



# X-ray Certificate for Temporary Entry

Supporting information for a temporary entry class visa application



## About the information you provide

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

The address of Immigration New Zealand is PO Box 3705, Wellington, New Zealand. **This is not where your X-ray certificate should be sent.**

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).

If you come to New Zealand, you will be able to ask to see the information we hold about you and have any of it corrected if you think it is necessary.

## For more information

If you have questions about completing the form:

- see our website [www.immigration.govt.nz](http://www.immigration.govt.nz)
- telephone our call centre on 0508 558 855 (within New Zealand)
- contact one of Immigration New Zealand's offices.

Immigration New Zealand has offices in Apia, Bangkok, Beijing, Dubai, Ho Chi Minh City, Hong Kong, Jakarta, London, Manila, Moscow, Mumbai, New Delhi, Nuku'alofa, Pretoria, Shanghai, Singapore, Suva, Sydney and Taipei.

Our New Zealand offices are located in Auckland, Henderson, Manukau, Hamilton, Palmerston North, Wellington, Christchurch, Queenstown and Dunedin.

You can also contact your nearest New Zealand Embassy or New Zealand High Commission.

## General information for radiologist, radiographer and person having the chest X-ray examination

**This certificate must be completed by a radiologist.**

Please note you may require a referral from a registered medical practitioner for a chest X-ray. In most countries Immigration New Zealand (INZ) has approved lists of panel doctors and/or radiologists who will examine you. If you require information on the panel doctors and/or radiologist list, please visit your local branch or the INZ website at [www.immigration.govt.nz/paneldoctors](http://www.immigration.govt.nz/paneldoctors). If you are not required to use one of the approved radiologists, any registered radiologist can complete this certificate.

**This certificate must be completed in English.**

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

The radiologist's report must be attached to this certificate. Where abnormalities are present or indicated, the X-ray film must accompany this certificate.

Any alterations to the certificate may result in the certificate being returned to you and you may be required to redo the examination. Any mistakes made must be crossed out with one line only eg *mistake*.

Any false statement made on this form or non-disclosure may result in:

- the INZ application being declined
- the holder of a visa becoming liable for deportation and required to leave New Zealand.
- criminal prosecution punishable by up to seven years imprisonment.

This certificate will be retained by INZ once submitted to their office.

INZ may refer this certificate to an INZ medical assessor or New Zealand health authorities, if appropriate, as part of assessing the associated application.

If referred, the INZ medical assessor may seek a specialist opinion. All such consultation will be treated in confidence.



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

### How to complete this certificate

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

INZ requires that the identifying details of the person having the chest X-ray examination are embedded in the X-ray film.

### Radiographer

The radiographer must:

- certify the identity of the person being examined, by signing and dating the front of photograph below (without obliterating the image). These details must extend beyond the photograph's edge
- check passport details and record passport number (or other form of identification) in **A4**, and on every following page in the top right-hand corner, and
- witness Section A: Confirmation of identity.

### Radiologist

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

- complete sections 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 medical examiner, and
- if the person has been identified with active tuberculosis 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

The person having the chest X-ray examination must:

- attach **one** recent passport-sized photograph of yourself below
- enclose your valid passport (or other photographic identification, eg national identity card where passport unavailable). The medical examiner **will not** proceed with the examination without photographic identification
- complete sections A and B before attending the examination
- complete Section C: 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.

Further tests may involve additional costs which will be at your expense.

### 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.

## Section A Confirmation of identity

**Attach one passport-size photograph here. The photograph must be less than six months old. Write your full name on the back of the photograph.**

Questions **A1**, **A2** and **A3** must be completed by the person having the chest X-ray examination.

Question **A4** must be completed by the radiographer or radiologist.

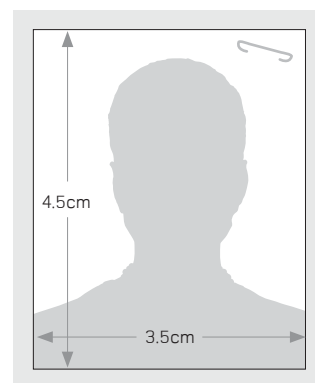
**A1** Full name as shown in passport

Family/last name

Given/first name(s)

**A2** Gender  Male  Female

**A3** Date of birth



Passport/identification number

Radiologist/radiographer initials

### To be completed by radiographer or radiologist

**A4** Valid passport sighted?

Yes *Passport number* \_\_\_\_\_

**Or** valid photographic identification (ID) sighted?

Yes *Type of ID* \_\_\_\_\_ *ID number* \_\_\_\_\_

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

**This section must be completed by the person having the chest X-ray examination before attending the examination.**

**B1** Name as shown in passport

Family/last name \_\_\_\_\_

Given/first name(s) \_\_\_\_\_

**B2** Full home address \_\_\_\_\_

**B3** Telephone (daytime) \_\_\_\_\_

**B4** Email \_\_\_\_\_

**B5** Gender  Male  Female

**B6** Date of birth

**B7** Country of birth \_\_\_\_\_

**B8** Country of citizenship \_\_\_\_\_

## Section C 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 16 years of age.

**Please read carefully before signing.**

I declare that the details given by me to the radiologist or radiographer on this X-ray certificate and set out in section A of this certificate are true and correct in every respect.

I declare I will inform INZ of any relevant fact or any change of circumstances that may affect the decision on my application for a visa due to my health circumstances.

I authorise INZ to make any enquiries it deems necessary in respect of the information provided on this form and to share this information with other Government agencies (including health service agencies and overseas agencies) to the extent necessary to make a decision about my immigration status.

I authorise any New Zealand health service agency to provide information about my state of health to INZ.

I undertake to pay the fees for this X-ray examination and I also agree that I or my child will undergo, at my expense, any further examinations that may be required by INZ in respect of the immigration application.

I agree that the radiologist or radiographer who completes this certificate may release to INZ, any information acquired with regard to the health of myself or my child.

I understand that if I make any false statements, or provide any false or misleading information or have changed or altered this certificate in any way, my application may be declined, or I may become liable for deportation, and that I may be committing an offence and be liable to prosecution and imprisonment.

Passport/identification number

Radiologist/radiographer initials

Signature of person having chest X-ray \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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(or parent or guardian)

Full name of parent or guardian \_\_\_\_\_

Relationship to person having chest X-ray \_\_\_\_\_

Signature of radiographer or radiologist \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Name of radiographer or radiologist \_\_\_\_\_

## Section D Chest X-ray results for person having the examination

**Comment is required on any and all aspects found not to be entirely normal with regard to TB.**

Give a full description of all TB-related findings. Provide details of any other (non-TB-related) abnormalities that may be evident.

**D1** Is there evidence of TB?  Yes *Provide details below*  No *Go to* **D4**

\_\_\_\_\_  
\_\_\_\_\_

**D2** Is this evidence of old, healed TB?  Yes *Provide details below*  No *Go to* **D3**

\_\_\_\_\_  
\_\_\_\_\_

**D3** Is this evidence suspicious of active TB?  Yes *Provide details below*  No *Go to* **D4**

\_\_\_\_\_  
\_\_\_\_\_

**D4** Is there evidence of any other (non-TB-related) abnormalities?  Yes *Provide details below.*  No

\_\_\_\_\_  
\_\_\_\_\_

## 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 

D	D	M	M	Y	Y	Y	Y
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**Radiologist's details** *(please print)*

Full name \_\_\_\_\_

MCNZ number for New Zealand practitioners \_\_\_\_\_

Place of examination (city/state and country) \_\_\_\_\_

Postal address \_\_\_\_\_

Telephone (daytime) \_\_\_\_\_ Email \_\_\_\_\_