

IMMIGRATION MEDICAL PROCESS



Tena Koe,

Thank you for choosing Rotorua Medical Group Limited to complete your immigration Medical.

This pack includes:

- Important Information/Terms & Conditions
- The Appointment Process
- Immigration Registration Form

YOU MUST READ AND UNDERSTAND ALL THE INFORMATION IN THIS PACK

Complete the registration form provided in this registration pack and return with a **copy of your passport**.

Important Information/Terms and Conditions:

IMMIGRATION APPOINTMENTS ARE ONLY ON A PRE-BOOKED APPOINTMENT BASIS

VISA TYPE: You may select **only one visa category**, and it must be correct.

- If you are unsure which visa you are applying for, please contact **Immigration New Zealand** directly.
- We are unable to provide guidance on visa categories. Please confirm this before your appointment.
- **Refunds cannot be issued** if the wrong visa type is selected or if a medical examination is later found to be unnecessary.

DEPOSIT: A \$100 deposit must be paid 5 days in advance to secure the appointment – **this is non-refundable**. Only pay this after you have booked your appointment.

- Payment can be made at reception or online – Bank details below:
 - **Account Name:** Rotorua Medical Group Limited
 - **Account Number:** 03-0415-0599262-000
 - **Particulars:** Surname & Initials **Reference:** Appt Date
- Appointments will not be confirmed until the deposit has been received
- When the deposit has been received you will be sent a text confirming your appointment date and time.

CHILDREN: Children under 18 must be accompanied by a parent or legal guardian.

- 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

MEDICAL REQUIREMENTS: There are specific medical details you should be aware of.

- Immigration NZ requires the removal of all clothing down to underwear, so please wear suitable underwear for the full body examination.
- A urine sample will be collected during your first consultation with the nurse.
- If you're menstruating on the day of your appointment, the urine test will need to be rescheduled. The nurse will arrange this with you.
- You have the right to have a chaperone present during your examination. Please inform immigration staff if you'd like a chaperone to accompany you at any point during your appointment.

PASSPORT: You must bring your **current physical** passport with you on the day. We are unable to complete the medical without this.

The Appointment Process

Part A: Administrator Appointment (20-30 mins approx.)

- Sign Declaration and other immigration forms
- Details will be checked for accuracy
- ID photo will be taken

Part B Practice Nurse Appointment (20-30 mins approx.)

- Height, Weight, BP, Urine Test, Family History, Medication, Visual Acuity and a series of formatted questions set by INZ

Part C Doctor Appointment (20-30 mins approx.)

- Full body examination

INTERPRETER: Please let us know as soon as possible if you are bringing an interpreter with you.

- If the nurse has concerns about your ability to understand English, your appointment may be cancelled, and you may be asked to rebook with an interpreter.
- Ideally, this should not be a family member or friend. They must be someone who can clearly understand and speak English.

DOCUMENTATION: You **MUST** bring the following to the nurse and Doctor appointment.

- Current and valid Passport
- Glasses and/or contact lenses if you wear them
- Typed details of any prescription medicines you are currently taking.
- Details of previous hospital admissions and surgeries including dates
- Specialist reports for any known medical conditions
- Family medical history (if known)

Price List (Subject to Change)

Adult:	11 years & up	NZ\$ 320.00
Child:	10 years & under	NZ\$ 205.00

ADDITIONAL COSTS

Blood Tests	\$ Additional Cost (minimum \$205.00) Price determined by Pathlab*
X-ray	\$ Additional Cost (minimum \$140.00) Price determined by Mokoia Radiology* or provider specified on referral document

*Appointments are not required for our panel radiologist or the local Pathlab; however, there may be a short wait for these services. This should still allow you to complete everything on the same day as your medical.

IMMIGRATION MEDICAL REGISTRATION FORM

Personal Details

Surname/Family Name:

First/Given Names:

Date of Birth: *DD/MM/YYYY*

Country of Birth:

Passport Number:

Contact Number:

Email Address:

Current Address:

Postal Code:

Emergency Contact:

Name:

Contact Number:

Relationship to You:

Visa Details

Instructions: Select one visa category **AND** one visa sub-category. *Your selections must be accurate, as choosing incorrectly will lead to non-refundable medical fees.*

Visa Type (Pick **ONE** visa type **AND** one sub-category)

Temporary Visa

OR

Work to Residence Visa

OR

Residence Visa

+ 1 subcategory:

+ 1 subcategory:

+ 1 subcategory:

Visitor visa extension

Worker

Skilled business

Student

Family of worker

Pacific categories

Work with job offer

Family

Worker without job offer

Humanitarian Other

Parent Boost Visa

If any type of Work or Worker visa or sub-category is chosen:

Intended Occupation:

Intended Length of Stay:

Less than
6 months

6-12
months

12-24
months

More than
24 months

Do you require an X-Ray

YES

NO

ACKNOWLEDGEMENT

Please read each statement carefully and tick the box to confirm your understanding.

I have read and understand the Immigration Medical Process.

I have read and understand the Appointment Process, including:

- All documentation requirements
- Interpreter requirements

I have read and understand the Terms and Conditions, including:

- There is no refund for incorrect visa selection
- The deposit is non-refundable

Signature

Date

Full Name

NOTE: *If signed digitally, we will request for pen signature at your appointment*