox"/>
	Signature	Day / Month / Year	Self	Authority
<b>If patient unable to sign, an authority has the legal right to sign for another person if for some reason they are unable to consent on their own behalf</b>				
<b>*Authority Details</b>	Full Name		Relationship	Contact Phone
	Basis of authority (e.g. parent of a child under 16 years of age)			

# EMEDICAL CLIENT CONSENT & DECLARATION

I (full name)\* \_\_\_\_\_, declare that the information that I have provided in terms of my medical history and during my immigration health examinations as recorded in the eMedical system is true, complete and correct.

I understand that:

- my personal details and health information are being collected in the eMedical system to enable Immigration New Zealand (“INZ”), Ministry of Business, Innovation and Employment (“MBIE”) to determine whether or not they are satisfied that I meet the health criteria for a New Zealand visa(s);
  - INZ is authorised to collect and use the personal information entered into the eMedical system under the Immigration Act 2009, regulations made under that Act and in accordance with the Privacy Act 1993; further information about the purposes for which INZ requires my information is included in my visa application form which can be found on the INZ website at [www.immigration.govt.nz](http://www.immigration.govt.nz);
  - as required health examinations must be completed and assessed prior to a visa decision being made, if the information I have provided is not stored within the eMedical system, the processing of my visa application will be delayed, and my visa application may not be accepted if I fail to complete the required health examinations;
  - if I have provided any false or misleading information as part of my immigration health examination, my visa application(s) may be declined, and I may become liable for deportation. I may also be committing an offence and I may be imprisoned;
  - I must inform INZ of any relevant fact or any change of circumstance that may affect the decision on my application for a visa due to my health circumstances;
  - the information collected and stored relating to my New Zealand immigration medical examination will be electronically processed by the panel clinic I have selected in the eMedical system;
  - the eMedical system is an electronic system hosted, operated, and maintained by the Australian Department of Immigration and Border Protection (“DIBP”);
  - the information collected related to my immigration medical examination will be temporarily stored in the eMedical system and electronically transferred to INZ;
  - DIBP will keep confidential any information stored temporarily within eMedical in relation to my immigration medical examination and is only authorised by INZ to use or disclose the information for the following purposes: where DIBP is required by law to do so, or for technical purposes related to the operation and maintenance of the eMedical system;
  - the Government of New Zealand becomes the owner of the information entered about me into the eMedical system;
  - further information about the eMedical system is also available on the DIBP website at: <http://www.immi.gov.au/allforms/healthrequirements/electronic-health-processing.htm>;
  - if I confirm at the pre-exam stage of my health examination that I want to receive confirmation by email that my health examination has been completed:
    - \* this confirmation will be emailed to the email address I have provided for this purpose; and
    - \* if I later decide to use a different email address to the one, I provided for this purpose, it is my responsibility to inform the panel clinic; and
    - \* if I provide the email address of an immigration adviser for this purpose, I am consenting to the release of information about my health examination to them; and
    - \* if I provide the email address of an immigration adviser I will complete the INZ form *Immigration Adviser Details (INZ 1160)* and give it to the panel clinic to attach to my health examination, otherwise I will provide it directly to INZ as soon as I am able;
  - if I want to access my personal information held in the eMedical system I will be able to request a copy of, and correction to my personal information:
    - \* from the panel clinic that examined me, once I have been notified by the clinic that my health examination has been completed; and
    - \* from INZ once the panel clinic has transferred my completed health examination to INZ. The INZ website at [www.immigration.govt.nz](http://www.immigration.govt.nz) contains INZ’s contact information; that INZ will retain my personal information for use in assessing my health in the future as necessary, or for audit reasons.
- I also understand that my personal information (including my sensitive information) stored in the eMedical system (including medical results, bio details and digital photographs) may be disclosed to:
- New Zealand Government health agencies, health and settlement service providers and examining physician(s);
  - New Zealand Government agencies entitled to receive this information by law, to the extent necessary to make decisions about my immigration status; and
  - New Zealand law enforcement, health agencies and international agencies, including overseas recipients in the United Kingdom, the United States of America, Canada, and Australia. [Note: if I am applying for a visa as a refugee or protected person, INZ will only disclose this information to another country, if it is satisfied that this information will not be disclosed to the country from which I have sought refugee or protection status and the disclosure is otherwise permitted under the Immigration Act 2009].

I consent to:

- my medical information being submitted to INZ for the purposes of assessing my health for current or future New Zealand visa applications;
- my medical information being temporarily stored on the eMedical system owned and operated by DIBP;
- INZ retaining my medical information, including any x-ray images uploaded to the eMedical system, beyond the determination of my visa application, for the purposes of considering future applications I may make for a visa to New Zealand;
- INZ storing my digital photograph(s) which may be used by INZ for client identification purposes in addition to the health examination process;
- INZ disclosing my personal information, including information about my health, to the radiologists or panel physicians who have examined me. The reason(s) for this disclosure will be to investigate inconsistencies between the radiologist and/or panel physician’s examination and a previous/subsequent health assessment, to investigate a complaint against the radiologist or panel physician, or to follow up adverse results with the radiologist or panel physician to ensure the quality of the work undertaken by New Zealand’s panel physician network;
- INZ making any enquiries it deems necessary in respect of health information I have provided and to share this information with other Government agencies (including overseas agencies), and for these agencies to provide information about my health to INZ, to the extent necessary to make decisions about my immigration status;
- myself, my partner, and my children undertaking a full medical examination as requested by the medical agency assigned by the Refugee Quota Branch of INZ, if I have been selected under New Zealand’s Refugee Quota Programme;
- any New Zealand health service agency providing information about my state of health to INZ; and INZ disclosing my medical information in accordance with the provisions above.

I undertake to pay the fees for this medical examination including laboratory tests and I also agree that I or my child will undergo, at my expense, any further medical examination(s) that may be required by INZ in respect of the immigration application.

<b>*Signatory Details</b>			<input type="checkbox"/>	<input type="checkbox"/>
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