

## Further Info Required:

This guide is to for HAT IO to request further test/report in which there is ONLY ONE CONDITION on the medical.

The conditions highlighted in **dark blue** are being used in conjunction with Multiple Failure Points. Please refer to the Multiple Failure Points guideline for details. When any other multiple conditions are noted, please discuss with onsite MO.

FIR condition	Further test/report required	Recommended outcome when the test/report received
A preterm baby born at 35 weeks or earlier, who is aged ≤2 yrs old at the time that the medical was done	Specialist letter: A letter from the applicant's GP or Paediatrician is required regarding the child's development, due to pre-term delivery. Please provide the following information – history of pregnancy and delivery and post delivery period, current physical and developmental examination, medical problem / diagnosis list, current medications. In particular please provide details regarding the following questions - - were there any complications post-delivery? Did the child require any time in NICU / SCBU? Has the child performed / reached milestones as expected (allowing for their prematurity)? Are there any concerns about the child's growth or development?	Refer to MA
Heart murmur	Heart murmur- please provide Echocardiogram.	Normal → ASH Abnormal → Refer to MA
Depression/Anxiety	Psychiatrists report under IHS 'Further Requirements' tab	Refer to MA
Syphilis	Syphilis management information under IHS 'Further Requirements' tab	If the applicant has received treatment of syphilis in the past or is currently on going treatment – ASH  Unsure information, please discuss with onsite MO.
Hep B: HBsAg positive	HBsAg positive- Please provide HBeAg, HBV DNA, LFTs, AFP, Liver ultrasound report, Liver Fibroscan (dated within the last 3 years) and a current medication list.	Refer to MA
Hep C: HCV positive	Please refer to "Hep C Guidelines for HAT V2. October 2017"	
HIV	HIV Specialist report under IHS "Further Requirements" tab	Refer to MA
eGFR < 30	Nephrologist Report Under IHS "Further Requirements" tab	Refer to MA
Diabetes Hba1c 41-60 mmol/mol (5.9-7.6%)	For residence application only. Before discussing with onsite MA, please ensure the health case has following results, please request if needed.  Diabetes- the following tests are required: Hba1c, medication list, smoking status and BP  *If age > 40 years old, reported ECG is also required.	Discuss with onsite MA
Hba1c > 80	Endocrinologist Report Under IHS "Further Requirements" tab	Refer to MA

Urinalysis	If abnormal urine dipstick x 2, follow the below	
	Further test/report required	Recommended outcome when the test/report received
Positive Blood	Haematuria- Please provide Laboratory urinalysis results	Normal → ASH Abnormal → Refer to MA
Positive Glucose	Check if HbA1C is within normal range or abnormal	Normal HbA1C → ASH Abnormal HbA1C → Refer to HbA1C guidelines
Positive Protein	Urinalysis abnormal- Please provide Laboratory urinalysis to include Protein: Creatinine Ratio.	Refer to MA

Cardiomegaly	Further test/report required	Recommended outcome when the test/report received
CTR ≤ 55% and ≤ 40 years old for a temporary visa	N/A	ASH with Conditions – Repeat CXR
i) CTR > 55% or > 40 years old for a temporary visa ii) Any cardiomegaly for a resident visa	Cardiomegaly- Please provide Echocardiogram and ECG	Refer to MA

ADHD	Further test/report required	Recommended outcome when the test/report received
<u>ADHD in Adults</u> If an adult is reported to have ADHD, either taking or not taking medication	Psychiatrists report:  A recent report from a Psychiatrist or treating physician is required regarding the applicant's ADHD. Please forward a report addressing history, diagnosis, current management, required health care and community services, and prognosis. Please include information about any restrictions on the applicant's ability to live independently or work, history of any hospital admission or any history of substance abuse/dependence.	Refer to MA
<u>ADHD in Children (school age)</u> If a Child is reported to have ADHD, either taking or not taking medication	Specialist report:  A report from a specialist Paediatrician and/or developmental Psychologist is required regarding the applicant's ADHD, cognitive and developmental status. This should include - history, clinical examination findings, the results of any additional investigations performed, diagnosis, management needs and long term prognosis. Please provide the details of any social or educational services required by the applicant (e.g. Occupational Therapist, Speech Language Therapist, Teacher Aide). Please also attach recent school report from the applicant's school, along with the details of any special education services required (e.g. an Individual Education Plan) or currently received by the applicant.	Refer to MA

Thyroid Cancer	Further test/report required	Recommended outcome when the test/report received
	<p>Specialist report:</p> <p>An Endocrinologist or Head and Neck Surgeon assessment is required regarding the applicant's thyroid cancer. This should include - history, diagnosis including histology and staging, clinical examination findings, the results of any recent investigations performed, ongoing management needs and long term prognosis – including a 5 year risk of recurrence, 5 year survival rate and details of any further surgical intervention required. Please also comment on the applicant's functional and work capacity.</p>	Refer to MA

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## Single Failure Points:

This guide is to assist Immigration Officers in determining cases in which there is ONLY ONE FAILURE on the medical.

The conditions highlighted in **dark blue** and **yellow** are used in conjunction with Multiple Failure Points. Please refer to the Multiple Failure Points guideline for details.

This guideline can be used for initial or subsequent health assessments. When the relevant AWC tests have been received and fall within SFP/MFP, the decision can be reapplied. If the previous AWC test results in relation to the SFP conditions are all normal, the case can be made ASH as no significant abnormality remains.

GMC			
Condition	Range	Recommended Outcome	Comments
Renal/Kidney stones (=Renal Calculi/Calculus)	No symptoms, stable and no haematuria	ASH with Conditions	Renal/Kidney stones - Please provide an updated report from a treating doctor regarding renal/kidney stones
		ASH for Residence	
BMI Normal range: 18≤BMI≤25	BMI≤14	Discuss with onsite MO <sup>1</sup>	
	15≤BMI≤17	ASH	If nil concern with client's photo
	36≤BMI≤50	ASH	
Eye	One blind eye but acceptable vision on the other eye	ASH	Acceptable Vision is ' <b>6/6, 6/9, 6/12, 6/18 or 6/24</b> ' regardless corrected or uncorrected.  *if the intended work activity is truck driving or operating heavy machinery – Discuss with onsite MO
Hypertension (Normal Blood Pressure range is ≤ 140/90)	BP≤160/90 whether or not on hypertension medication <sup>2</sup> (Two or less)  *Choose the lowest value for Systolic and Diastolic from Initial BP and Repeat BP	ASH with Conditions	Hypertension/Raised BP - Please provide the following updates: repeat BP, medication list, creatinine, lipids, protein: Creatinine ratio, smoking history. Please include a reported ECG if the client is above the age of 40
		ASH for Residence	
Hyperlipidemia Dyslipidemia Hypercholesterolemia (=High cholesterol)	Whether or not on hyperlipidemia medication <sup>3</sup> (Two or less)	ASH with Conditions	Hyperlipidemia - Please provide lipids and medication update.
		ASH for Residence	
	If Lipids provided	Discuss with onsite MO	

<sup>1</sup> Note: you may refer the health case to the MA bucket if onsite MO is not available.

<sup>2</sup> Note: proceed with SFP/MFP even when there is any family history. Family history is more relevant to MA assessments.

<sup>3</sup> Note: If unsure whether the medication is for the SFP conditions, discuss with onsite MO.

Critical Value	Requiring immediate onsite MA notification		
Condition	Range	Recommended Outcome	Comments
Failed Business rules	High Risk Physician	Refer to onsite MO	Report to onsite MO before referral
eGFR	<15	Refer to MA	Report to onsite MO before referral
FBC – HGB	<60 for both male and female	Refer to MA	Report to onsite MO before referral
FBC – WBC	>50	Refer to MA	Report to onsite MO before referral
FBC – PLT	<15	Refer to MA	Report to onsite MO before referral

eGFR Normal range: eGFR ≥60	15≤eGFR<60	Refer to MA
	eGFR<30	Please refer to FIR 10.0 to request Nephrologist report before referring the health case to MA
	eGFR<15	Refer to MA and Report onsite MO before referral

Hba1c			
Range	Diabetes YES/NO	Recommended Outcome	Comments
41 - 60 mmol/mol (5.9 - 7.6%)  Normal range: Hba1c ≤40	YES  *whether or not on Diabetes medication(s)	ASH with Conditions	Diabetes - this requires the following tests: repeat HbA1c, medication list, Smoking status and BP. Please include a reported ECG if the client is above the age of 40
		FIR for residence application	Please refer to FIR 10.0.
	NO	ASH with conditions	Elevated Hba1c - this requires the following tests: repeat Hba1c, medication list, smoking status and BP. Please include a reported ECG if the client is above the age of 40  <b>Note: For ≤45 years old, Hba1c ≤45 can be ASH</b>
		ASH for Residence	
≤40	YES  *whether or not on Diabetes medication(s)	ASH with Conditions	Diabetes - this requires the following tests: repeat HbA1c, medication list, Smoking status and BP. Please include a reported ECG if the client is above the age of 40
		ASH for Residence	
>60	Don't Check	Refer to MA	
>80	Please refer to FIR 10.0 to request Endocrinologist report and then refer the health case to MA		

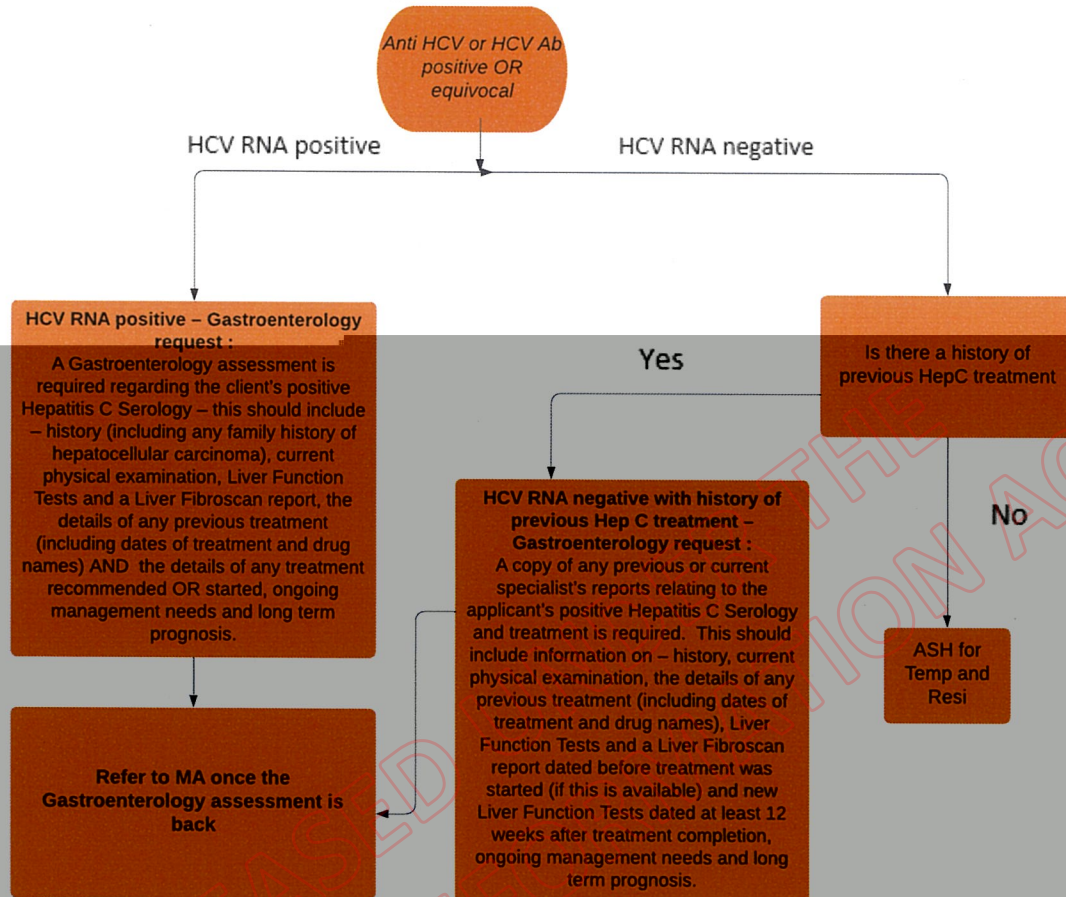
FBC				
Check HGB, WBC and PLT only (see Note for more details)				
	Gender	Range	Recommended Outcome	
HGB	Male Normal range: 130-175	60≤HGB<110	Refer to MA	
		HGB≥110	ASH	
	Female Normal range: 115-155	60≤ HGB <90	Refer to MA	
		90≤HGB<115	≤50 years old	ASH
			>50 years old	Refer to MA
	HGB>156 and any age	ASH		
Pregnant Normal range: 100-145	90≤HGB<100 and ≤50 years old	ASH		
	HGB>146	ASH		
WBC		Non-pregnant/Males: ≤15 or ≥3	ASH	
Normal range: 4-11 / If pregnant: 5-14.5		Pregnant: ≤16.5 or ≥3	ASH	
PLT Normal range: 150-400		Between 100 - 500	ASH	
Note	<p>If Ferritin is provided, FBC within SFP range with a low Ferritin can be ASH (Women ONLY). If Ferritin level is high, refer to MA (Both men and women).</p> <p>Please combine all three (HGB /WBC/ PLT) and treat this as one failure instead of 3. As long as the results for the FBC are within the SFP range, then ignore comments relating to 1) PCV, MCV, MCH, RBW, 2) Thalassaemia (unless major), Microcytosis 3) Women with iron deficiency/ Anaemia with or without iron supplements, 4) WBC differential (neutrophils, basophils, eosinophils, monocytes, eosinophils, and lymphocytes)</p>			

CXR			
SFP Condition	Range	Recommended Outcome	Comments
Scoliosis	≥11 years of age, no physical limitations mentioned and not severe scoliosis	ASH	
History of Contact with TB in work or family (within last 5 years )	Normal chest x-ray	ASH with Conditions	History of Contact with TB - Please provide repeat CXR.
		ASH for Residence	*Repeat CXR is required after 6 months for the applicant's next visa application. If the repeat CXR is normal - ASH
Vascular shadow/density noted in either hilum of the lungs	A grading	ASH	
Imaging plate artefact	A grading	ASH	
Nipple shadows	A grading and radiologist clearly stated they are nipple shadows	ASH	





## HepC Flowchart



### Wording for the different information requests in the flowchart above :

#### Anti-HCV or HCV Ab positive or equivocal – request :

Please provide an HCV RNA and details of any previous Hep C Treatment

#### HCV RNA positive – Gastroenterology request :

A Gastroenterology assessment is required regarding the client's positive Hepatitis C Serology – this should include – history (including any family history of hepatocellular carcinoma), current physical examination, Liver Function Tests and a Liver Fibrosan report, the details of any previous treatment (including dates of treatment and drug names) AND the details of any treatment recommended OR started, ongoing management needs and long term prognosis.

**HCV RNA negative with history of previous Hep C treatment – Gastroenterology request:**

A copy of any previous or current specialist's reports relating to the applicant's positive Hepatitis C Serology and treatment is required. This should include information on – history, current physical examination, the details of any previous treatment (including dates of treatment and drug names), Liver Function Tests and a Liver Fibroscan report dated before treatment was started (if this is available) and new Liver Function Tests dated at least 12 weeks after treatment completion, ongoing management needs and long term prognosis.

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## Limited Medical Criteria (LMC)

These are 5 Limited Medical Criteria (LMC) Conditions.

They are the only conditions that are NOT ASH under Limited Guidelines.

These 5 conditions are considered “non waiverable” and are the highest health cost conditions, or considered a danger to public health.

All other medical conditions (eg cancer, heart disease) are considered ASH under LMC, unless they may result in a LMC condition over a period of time . For example, Uncontrolled Diabetes or Hypertension with moderate renal failure, where the renal failure may progress if the Diabetes or Hypertension control does not improve.

The client can be assessed under Limited for Residence or under Limited for Temporary. The outcomes of an LMC assessment depend on the Visa type, not the fact that it is being assessed under Limited Medical Criteria. They have the same potential outcomes as for a GMC.

A Residence visa under LMC can be – ASH, Defer, NOT ASH.

A Temporary visa under LMC can be – ASH, ASH with conditions, NOT ASH.

As with a General Medical Certificate (GMC), just because a case has been assessed under LMC for Residence and is ASH, it does not automatically mean it will be ASH for an LMC for a Temporary visa. The case will need to be discussed with an MA or referred for a new assessment under the new Visa type.

### For medicals referred to MAs under limited guidelines.

#### Limited guidelines are assessed on following conditions:

1. require dialysis treatment, or an Immigration New Zealand medical assessor has indicated that they will require such treatment within a period of five years from the date of the medical assessment;
2. have severe haemophilia;
3. have a physical, intellectual, cognitive and/or sensory incapacity that requires full time care, including care in the community;
4. TB
  - a. currently have tuberculosis (TB) (any form including pulmonary and non-pulmonary TB, Multidrug-Resistant (MDR)-TB and Extensively Drug-Resistant (XDR)-TB) and have not completed full treatment for TB as outlined in the New Zealand Guidelines for TB Treatment; or
  - b. have had a history, diagnostic findings or treatment for MDR-TB or XDR-TB, unless they have been cleared by a New Zealand Respiratory or Infectious Diseases specialist upon review of their file or review of the applicant as outlined in the New Zealand Guidelines for TB.

**When to refer to MA :**

If the client has any of the following medical conditions / test results then the case always needs referral to an MA.

<b>1. Dialysis (Renal)</b>
a. eGFR 30 or under
b. elevated creatinine greater than 1.5 times U.L.N
<b>2. Haemophilia</b>
a. Any mention of 'haemophilia' and/or 'bleeding disorder'
b. Low Haemoglobin less than 80
<b>3. Full Time Care</b>
a. Any child with developmental delay/cerebral palsy/neurological condition
b. Any adult over 70 with abnormalities noted (excluding single failure point conditions)
c. Any adult with dementia/cognitive impairment
<b>4. TB</b>
a. Any history, evidence or suspicions of TB
b. This could be latent, CXR report of, contacts of etc.

If there is any other medical information provided, which you have concerns about and are unsure as to whether the client may need referral to an MA – please discuss the case with the onsite MA. They will advise if the case does need referring.

**How to refer to an MA :**

HAT should inform the MA when the client is to be assessed under Limited Guidelines.

HAT should always make sure to update the identifiers to reflect the visa and referral type.

The client may have provided a Limited Medical Certificate (LMC) or a General Medical Certificate (GMC). If a GMC has been provided, the MA will know to only assess the information that pertains to the Limited Guidelines – History, Examination, Hb, Creatinine, CXR.

As with any visa type, the MA can request further information if there are concerns that the client may have a NOT ASH condition.

**When the MA has provided their final Opinion :**

HAT's final Opinion should be recorded using the template and deleting as necessary.

**ASH/Not ASH for Temporary/Residence under LIMITED guidelines**

## MEDICAL WAIVER ASSESSMENT TEMPLATE

**Application number:** [Application Number]

**Client number:** [Client Number]

Client name: [Client Name]

Date of birth: [Date of Birth]

This client lodged an application for [Application Type] - [Application Grounds Code Level 3] on [Date Tendered].

He/she meets the necessary criteria and character requirements under these instructions. The Medical Assessor, however, does not believe the client has an acceptable standard of health as he/she is likely to:

**[Choose one of the following options. Delete these instructions]:**

- be a danger to public health.
- impose significant costs or demands on New Zealand's health services.
- impose significant costs on New Zealand's special education services.
- be unable to undertake the work for which he/she is applying for a visa.

This client has been assessed as not having an acceptable standard of health by INZ.

### **Considerations**

In considering the client for a medical waiver, I have taken into account the following factors:

1. The applicant's current medical condition and his/her level of disability/disease.

**[Summarise medical condition and refer to reports. Where there is a conflict between information provided by the MA and that provided by applicant's own specialist then you are required to obtain comment from a second MA who will provide a FINAL recommendation (see A4.45).]**

2. The applicant's prognosis in terms of both his/her lifestyle and the type of treatment he/she will require and the availability of that treatment.

**[Factors to consider in this part are the applicant's:**

**1 Stage of disability/disease and symptoms, eg early stages or advanced.**

**2 Likely course of disability/disease, eg remission periods, progressiveness of the disease/disability.**

**3 Required treatment and frequency required, eg specialist visits, hospital visits, and medical treatment.**

**4 The probable quality of life and day-to-day functioning, eg normal life expectancy, level of participation in day-to-day activities.**

**5 Life expectancy.]**

3. The likely cost of the treatment required.

**[Include estimates from the MA and Health Authorities where relevant. Ensure you state all possible costs.]**

**If the applicant is seeking expensive medical treatment not available in his/her home country, request the relevant Health Authority to provide a written estimate of the specific costs of the potential treatment or surgery.]**

4. The objectives of the health requirements instructions (see A4.1) and the objectives of the relevant residence instructions under which the application has been made.

The objective of health requirements instructions is to:

- protect public health in New Zealand; and
- ensure that people entering New Zealand do not impose excessive costs and demands on New Zealand's health and special education services; and
- where applicable, ensure that applicants for entry to New Zealand are able to undertake the functions for which they have been granted entry.

**[Comment on how the applicant meets these objectives. Also comment on objectives of the instructions that affect the application.]**

5. The degree to which the applicant would impose significant costs and/or demands on New Zealand's health or education services.

**[Consider the resources required for care, eg frequency of hospitalisation immediate and long term, ongoing care required, ongoing management required and need for utilisation of support services such as specific disability services, community health groups, and specialists.]**

**[State availability of these resources in New Zealand, and in the area the applicant lives in.]**

6. Whether the applicant has immediate family lawfully and permanently resident in New Zealand and the circumstances and duration of that residence (unless the limitations on the grant of medical waivers set out in A4.60c apply).

**[Comment on any significant family ties to New Zealand, such as parents and siblings living in New Zealand, any New Zealand-born children of the applicant and the duration of the relationship with the child's other parent.]**

7. Whether the applicant's potential contribution to New Zealand will be significant.

- **For Family Category applications, consider the applicant's family situation.**
- **For Skilled Migrant Category applications, consider qualifications, work experience, and job offer.**
- **Consider whether the secondary applicant (partner of the PA) has a job offer or the ability to work and, if so, for how long. Consider if his/her occupation is listed on the LTSSL.**

8. Whether the applicant meets all other requirements of the relevant category in immigration instructions.

**[Comment whether the applicant meets the other instructions]**

9. Other considerations.

**[List and comment on any other factors you have taken into consideration in assessing this medical waiver.]**

**[\*\*\*\* Copy this assessment into AMS notes and forward to a Technical Advisor or Immigration Manager\*\*\*\*]**

[All details hereafter are to be completed by the Technical Advisor or Immigration Manager who will decide whether to grant or refuse a medical waiver. Ensure that the weighing and balancing of factors and your decision are entered into the Client's Application Notes on AMS.]

**Weighing and balancing of factors**

[Record your weighing and balancing of all the factors you have considered:

1. State the factors in favour of a medical waiver.
2. State the factors against a medical waiver.
3. Ensure you have adequate information and demonstrate you have taken into account all the circumstances not just the Medical Consultant's recommendation.]

**Decision**

[State your conclusions and decision to grant or refuse a medical waiver.]

Name:	
Designation/Title:	
Date:	

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