OFFICE USE ONLY	Client no.:	Date received: / /	Application no.:

September 2025

INZ 1201

NEW ZEALAND IMMIGRATION

Limited Medical Certificate

Who should use this form?

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

Most people can submit health information electronically via their panel physician. To find out if you can submit your health information electronically, go to **www.immigration.govt.nz/paneldoctors**. If you are not able to submit electronically, the medical clinic where this form is completed should send it directly to the following address:

Health Assessment Team
C/O Immigration New Zealand
PO Box 76895
Manukau City
Auckland 2241
New Zealand

Courier costs may be charged for sending medical certificates. These costs must be disclosed to the client prior to the examination taking place.

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. We may also use the information to contact you for research purposes or to advise you on immigration matters.

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 1473, 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 certificate. Please read the information in this section before you start to complete this certificate. If you wish, you can tear off and keep these notes (pages 1–2).

When do I use this immigration medical certificate?

You must use this certificate if you are:

- the partner of a New Zealand citizen or resident and you meet the requirements of the Partnership Category, which includes having lived together with your partner for 12 months or more in a partnership which is genuine and stable (your dependent children (if any) should also use this certificate), or
- the dependent child of a New Zealand citizen or resident, or
- a person (or the partner or dependent child of a person) who has been recognised as having refugee or protection status* in New Zealand, or
- a UNHCR-mandated refugee who has been selected as a candidate for New Zealand's Refugee Quota Programme, or
- an applicant under the Refugee Quota Family Reunification (RQFR) Category, or
- applying for a Ukraine Resident Visa.

You must not use this certificate if you are applying for a visa as the partner or dependent child of a New Zealand citizen or resident and you were not included in, or were withdrawn from the earlier residence application made by your partner or parent. If this situation applies to you, you must use the *General Medical Certificate (INZ 1007)*.

Note: International Organization for Migration (IOM) examining physicians who are undertaking immigration medical examinations for UNHCR-mandated refugees and RQFR Category applicants should refer to the notes on pages 3 to 4.

* A person has refugee or protected person status in New Zealand if they have been recognised as such under the Immigration Act 2009.

What if I submitted a medical certificate with my last application?

You may not need a new medical certificate if you submitted a medical certificate completed and dated by a medical practitioner within the last 36 months with a previous application, and that information has been retained by Immigration New Zealand*. If a new certificate is required you are responsible for any fees.

Where do I go to get my immigration medical examination?

In countries where Immigration New Zealand has an approved list of panel physicians, this certificate must be completed by a panel physician. Please see our website at **www.immigration.govt.nz/paneldoctors** to find your nearest panel physician.

If you live in a country that does not have any panel physicians, a registered medical practitioner can complete this certificate.

Your responsibilities

- All applicants must pay the fees for the immigration medical examination, any tests required and all postage and courier fees.
- All applicants 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 being required to leave the country.

How do I prepare for my immigration medical examination?

- If you are mildly unwell or on a short course of antibiotics, wait until you are better before having your immigration medical examination.
- Do not have alcohol or high-fat meals 48 hours before your blood tests.
- Do not consume kava for 48 hours before your blood tests.

What do I bring?

- This certificate with sections A and I completed, and your name at the top of each page where indicated.
- Your valid passport or national identity document for identification.
- Three recent colour passport photos. Photographs must be no more than six months old.
- All your medical notes and reports, blood test results, X-rays, scans and anything else that is relevant to your health.
- Your glasses (spectacles) or contact lenses if you use them.
- You may bring a family member or support person with you to the immigration medical examination. Please let the physician know when you make your appointment.
- You may bring an interpreter with you to the immigration medical examination. The interpreter can be from a professional service or a respected member of your community. Please let the physician know when you make your appointment.

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

What to expect for the immigration medical examination

There are three parts of the immigration medical examination:

1. medical history and physical examination
2. blood tests, and
3. chest X-ray, to be completed using form *Chest X-ray Certificate (INZ 1096)*; the leaflet *Health Requirements (INZ 1121)* has more details.

- the medical certificate must be completed in English
- you may complete the medical history section (Section B) before your examination, or with the physician (or delegated person) at your examination
- the physician will complete the physical examination. You may need to remove some items of clothing for the physical examination
- some parts of the physical examination may be carried out by a nurse or health care assistant
- you will also need to get blood tests, a chest X-ray and possibly some other tests if clinically necessary, and
- you may need to go to different places to get some tests done.

Women

Do not have your immigration medical examination during your period (menstruation) because blood may affect the results. **Wait until your period is finished before you have your immigration medical examination.**

Children

- All children including babies must have an immigration medical examination.
- Children under 11 years of age do not need a chest X-ray unless the physician declares it is necessary or one is requested by Immigration New Zealand.
- Children under 15 years of age do not need a blood test unless the physician declares it is necessary or one is requested by Immigration New Zealand.

What happens afterwards?

- Your physician has to wait for all your test results to complete the form.
- Your application form is complete only when **all** the completed test results and specialist reports have been attached and the physician has completed all sections of the form.
- You must submit your completed immigration medical examination, including all blood tests, and X-rays (*Chest X-ray Certificate (INZ 1096)*) and any other tests, within three months from the date the physician signed the completed application form.
- Your application will be assessed by Immigration New Zealand, and possibly by a medical assessor.
- 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 use when assessing your health in the future or for audit reasons.

This form has been approved under section 381 of the Immigration Act 2009

For more information

If you have questions about completing the form:

- see our website www.immigration.govt.nz, or telephone our call centre on 0508 558 855 (within New Zealand).

Purpose of medical assessment *(for UNHCR-mandated refugees and Refugee Quota Family Reunification (RQFR) Category applicants: Stage One)*

The information about the candidate on this form is being collected so that their case for residence in New Zealand can be properly considered.

The main recipient of the information is the Refugee Quota Branch of Immigration New Zealand (INZ), but it may also be shared with other Government agencies which are entitled to this information under applicable legislation.

The collection of the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. The supply of the information is voluntary, but if candidates do not supply it then they are unlikely to be granted residence in New Zealand under the Refugee Quota Programme.

Candidates are able to ask for the information INZ holds about them and to ask for any of it to be corrected if they think that is necessary.

The address where this information will be held is:

Refugee Quota Branch
Immigration New Zealand
PO Box 22315
Otahuhu
Auckland

This medical certificate is for:

- mandated refugees who have been selected as candidates for New Zealand's Refugee Quota Programme (candidates), and
- applicants under the Refugee Quota Family Reunification (RQFR) Category.

For the purposes of this certificate, where the term 'applicant' is used this will also apply to 'candidates'.

Examining physician's notes

The information in this section will help you complete this certificate on behalf of a mandated refugee or RQFR applicant. Please read the information in this section before you start to complete this certificate.

The certificate is complete only when all the completed test results and specialist reports have been attached and you have completed all sections of the form.

The medical certificate must be completed in English.

For more information

If you have any questions about completing the form, please contact the IOM Regional Office in Canberra:

International Organization for Migration
PO Box 1009 Civic Square
Canberra ACT 2608
Australia
Telephone: +612.62 67 66 00
Fax: +612.62 57 37 43
Email: MRFCanberra@IOM.INT
Website: www.iomaustralia.org

Responsibilities of candidates

Please ensure that candidates are aware of their responsibilities when having this medical examination, and how they should prepare.

Obligation to tell the truth

Candidates are obliged to tell the truth. If it is found that they have knowingly provided any false or misleading information to INZ, then their application may be declined and/or any visa issued based on this information may be revoked at a later date.

Under New Zealand law it is an offence punishable by a fine or imprisonment to knowingly provide false or misleading information.

What does IOM need to organise for the medical examination?

- Two recent colour passport photos of the candidate, which are no more than six months old.
- An interpreter for the immigration medical examination, for candidates who need this.

What should candidates bring?

- A valid passport or identity document.
- Any medical notes and reports, blood test results, X-rays, scans and anything else that is relevant to their health.
- Glasses (spectacles) or contact lenses if used.
- Candidates may bring a family member or support person to the immigration medical examination.

Preparing for an immigration medical examination

- If candidates are mildly unwell or on a short course of antibiotics, they should wait until they are better before having an immigration medical examination.
- Candidates should not have alcohol or high-fat meals less than 48 hours before blood tests.

What candidates should expect from the immigration medical examination process

This is the first part of this medical examination. It involves the taking of a medical history, a physical examination, and blood tests.

As the examining physician, you will complete the physical examination. The candidate may need to remove some items of clothing for the physical examination. Some parts of the physical examination may be carried out by a nurse or health care assistant.

The second part of the medical examination, the chest X-ray, will be completed by an IOM-approved radiologist or radiographer on a separate form – *Chest X-ray Certificate (INZ 1096),* once INZ's Refugee Quota Branch indicates that the chest X-ray examination should proceed.

Women

Women should not have their immigration medical examination during their period (menstruation) because blood may affect the results.

Please advise women candidates to wait until their period is finished before they have an immigration medical examination.

Children

All children, including babies, must have an immigration medical examination.

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NEW ZEALAND IMMIGRATION

Limited Medical Certificate

Section A Personal details

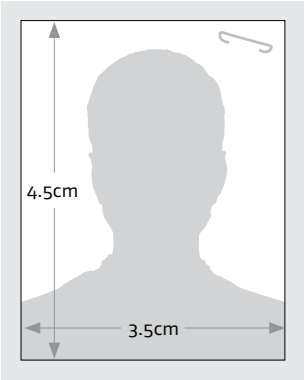
Question A1 must be completed by the examining physician or delegated staff.

All other questions in this section must be completed by the applicant before the examination.

Please use a black pen and write neatly in English using CAPITAL LETTERS. Illegible forms will be returned for clarification.

Tick or fill in all boxes.

Attach one recent passport-size photograph of yourself in the space provided. The photograph must be no more than six months old. Write your full name on the back of the photograph.



A1 **Examining physician (or delegated staff member):** certify identity by placing signature and date across photograph without obscuring the likeness of the person.

☐ Valid photographic identification sighted? (eg passport)

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 DD / MM / YYYY Date of expiry DD / MM / YYYY

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

Family/last name

Given/first name(s)

Title ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (specify)

A3 Gender ☐ Male ☐ Female **A4** Date of birth DD / MM / YYYY

A5 Country of birth

A6 Contact address

And/or

Personal email address

A7 Which visa category are you applying for a visa under?

Temporary

- ☐ Visitor
- ☐ Student
- ☐ Worker with job offer
- ☐ Worker without job offer

Residence

- ☐ Family
- ☐ Humanitarian
- ☐ UNHCR/Humanitarian Other
- ☐ Ukraine

*The Humanitarian 'UNHCR' option must be selected where the applicant:

- is mandated as a refugee by the United Nations Refugee Agency and is included in INZ's Refugee Quota Programme, or
- is applying under the Refugee Quota Family Reunification (RQFR) Category.

A8 How long do you intend to stay in New Zealand?

☐ Less than 6 months ☐ 6 – 12 months ☐ 12 – 24 months ☐ more than 24 months

Section B Medical history

This section does not need to be completed if the visa category 'Humanitarian: UNHCR' has been selected at question A7.

Applicant:

- You may complete the medical history section yourself and discuss your history with the examining physician, or the examining physician may complete the medical history section with your assistance.
- If this health examination is for a child under 18 years of age, the medical history section must be completed by a parent or guardian, or the examining physician with the assistance of a parent or guardian.
- If you answer 'yes' to any of the questions from B1 to B4, please give details and provide the examining physician with any reports, tests or other information available.

Examining physician:

If the medical history section has been completed before the examination begins, you must confirm each of the answers with the applicant. Do not assume that the applicant has understood the questions.

B1 Do you require or are you likely to require dialysis treatment in the next five years? ☐ No ☐ Yes *Give details*

B2 Do you have haemophilia? ☐ No ☐ Yes *Give details*

B3 Do you have a condition which requires full-time care, support, or equipment, either in hospital or the community? ☐ No ☐ Yes *Give details*

B4 Do you have any personal history of tuberculosis (TB), or any household or occupational contact with someone who has TB, or have you ever needed medication for TB?

☐ No ☐ Yes *Give details*

B5 Are you pregnant? If yes, what is the expected date of delivery?

☐ No ☐ Yes *Give details*

Examining Physician:

☐ **I have discussed the applicant's medical history with the applicant (or the applicant's parent or guardian if they are under 18 years of age).**

Physician's comments (if any)

Section C Declaration of person having the medical examination

This declaration must be signed and dated by the person being examined in the presence of the examining physician. 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 may enter and store my personal details and health information into the eMedical system;
- INZ is authorised to collect and use my personal information under the Immigration Act 2009, the Immigration Regulations made under that Act and in accordance with the Privacy Act 2020; 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;
- 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 lose any right of appeal of the decision to decline the application. 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;
- 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, for the purposes of identity checking. [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 reasonably 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;
- my medical information being temporarily stored on the eMedical system owned and operated by the Australian Department of Home Affairs;
- 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 storing my photograph(s) digitally and using them for client identification purposes in addition to the health examination process where INZ deems it necessary;
- 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.*

*Different payment arrangements exist for UNHCR-mandated refugees and RQFR Category applicants.

Signature of person being examined _____ Date DD / MM / YYYY

Signature of parent or guardian if person being examined is under 18 years of age

_____ Date DD / MM / YYYY

Full name of parent or guardian (if applicable) _____

Relationship to person being examined (if applicable) _____

Declaration of person assisting

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Signature of person assisting applicant (if applicable) _____ Date DD / MM / YYYY

Full name of person assisting _____

Declaration of examining physician

Signature of examining physician _____ Date DD / MM / YYYY

Full name of examining physician _____

Section D Physical examination

This section must be completed by the examining physician. Answer all questions.

Where abnormalities are indicated, please provide all the relevant details in the space provided and ensure specialist reports are obtained. If you do not have enough space, attach a separate sheet. All attached sheets must be initialled by the examining physician. For more information see www.immigration.govt.nz/medicalhandbook.

Was a chaperone present during the examination?

☐ Yes *Provide chaperone's name and the relationship to person being examined.* ☐ No ☐ Declined

Was an interpreter present during the examination?

☐ Yes *Provide interpreter's name and the relationship to person being examined.* ☐ No ☐ Declined

D1 Date of examination DD / MM / YYYY

D2 Are there any indications that this person requires or will require dialysis in the next five years?

Examples: severe diabetes; renal surgery scars or stomas; shunts; hypertension; abnormal renal tests; polycystic kidney disease.

☐ No ☐ Yes *If yes, give details*

D3 Are there any indications that this person has haemophilia?

Examples: spontaneous or pathological bruising, swelling, bleeding into joints, muscles and soft tissues; history of blood or blood product transfusion?

☐ No ☐ Yes *If yes, give details*

D4 Are there any indications of a physical, intellectual, cognitive and/or sensory incapacity which may require full-time care, including care in the community?

Examples: any medical, health, education or disability services input?

☐ No ☐ Yes *If yes, give details*

D5 Are there any symptoms or signs of previous or current TB, of any form?

Examples: has a history of cough persisting longer than three weeks, night sweats, haemoptysis, chest pain, unexplained weight loss, HIV, close contacts with TB; or history of abnormal chest X-ray, abnormal sputum, skin or blood tests?

☐ No ☐ Yes *If yes, give details*

Next steps – checklist

Examining physician:

- ☐ Complete Laboratory Referral Form and detach for applicant to take when giving blood sample.
- ☐ Consider noting any conditions which may be relevant to the radiologist when examining the X-ray. (Refer to question C1 on the X-ray certificate).
- ☐ If any abnormalities noted, attach specialist reports (except if unavailable for UNHCR and RQFR Category applicants).

Applicant:

- ☐ Undergo blood tests (refer to Section H of this form and the *Chest X-ray Certificate (INZ 1096)*).

Section E Blood tests

This section must be completed by the examining physician on receipt of laboratory test results. The examining physician must sign and attach all test results.

E1 Blood tests

The following blood tests are compulsory (except where specified) for all applicants 15 years of age and over or where clinically indicated.

Date DD / MM / YYYY

Full blood count	Haemoglobin (HB in g/L)	
	White Blood Cells (WBC in cells x 10^9/L)	
	Platelets (PLT in cells x 10^9/L)	
Estimated glomerular filtration rate (eGFR) – mL/min/1.73m^2		

Section F Examination Grading

Please consider the information you have recorded regarding this applicant, taking into account the New Zealand Immigration Panel Member Instructions (INZ1216), and provide a grading on their medical 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*

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)*

Section G Examining physician's declaration

This declaration must be signed and dated by the examining physician responsible for this examination. This declaration must be signed after the examining physician has sighted and considered all medical test results. Please read carefully before signing. Please print name and other details below.

I certify that this person has been examined by me or staff under my supervision and their identification in terms of papers, photographs and appearance has been confirmed.

I certify that the statements my staff and I have made in answer to all the questions are true, correct and complete to the best of my knowledge.

I certify that all tests, investigations and reports I have considered are signed by me and securely attached.

Signature of examining physician | Date DD / MM / YYYY

Full name

MCNZ number for New Zealand practitioners

Place of examination (city/state and country)

Postal address

Daytime telephone number | Email address

Would you like Immigration New Zealand to contact you about this examination? ☐ Yes

Te Kāwanatanga o Aotearoa
New Zealand Government

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NEW ZEALAND IMMIGRATION

Laboratory Referral Form

Section H Instructions for examining physician and laboratory

Examining physician

Please complete your contact details below.

Please confirm which tests are required for this applicant.

Laboratory

Please return this form and results to the requesting examining physician.

Applicant's details (please print)

Applicant's full name

Applicant's date of birth DD / MM / YYYY

NHI number (NZ)

Gender ☐ Male ☐ Female Examining physician's laboratory reference number (if applicable)

Laboratory tests required

Standard (compulsory) tests	Discretionary tests
☐ Full blood count ☐ Estimated glomerular filtration rate (eGFR)	☐ Any other tests deemed necessary by the examining physician (list).

Signature of examining physician

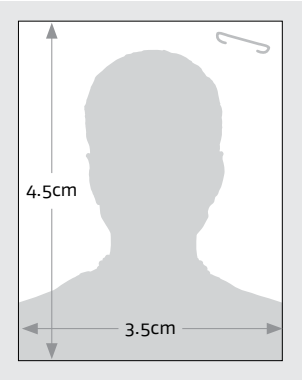
Date DD / MM / YYYY

Examining physician's full name

Postal address

Section I Confirmation of identity and declaration

Applicant



- Attach one recent colour passport photograph in the space provided. The photograph must be no more than six months old.
- Complete I1 to I5 before your examination.
- Present this form when having blood taken for testing.
- **The declaration below must be completed and signed in front of the person taking blood.**

Person taking blood

☐ Valid photographic identification sighted? (For example, passport.)

Certify identity by placing signature and date across photograph without obscuring the likeness of the person.

Applicant details

I1 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 DD / MM / YYYY

Date of expiry DD / MM / YYYY

I2 Applicant's name as shown in identity document

Family/last name

Given/first name(s)

I3 Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Dr ☐ Other (specify)

I4 Gender ☐ Male ☐ Female

I5 Date of birth DD / MM / YYYY

I6 Country of birth

Applicant's declaration

I certify that I have read and understood the declaration at Section C: Declaration of person having the medical examination. I understand that the declaration at that section also applies to the laboratory tests.

Signature of applicant Date DD / MM / YYYY

Signature of parent or guardian if person being examined is under 18 years of age

Date DD / MM / YYYY

Full name of parent or guardian

Relationship to person being examined

Declaration of person assisting

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Signature of person assisting applicant (if applicable) _____ Date DD / MM / YYYY

Full name of person assisting _____

Declaration of person taking blood

I certify I have confirmed the applicant's identity in terms of papers, photographs and appearance.

Signature of person taking blood _____ Date DD / MM / YYYY

Full name of person taking blood _____

Te Kāwanatanga o Aotearoa
New Zealand Government