

NZIS 1096 TEMPORARY ENTRY

X-RAY CERTIFICATE

Application number	
Client number	
Date received	/ /



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 the New Zealand Immigration Service (NZIS) 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 NZIS website at www.immigration.govt.nz. 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 e.g. ~~mistake~~.
- Any false statement made on this form or non-disclosure may result in:
 - the NZIS application being declined
 - any visa or permit issued being revoked and the applicant being required to leave New Zealand.
 - criminal prosecution punishable by up to 7 years imprisonment.
- This certificate will be retained by the NZIS once submitted to their office.
- The NZIS may refer this certificate to an NZIS Consultant Physician or New Zealand health authorities, if appropriate, as part of assessing the associated application.
- If referred, the NZIS Consultant Physician may seek a specialist opinion. All such consultation will be treated in confidence.
- **Children under the age of 12 (under 11 years on or after 04/04/2005) and women who are pregnant are not required to undergo a chest X-ray examination.**

HOW TO COMPLETE THIS CERTIFICATE

1. This certificate is not to be completed by a radiologist or radiographer who is related to the person having the chest X-ray examination.
2. The NZIS requires that the identifying details of the person having the chest X-ray examination are embedded in the X-ray film.

Radiographer please:

1. Certify the identity of the person being examined, on PAGE 3, by signing and dating the front of photograph (without obliterating the image). These details must extend beyond the photograph's edge.
2. Check passport details and record passport number (or other form of identification) on PAGE 3 and on every following page in the top right-hand corner.
3. Witness section B.

Radiologist please:

1. If a radiographer is not involved in this process, please complete the steps outlined above.
2. Complete sections C and D.
3. Complete ONE form only for each person having the examination.
4. The radiologist's report must be attached to this certificate.
5. Where abnormalities are present or indicated, the X-ray film must accompany this certificate.
6. The complete certificate and radiologist's report, (and X-ray film if abnormalities have been noted) must be returned to the applicant.
7. Please provide a copy of the radiologist's report to the referring Medical Examiner.
8. 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 please:

1. Attach one recent passport-sized photograph of yourself with staples or glue on PAGE 3.
2. Enclose your valid passport (or other photographic identification e.g. national identity card where passport unavailable). The Medical Examiner will not proceed with the examination without photographic identification.
3. Complete section A before attending the examination.
4. Complete section B in the presence of the radiographer.
5. 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 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.

CONFIRMATION OF IDENTITY

To be completed by radiographer or radiologist

- Valid passport sighted? Yes ☐

Passport number

or

- Valid photographic identification sighted? Yes ☐

Type of identification

Identity number

To be completed by the person having a chest X-ray examination

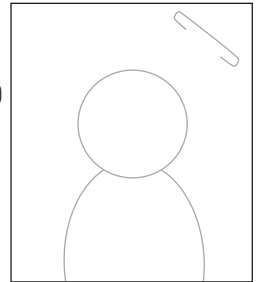
Your full name (as it appears in your passport)

Family name/surname

Given/first names

Gender Male ☐ Female ☐

Date of birth DAY / MONTH / YEAR



SECTION A: DETAILS OF PERSON HAVING CHEST X-RAY EXAMINATION

Instructions for section A:

- This section must be completed by the person having the chest X-ray examination before attending the examination.
- Please use a black or blue pen and write neatly in English using BLOCK LETTERS.
- Illegible forms will be returned for clarification.
- Please tick or fill in all boxes.

A1 Your full name (as it appears in your passport)

Surname or family name

First or given names

Full home address

A2 Daytime telephone number

(COUNTRY CODE) (AREA CODE)

A3 Email address

A4 Gender

Male ☐ Female ☐

A5 Date of birth

DAY / MONTH / YEAR

A6 Country of birth

A7 Country of citizenship

Passport/identification number

Radiologist/Radiographer initials

SECTION B: DECLARATION OF PERSON HAVING CHEST X-RAY EXAMINATION

Instructions for section B:

- 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 the NZIS of any relevant fact or any change of circumstances that may affect the decision on my application for a permit or visa due to my health circumstances.
- I authorise the NZIS 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 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 examinations that may be required by the NZIS in respect of the immigration application.
- I agree that the radiologist or radiographer who completes this certificate may release to the NZIS, 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 my visa or permit may be revoked, and that I may be committing an offence and be liable to prosecution and imprisonment.

Signature of person having chest X-ray

(or parent or guardian)

Date

Full name of parent or guardian

Relationship to person having chest X-ray

Name of radiographer or radiologist

Signature of radiographer or radiologist

Date

DAY	/	MONTH	/	YEAR
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DAY	/	MONTH	/	YEAR
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Passport/identification number

Radiologist/Radiographer initials

SECTION C: CHEST X-RAY RESULTS FOR PERSON HAVING THE EXAMINATION

Instructions for section C:

- 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.

C1 Evidence of TB

No ☐ Yes ☐

If yes to C1, is this:

C2 Evidence of old, healed TB

No ☐ Yes ☐

C3 Evidence suspicious of active TB

No ☐ Yes ☐

Passport/identification number

Radiologist/Radiographer initials

SECTION D: RADIOLOGIST'S DECLARATION

Instructions for section D:

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

DAY	/	MONTH	/	YEAR
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Radiologist's Details (please print)

Full name

MCNZ number for New Zealand practitioners

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Place of examination (city/state and country)

Postal address

Daytime telephone number

(COUNTRY CODE)	(AREA CODE)
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Email address

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