

Application number	
Client number	
Date received	/ /



HOW TO COMPLETE THIS CERTIFICATE

Applicant

What you need to do before the examination:

- Staple one recent passport-sized photo in the box opposite
- Complete **Section A**.

What you need to bring to the examination:

- A valid passport or other photographic evidence of identification.

What you will do during the examination:

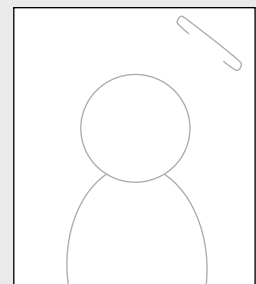
- Complete **Section B**.

What you need to do after the examination:

- You will be sent the X-ray film. On **every** X-ray plate you need to write your full name and date of birth
- Return the X-ray film, completed certificate and application form and all supporting documentation to the NZIS
- If you have evidence of past or present Tuberculosis (TB), you may need a respiratory physician's report (**Section F**).

Radiographer

- Complete **Section C** and witness to **Section B**.
- Check and certify the identity of the applicant by signing* and dating* ► **the front** of the photograph.
*Note: these details must extend beyond the photograph's edges.



Examining Radiologist

- If a Radiographer is not involved in this process, please complete the steps outlined above.
- Complete all of **Sections D** and **E**.

Posting instructions

- **IMPORTANT: DO NOT fold X-ray plates** (film). Use a flat envelope preferably with a thick cardboard backing sheet, and send them along with all supporting documentation.

SECTION A: APPLICANT'S PERSONAL DETAILS

Things you should know about this certificate

- **Children under the age of 12 and women who are pregnant are not required to undergo an X-ray examination.**
- This certificate must be completed by an Examining Radiologist. Please note, you may require a referral from a registered medical practitioner for a chest X-ray. In most countries the NZIS has approved lists of Panel Doctors and Examining Radiologists who will examine you. If you require information on the Panel Doctors and/or Examining Radiologists, please visit your local NZIS branch or the NZIS website at www.immigration.govt.nz. If you are not required to use one of the approved NZIS Examining Radiologists, any registered Examining Radiologist can complete this certificate.
- This certificate must be completed **in English** for each person applying for a visa to come to New Zealand or for a permit to be in New Zealand.
- Each X-ray certificate must be no more than three months old at the time the application for a visa or permit is made.
- This certificate will be treated in confidence, but a copy may be released to the applicant or, in the case of infants and children under the age of 16, their parent(s) or guardian(s).
- The NZIS may refer the certificate to a medical advisor, medical referee or New Zealand health authorities if appropriate.
- Any fees for the examination must be paid by the applicant, or the parent or guardian of a child applicant.
- Any false statement made on this form may result in:
 - the application being declined
 - any visa or permit issued being cancelled and the applicant being required to leave New Zealand.
- Each applicant must produce their valid passport or other photographic evidence of identification to the Examining Radiologist or Radiographer and one recently taken passport-sized photograph.

Please use a black or blue pen and write neatly in English. Illegible forms will be returned for clarification. Please tick or fill in all boxes.

A1 Surname or family name as shown in passport

A2 First or given names as shown in passport

A3 Gender Male Female

A4 Date of birth (day/month/year eg. 27/11/70)

A5 Country of birth

A6 Country of citizenship

A7 Full name of parent(s)/guardian(s)

A8 Full home address

A9 Passport number

SECTION B: APPLICANT'S DECLARATION

Please read carefully before signing this declaration in the presence of the Radiographer or Examining Radiologist

- I declare that the details given by me to the Examining Radiologist or Radiographer of this X-ray certificate and set out in Section A of this certificate are true and correct in every respect.
- 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 my visa or permit may be revoked, and that I may be committing an offence and liable to prosecution.
- I authorise the NZIS to make any enquiries it deems necessary in respect of the information provided on this certificate, and to share this information with other government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status.
- I authorise the NZIS to provide information about my state of health to any health service agency. I authorise any health service agency to provide information about my state of health to the NZIS.

- 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 medical examinations that may be required by the NZIS in respect of the immigration application.
- I agree that the Examining Radiologist or Radiographer who completes this certificate may release to the NZIS or medical advisor employed by them, any information acquired with regard to the health of myself or my child.

Signature of applicant or if under 16 years the signature of their parent(s) or guardian(s)

Date (day/month/year eg. 27/11/03)

Witness (Radiographer or Examining Radiologist)

Date (day/month/year eg. 27/11/03)

SECTION C: EXAMINING RADIOLOGIST'S DECLARATION OF APPLICANT'S IDENTIFICATION

Please note: where possible any information relating to or on the X-ray plate **MUST** be in English characters and numbers. The date must be in the following format: Day/Month/Year eg. 21/01/04 (ie. the twenty-first of January 2004).

This declaration may be completed by the Radiographer if the Examining Radiologist does not actually see the applicant.

I certify that:

- I have verified the identity of the applicant by both documents and appearance. (Remember to sign and date the front of the applicant's photograph.)

- I am satisfied that the particulars given to me by the applicant/applicant's parent(s) or guardian(s) are correct.
- The certificate was signed by the applicant in my presence.

Signature of Examining Radiologist or Radiographer

Date (day/month/year eg. 27/11/03)

D D / M M / Y Y

SECTION D: APPLICANT'S CHEST X-RAY RESULTS

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

D1 Hilar and Lymphatic glands Normal Abnormal describe in full:

D2 Hemidiaphragms and costophrenic angles Normal Abnormal describe in full:

D3 Lung fields Normal Abnormal describe in full:

D4 Evidence of TB Yes No describe in full:

D5 Evidence of old, healed TB Yes No describe in full:

D6 Evidence suspicious of active TB Yes No describe in full:

SECTION E: EXAMINING RADIOLOGIST'S DECLARATION OF APPLICANT'S EXAMINATION

Examining Radiologist Contact Details

E1

Name

Position

Postal address

Telephone number

Examining Radiologist Declaration

E2

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 Examining Radiologist or Radiographer

Date (day/month/year eg. 27/11/03)

SECTION F: RESPIRATORY PHYSICIAN'S REPORT

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 3 x 3 sputum cultures (smears will not be accepted).

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

PRIVACY ACT

- The information about you on this certificate is collected to help determine your eligibility for a visa or permit.
- You will, if you come to New Zealand, have the rights provided under the Privacy Act 1993 to access personal information about you held by the New Zealand Immigration Service, and to ask for any of it to be corrected if you think that is necessary.
- The main recipient of the information is the New Zealand Immigration Service of the Department of Labour, but the information may also be shared with other government agencies which are lawfully entitled to it.

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

- The collection of the information is authorised by the Immigration Act 1987 and the Immigration Regulations made under the Act. The supply of the information is voluntary, but if you do not supply it then your application is likely to be declined.
- You can get more information and advice from:
 - New Zealand diplomatic and consular offices
 - any of our NZIS branch offices
 - the NZIS website at www.immigration.govt.nz