

November 2014

INZ 1096



# Chest X-ray Certificate

## Who should use this form?

Applicants for entry to New Zealand are required to have an acceptable standard of health (*Health Requirements (INZ 1121)* has more details). This chest X-ray certificate records information about your health that Immigration New Zealand requires to assess whether you meet this standard.

## Deciding whether you are eligible for a visa

Immigration New Zealand collects the information about you on this form to decide whether you are eligible for a visa.

Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

You are able to ask for the information we hold about you and request to have any of it corrected if you think it is necessary. The address of Immigration New Zealand is PO Box 3705, Wellington, New Zealand. **This is not where your application should be sent.**

## Applicant's notes

The information in this section will help you complete this chest X-ray certificate. Please read the information in this section before you start to complete this certificate.

## When do I use this chest X-ray certificate?

You must use this chest X-ray certificate if:

- you are applying for residence, or
- you are applying for a temporary entry class visa and you intend to stay longer than 12 months, unless you are applying for a military visa, diplomatic, consular or official visa, or a visa related to the Antarctic Treaty, or
- you are applying for a temporary entry class visa and you intend to stay between six to 12 months and you are from, or have visited, a place that is not on Immigration New Zealand's list of countries, areas and territories with a low incidence of tuberculosis (TB). The guide *Health Requirements (INZ 1121)* has more details and includes the full list.

Children under 11 years of age and women who are pregnant are not required to undergo a chest X-ray examination unless requested by INZ.

## What if I submitted a chest X-ray certificate with my last application?

You may not need a new chest X-ray certificate if you have submitted a chest X-ray certificate completed and dated by a radiologist or a radiographer within the last 36 months with a previous application, and that information has been retained by Immigration New Zealand\*. Your immigration officer will let you know if a new chest X-ray certificate is required. If a new certificate is required you are responsible for any fees.

**Note:** You will need to provide a new chest X-ray certificate if you have spent six consecutive months in a place that is not on Immigration New Zealand's list of countries, areas and territories with a low incidence of TB since any previous chest X-ray certificate was completed and dated by a radiologist or radiographer. The guide *Health Requirements (INZ 1121)* has more details and includes the full list.

\* Immigration New Zealand does not necessarily retain medical information about applicants.

## Where do I get my immigration chest X-ray?

This chest X-ray certificate must be completed by a radiologist. This certificate is not to be completed by a radiologist or radiographer who is related to the person having the chest X-ray examination.

Please note you may require a referral from a registered medical practitioner for a chest X-ray. In most countries Immigration New Zealand has approved lists of panel physicians who must be used for the examination. If you require information on the panel physicians list, please visit the INZ website at [www.immigration.govt.nz/healthinfo](http://www.immigration.govt.nz/healthinfo). If you live in a country which does not have any panel physicians, a registered radiologist can complete this certificate.

### Your responsibilities

- You must pay the fees for the chest X-ray, any tests required and all postage and courier fees.
- You must tell the truth. False statements on a medical certificate may result in your application being declined, any visa granted being cancelled, and if you are in New Zealand, you may be required to leave the country.

### Completing the certificate

This certificate must be completed in English.

If any accompanying specialist report cannot be provided in English, a certified translation must be provided along with the original specialist report.

### Radiographer

The radiographer must:

- certify the identity of the person being examined, by signing and dating the front of the photograph at **At** (without obliterating the image). These details must extend beyond the photograph's edge, and
- check passport details and record the passport number (or other form of identification) at **At** and on every following page in the top right-hand corner.

### Radiologist

If a radiographer is not involved in this process, the radiologist must complete the steps outlined above, and:

- complete sections C, D and E
- complete **one** form only for each person having the examination
- ensure the radiologist's report is attached to this certificate
- where abnormalities are present or indicated, ensure the X-ray film accompanies this certificate
- ensure the complete certificate and radiologist's report, (and X-ray film if abnormalities have been noted) are returned to the applicant
- provide a copy of the radiologist's report to the referring examining physician, and
- if the person has been identified with active TB in **New Zealand**, please ensure the Medical Officer of Health at the local Public Health Unit has been advised in accordance with the Tuberculosis Act 1948.

## Person having chest X-ray examination

When you have your chest X-ray examination you must:

- attach **one** recent passport-size colour photograph of yourself in the space provided. The photograph must be no more than six months old
- bring your valid passport (or other photographic identification, for example national identity card where passport unavailable). The examining physician **will not** proceed with the examination without photographic identification
- complete section A before attending the examination
- complete Section B: Declaration of person having chest X-ray examination in the presence of the radiographer.

If you have evidence of past or present TB you may be asked to provide a respiratory physician's report. This must include:

- the date of diagnosis
- documentation of treatment given
- compliance with treatment confirmed, and
- results of 3x3 sputum cultures. Smears alone will not be accepted.

### What happens after the examination?

The radiologist who completes your medical certificate will return the form and all associated reports (and X-ray film if abnormalities have been noted) to you, or to the medical practitioner who referred you.

You must submit your completed chest X-ray certificate, along with any other medical certificates required, within three months from the date the radiologist signed the completed chest X-ray certificate.

Your application will be assessed by Immigration New Zealand and may be referred to an Immigration New Zealand medical assessor or New Zealand health authorities. You may be required to get further specialist reports or tests. You are responsible for paying for these. Your medical information may be retained by Immigration New Zealand.

### For more information

If you have questions about completing the form:

- see our website [www.immigration.govt.nz/contactus](http://www.immigration.govt.nz/contactus)
- telephone our call centre on 0508 558 855 (within New Zealand).

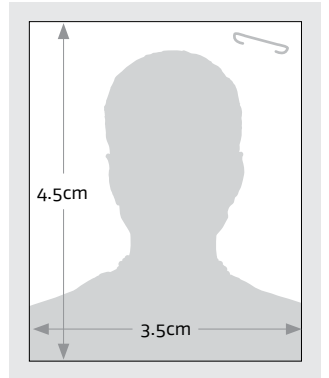
Passport/identification number

Radiologist/radiographer initials

## Section A Personal details

Attach one passport-size colour photograph here. The photograph must be no more than six months old. Write your full name on the back of the photograph.

Question **A1** must be completed by the radiographer or radiologist. All other questions in this section must be completed by the applicant before the examination.



**A1 Radiographer or radiologist:** certify identity by placing signature and date across photograph without obscuring the likeness of the person.

Valid photographic identification sighted?

Type of identity document:

Original Passport  Certificate of identity  Refugee travel document

National ID card with photo

Identity document number:

Issuing country:

Date of issue:

Date of expiry:

**A2 Applicant:** name as shown in identity document

Family name:

Given name:

Title:  Mr  Mrs  Ms  Miss  Dr  Other (specify)

**A3** Gender  Male  Female

**A4** Date of birth:

**A5** Country of birth:

**A6** Contact address:

and/or personal email address:

**A7** Which visa category are you applying for a visa under:

Visitor (other than family visitor)

Student (other than dependent child)

Work/Skills

Temporary employment supported

Resident

Work to residence

Working holiday scheme

Job search

Business/Investor

Temporary – other (specify)

Passport/identification number

Radiologist/radiographer initials

- Family
- Partner (visitor/work/resident visa)
  - Child (visitor/student/resident visa)
  - Parent/Grandparent multiple entry (visitor visa)
  - Family parent (resident visa)
  - Parent retirement (visitor/resident visa)
  - Guardian(visitor visa)

- Humanitarian

- Refugee
- UNHCR
- Other (specify) | \_\_\_\_\_

- Pacific Residence

- Samoa
- Tonga
- Kiribati
- Tuvalu
- Other (specify) | \_\_\_\_\_

**A8** What is your intended occupation in New Zealand (if you are applying under the work/skills category:

|\_\_\_\_\_

**A9** How long do you intend to stay in New Zealand:

- Less than 1 year    1 - 2 years    2 - 3 years    3+ years    Permanently

## Section B Declaration of person having chest X-ray examination

**This declaration must be signed and dated by the person having the chest X-ray examination, in the presence of the radiographer or radiologist.**

A parent or guardian must sign on behalf of a child under 18 years of age.

**Please read carefully before signing.**

I declare that the information that I have provided in terms of my medical history and during my immigration health examinations is true, complete and correct.

I understand that:

- my personal details and health information are being collected 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 my personal information 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);
- 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;

Passport/identification number

Radiologist/radiographer initials

- 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;
- 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 medical results, bio details and 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:

- INZ retaining my medical information, including any x-ray images, beyond the determination of my visa application, for the purposes of considering future applications I may make for a visa to New Zealand;
- 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;
- 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.

Signature of person having chest X-ray

Date

Signature of parent or guardian if person having chest x-ray is under 18 years of age

Date

Full name of parent or guardian

Relationship to person having chest X-ray

Signature of radiographer or radiologist

Date

Name of radiographer or radiologist

Passport/identification number

Radiologist/radiographer initials

## Section C Results of chest X-ray examination

This section must be completed in full by the radiologist.

Where abnormalities are present, the radiologist must provide details and comments in the space provided and the X-ray film must accompany this certificate. The radiologist's report must be attached to this certificate and both returned to the examining physician or applicant.

**C1** Notes to radiologist from examining physician (if applicable).

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|--|---------------------------------|-----------------------------------|---------------------|-------|
| <b>C2</b> Skeleton and soft tissue               | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | <i>Give details</i> | <hr/> |
| <b>C3</b> Cardiac shadow                         | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | <i>Give details</i> | <hr/> |
| <b>C4</b> Hilar and lymphatic glands             | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | <i>Give details</i> | <hr/> |
| <b>C5</b> Hemidiaphragms and costophrenic angles | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | <i>Give details</i> | <hr/> |
| <b>C6</b> Lung fields                            | <input type="checkbox"/> Normal | <input type="checkbox"/> Abnormal | <i>Give details</i> | <hr/> |
| <b>C7</b> Evidence of TB                         | <input type="checkbox"/> Absent | <input type="checkbox"/> Present  | <i>Give details</i> | <hr/> |
| <b>C8</b> Evidence suspicious of active TB       | <input type="checkbox"/> No     | <input type="checkbox"/> Yes      | <i>Give details</i> | <hr/> |

If abnormalities/evidence are noted in **C1** to **C8**, then include all X-ray films/plates/scans to show recent and past history of diagnosis and treatment. X-ray films/plates/scans must have a corresponding report attached.

**C9** Radiologist's comments (if any).

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Passport/identification number

Radiologist/radiographer initials

## Section D Examination Grading

Please consider the information you have recorded regarding this applicant, and provide a grading on their radiology examination below. Supporting comments are mandatory if you provide a B grading. If you provide an A grading, comments are optional.

A  No significant history or abnormal findings present

B  Significant history or abnormal findings present  
Please list significant history or abnormal findings

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Note this is not an assessment of whether or not the applicant has an acceptable standard of health in relation to the Immigration New Zealand standard.

General supporting comments (if applicable)

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## Section E Radiologist's declaration

**This declaration must be signed and dated by the radiologist who examined the chest X-ray.**

I certify that the statements made by me in answer to all the questions are true to the best of my knowledge and belief.

Signature of radiologist  Date

**Radiologist's details** (please write)

Full name

MCNZ number for New Zealand practitioners

Place of examination (city/state and country)

Postal address

Telephone (daytime)  Email

When filling in this form, please write clearly using CAPITAL LETTERS.

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New Zealand Government