

February 2019

INZ 1216



# New Zealand Immigration Panel Member Instructions

## Information about these Instructions

The New Zealand Immigration Panel Member Instructions (the Instructions) have been written to assist physicians and radiologists in completing medical examinations on behalf of Immigration New Zealand (INZ). They have been written for physicians who are members of INZ's Panel Physician network, and, in countries where INZ has no Panel Physicians, a locally registered, board-certified or licensed physician. The collective term used in these Instructions for panel members and those otherwise registered, board-certified or licensed is Panel Physician.

These Instructions are for Panel Physicians, they **are not** certified immigration instructions under section 22 of the Immigration Act 2009. The purpose of these Instructions is to inform Panel Physicians of INZ's expectations and requirements when conducting immigration medical examinations (IMEs). If you are a panel member of an INZ Panel Physician network your ability to remain on the panel may be compromised if you do not follow these Instructions.

These Instructions provide:

- an overview of the immigration health screening process for examinations completed in eMedical and paper-based examinations
- an outline of the roles and responsibilities of Panel Physicians within this process
- information and guidelines to assist Panel Physicians to complete INZ medical examinations
- a standardised process to obtain appropriate, accurate and comprehensive information.

These Instructions also:

- minimise the risk of fraudulent applications, and
- explain to Panel Physicians the standard of practice required to complete INZ medical examinations and reports.

These Instructions are not a technical medical reference manual. Any comments regarding errors, omissions or amendments should be sent to: [XXXXXXXXXXXXXXXXXXXX@XXXX.XXXX.XX](mailto:XXXXXXXXXXXXXXXXXXXX@XXXX.XXXX.XX)

International Organization for Migration (IOM) physicians should refer to Part 4 of these Instructions when completing immigration medical examinations for:

- UNHCR mandated refugees included in New Zealand's Refugee Quota Programme, and
- Refugee Quota Family Reunification (RQFR) Category applicants.

For IOM physicians with questions about completing INZ examinations for refugees, 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: [MRFCanberrx@xxx.xxx](mailto:MRFCanberrx@xxx.xxx)

Website: <https://australia.iom.int/>

## Introduction

### Background

Migrants are expected to have an acceptable standard of health to be granted temporary entry to, or residence in, New Zealand.

Applicants are considered to have an acceptable standard of health if they are:

- unlikely to be a danger to public health
- unlikely to impose significant costs or demands on New Zealand's health or special education services
- able to perform the functions for which they have been granted entry.

Applicants are required to undergo an IME to demonstrate they have an acceptable standard of health. There are four different IMEs:

| eMedical examinations       | Paper-based medical certificates              | For examination requirements see: |
|-----------------------------|---|-----------------------------------|
| 501 Medical examination     | <i>General Medical Certificate (INZ 1007)</i> | Part 2 of these Instructions      |
| 502 Chest X-ray examination | <i>Chest X-ray Certificate (INZ 1096)</i>     | Part 3 of these Instructions      |
| 512 Medical examination     | <i>Limited Medical Certificate (INZ 1201)</i> | Part 4 of these Instructions      |

|  |  |                              |
|--|--|------------------------------|
| Supplementary Medical Certificate (with 707 HIV) | <i>RSE Scheme Supplementary Medical Certificate (INZ 1143)</i> | Part 5 of these Instructions |
|--|--|------------------------------|

The IME that applicants are required to undergo depends on which visa category they are applying under and how long they intend to stay in New Zealand. INZ will update these Instructions and INZ medical examination requirements from time to time. eMedical will always carry up to date examination requirements and the INZ website will have the most up to date paper-based medical certificates at [www.immigration.govt.nz/forms](http://www.immigration.govt.nz/forms).

### Health resource utilisation thresholds

INZ uses a set of criteria to assess whether an applicant has an acceptable standard of health.

These criteria include some specific cost and demand thresholds used by INZ's medical assessors to determine whether an applicant has an acceptable standard of health for immigration purposes.

If there is a relatively high probability that an applicant is going to require health, disability or special education services to levels above these thresholds, then they are not likely to be assessed as having an acceptable standard of health. These thresholds are based on the average cost of the top five per cent of New Zealand health care users.

For further information on INZ's immigration requirements visit [www.immigration.govt.nz](http://www.immigration.govt.nz)

## Glossary

**Applicant** – A person who applies to enter or remain in New Zealand as a permanent resident (including refugees, who may also be referred to as candidates) or as a temporary entrant (including tourists, students or temporary workers).

**Candidate** – A person mandated as a refugee by the UNHCR (the United Nations refugee agency) who has been selected as a candidate for New Zealand's Refugee Quota Programme.

**Conditions** – Physical, mental, emotional or intellectual disorders of the applicant that are identified by either the applicant or by the Panel Physician from the history, examination and subsequent tests.

**Family group** – The partner of a 'principal applicant' and the dependent children of a 'principal applicant' and/or their partner.

**High cost conditions** – Those conditions that exceed the high cost threshold.

**High demand conditions** – Those conditions that require services within New Zealand, the demand for which is currently unmet. The availability of health services across the whole of New Zealand is considered, not just the availability within a particular locality.

**Immigration instructions** – These consist of immigration policy objectives; any rules or criteria for determining the eligibility of a person for the grant of a visa; and any other relevant information that should be taken into account in assessing a person's eligibility for a visa. Immigration instructions are certified by the Minister of Immigration under section 22 of the Immigration Act 2009.

**Immigration medical examination (IME)** – The medical examination for New Zealand immigration purposes that includes the functional inquiry for present, past, and family history, the findings on physical and mental examination and the results of all relevant radiology, laboratory and diagnostic tests including further specialist reports.

**Incapable person** – An 'incapable person' is defined as a person who is incapable of understanding the general nature, effect of, and purpose of the requirement for providing a signature. Such people may include those with an intellectual disability.

**Medical assessors** – See page 8.

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**Medical certificates** – INZ paper health assessment forms, specifically, *General Medical Certificate (INZ 1007)*, *Limited Medical Certificate (INZ 1201)*, *Chest X-ray Certificate (INZ 1096)* and *RSE Scheme Supplementary Medical Certificate (INZ 1143)*.

**ORS guidelines** – Ongoing Resourcing Schemes guidelines. ORS resources are primarily to provide specialist assistance to meet students' special education needs throughout their school years. ORS resources are additional to the teacher funding and operational grants that are paid to schools for every student in New Zealand. The ORS criteria have been adopted for use as a screening tool for immigration purposes.

**Panel Physician** – See page 7.

**Principal applicant** – The principal applicant is the person who is declared to be the principal applicant on the application form. When the application is assessed, the principal applicant will be the person first assessed against the immigration instructions. An analogous term for medical use would be 'index applicant'.

**Specialist report** – A written document received from the relevant specialist that provides a complete record of the mental or physical condition being considered, including the history, findings on physical examination, diagnosis, current treatment and prognosis.

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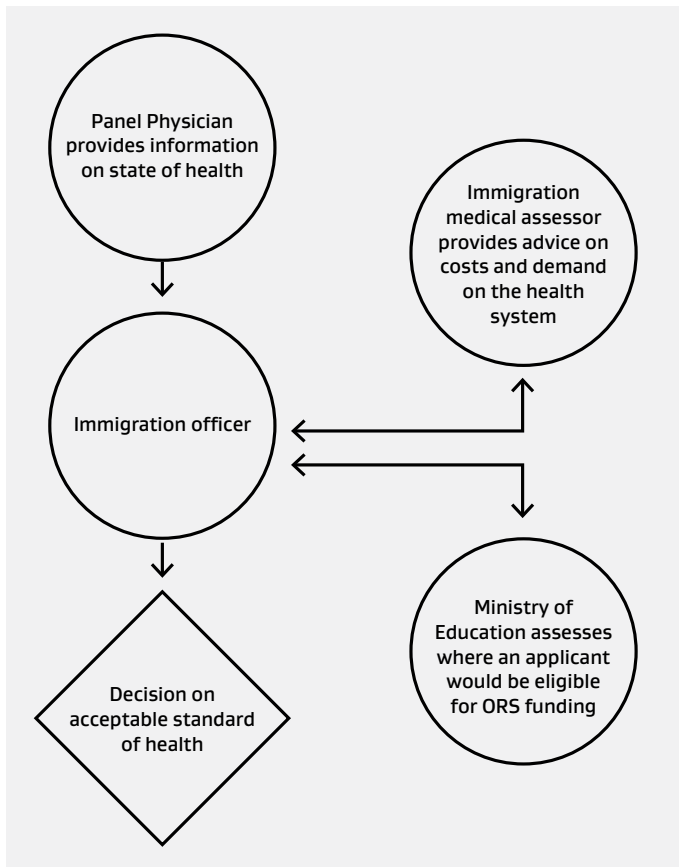
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## Part 1: Requirements for Panel Physicians and INZ immigration medical examinations

### Roles and responsibilities in the immigration health assessment process

There are three key parties involved in the immigration health assessment process. These are the Panel Physician, INZ immigration officers, and immigration medical assessors. Each has a clear and distinct role that contributes to the health assessment process. The final decision about whether an applicant meets the acceptable standard of health required for immigration purposes is made by INZ. Panel Physicians and immigration medical assessors have key supporting roles in this decision making process, as outlined in the diagram below.

### The health screening process



### The Panel Physician

The role of the Panel Physician is to provide a comprehensive assessment of the applicant's current state of health and record this accurately on the INZ medical certificates.

#### This includes:

- personally undertaking the IME, including confirming the identity of the person being examined and to whom the information on the medical certificates relate
- applying the appropriate medical, ethical and professional standards during the examination and in completing the certificate
- ensuring that a parent or guardian is present when taking the history and examining children under 18 years of age
- capturing the required information accurately and comprehensively on the certificate

- commenting on anything identified during the examination that appears to contradict information provided by the applicant
- referring the applicant for standard (compulsory) blood tests, and any other tests that may be appropriate given clinical or risk factors present
- ensuring that pre- and post-test counselling is carried out in accordance with local protocols and standards. For example, include advice on vaccination for close contacts of those testing positive to hepatitis B antigen
- referring the applicant for the required chest x-ray
- referring applicants requiring treatment, other than emergency treatment, to their usual treating physician. The Panel Physician should document the referral, the reason for it, and, where applicable the outcome, in the 'General supporting comments' field within the 'Examination Grading' section which is in each certificate
- recording on the medical certificate the name of any interpreter and/or chaperone present during the examination, and relationship (if any) to the applicant being examined
- reviewing all the information on the certificate (including results from blood tests and chest x-ray) and provide an impartial assessment of the applicant's current state of health and any significant conditions that may have an impact on their future health
- remaining accountable for any part(s) of the examination/ completion of the medical certificate, that is delegated to a staff member within the practice
- advising INZ of changes to their clinic's contact details, operating hours, working arrangements, clinic closures and their leave arrangements.

INZ expects Panel Physicians completing an IME to have the necessary medical expertise and experience to fulfil the above responsibilities.

#### Panel Physicians are not:

- responsible for providing opinions on immigration decisions
- authorised to provide oversight of examinations conducted by non-Panel Members
- permitted to provide treatment to applicants except in emergencies
- authorised to make an assessment of the admissibility or inadmissibility of the applicant or the applicant's family members to New Zealand. This is the function of the immigration officer
- permitted to make any statement to the applicant which might be construed as implying a favourable or unfavourable immigration assessment outcome
- permitted to undertake an IME where the applicant is a relative of the panel member, or where the panel member has a personal or financial interest in the immigration application, in such cases the examination shall be declined
- permitted to receive or accept service or incentive fees or gratuities of any kind from third parties, including migration agents or referral agencies. If panel members accept service of fees from any third parties for these services, INZ may cancel the physician's panel membership.

**Note:** Panel Physicians must not allow other physicians to conduct IMEs as a substitute or locum without prior written consent of INZ (see section on locums).

### **INZ (the immigration officer)**

The role of the immigration officer is to decide whether an applicant meets the acceptable standard of health. This includes:

- reviewing the information contained on the medical certificate
- where significant issues are identified, referring the medical certificate to an immigration medical assessor for advice on the likely costs and demands of an applicant's medical condition on New Zealand's health/special education systems
- reviewing any recommendation from a medical assessor and deciding whether an applicant meets the acceptable standard of health
- determining whether an applicant does not meet the acceptable standard of health and whether a medical waiver should be considered.

### **The immigration medical assessor**

The role of INZ medical assessors and Ministry of Education ORS assessors is to provide opinion(s) to an immigration officer on:

- whether an applicant is likely to be a danger to public health
- whether an applicant has a condition that is likely to exceed cost or demand thresholds
- whether an applicant is able to undertake the work or study that is the basis for their application
- the likely costs and demands that an applicant who exceeds cost and/or demand thresholds will place on the New Zealand health/special education systems, including eligibility for ORS funding
- the information contained on the medical certificate
- the additional tests and investigations they consider are necessary to further understand an applicant's medical condition
- applying the appropriate medical, ethical and professional standards during their considerations
- applying the appropriate cost and demand thresholds in their assessment of an applicant's medical condition
- any medical matters related to the consideration of a medical waiver.

### **Who can conduct an immigration medical examination?**

#### **New Zealand physicians (onshore)**

INZ has an onshore New Zealand Panel Physician network. Only approved physicians and radiologists at clinics on the onshore Panel Physician network can complete IMEs for INZ visa applicants. A global register of panel physicians can be found on the INZ website at <https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/tools/panel-physicians>

### **Countries with Panel Physicians (offshore)**

In most countries, INZ uses a panel of reputable registered medical practitioners and/or radiologists. A global register of panel physicians can be found on the INZ website at <https://www.immigration.govt.nz/new-zealand-visas/apply-for-a-visa/tools-and-information/tools/panel-physicians>

All applicants in these countries must have their medical certificate and chest x-ray reports completed by a panel physician.

### **Countries with no listed Panel Physicians**

For countries where there are no INZ panel physicians, a registered or board certified or licensed medical practitioner or physician may conduct the immigration medical examination and complete the medical certificate.

INZ will require details of the registration, certification or board licence of the medical practitioner or physician.

The medical examination will not be accepted if completed by a nursing practitioner, a physician's assistant, or by other health practitioners.

### **Locums**

With approval from INZ, locum Panel Physicians can perform IMEs to provide coverage during periods when Panel Physicians take leave. If a Panel Physician nominates a physician as their locum they should be satisfied that the physician has the qualifications, experience, knowledge and skills to perform the IMEs. An effective handover of procedures must be arranged to ensure continuity of service delivery to visa applicants. Locums will have the same responsibilities as Panel Physicians and it is essential that Panel Physicians ensure that locums are familiar with these responsibilities and follow the Panel Instructions.

Panel Physicians taking planned leave, especially when they are the sole panel member in the clinic, should provide four weeks' notice to INZ. Depending on local panel coverage, INZ may approve the membership of a locum to cover the leave period of the Panel Physician. eMedical access will be provided to the locum Panel Physician for the period of relief. The locum will need their own eMedical logon.

The documentation required to be approved as a locum Panel Physician is the same as for permanent panel membership.

Where a locum is engaged to examine the patient yet is unavailable to complete the medical certificate (for example, they may have completed their term of engagement), the host practitioner is to sign the medical certificate and annotate the name of the locum.

### **Radiologists**

Radiology clinics become Panel Members as a unit. A Chief Radiologist must be designated in each clinic as the key contact for communication with INZ and with overall responsibility for the training and supervising of all Radiologists conducting INZ radiological examinations at that location, including ensuring the quality of reports. Under the direction of the Chief Radiologist, Radiographers and clinic staff are required to follow identity checking procedures and to familiarise themselves with the procedures for submitting radiological examination results.



Where a radiology practice has multiple branches, INZ will usually approve membership to a single branch of the clinic. This arrangement supports the training of staff in the branch clinic, specifically that related to integrity checking procedures and the correct forwarding of examination results to INZ. The inclusion of additional branches to the Panel will be at INZ's discretion.

Chief Radiologists are to:

- ensure that all Radiologists undertaking INZ radiological examinations are suitably qualified as a specialist in radiology and are registered to work in their country of practice
- receive feedback about Panel Radiologists and staff in their clinic and work with us to resolve cases or issues of concern
- ensure that where INZ advises that individual Radiologists are excluded from conducting New Zealand visa radiological examinations that these Radiologists do not conduct radiological examinations of applicants
- ensure that radiological examinations for INZ's applicants are conducted only at the agreed site/s
- put into practice and monitor the identity checking procedures of applicants
- circulate INZ communications to Panel Radiologists and staff
- ensure that INZ is provided with their clinic's contact details, capabilities and working arrangements, including any changes to these
- ensure that INZ is provided with the identity details, for the purposes of enrolment in eMedical, of Panel Radiologists undertaking radiological examinations for applicants
- for paper-based medical certificates, ensure that the x-ray examination forms and films are forwarded to the Panel Physician if the client must also undergo an INZ medical examination.

Chief Radiologists and Panel Radiologists are to:

- provide accurate, impartial, and complete reporting, including grading, on the health status of visa applicants, determined by radiological examinations
- advise applicants of any abnormalities of clinical significance found during the examination
- ensure reporting of TB findings, and refer applicants requiring further investigation or treatment for non-TB findings that are significant for the visa application, to an appropriate specialist or Panel Physician.
- refer applicants with non-TB findings that are not significant for a visa application to their usual treating physician
- refer applicants with TB related findings, where a 603 requirement (a chest clinic investigation) has been generated by eMedical, to a Panel Physician to arrange an investigation
- complete and submit the 502 requirement (a chest x-ray examination) for TB-related findings where a 603 requirement has not been generated.

## Panel management

INZ is responsible for all parts of the immigration medical process, both onshore and offshore. Fundamental to INZ is ensuring consistent quality of the work carried out. INZ aims to work with Panel Physicians to achieve INZ's aim through:

- providing training
- communicating policy, procedural and clinical changes
- responding to administrative and clinical queries from Panel Members
- addressing complaints and feedback.

INZ staff will manage the panel through quality assurance activities such as:

- conducting on-site and remote auditing of the panel's work
- addressing applicants' complaints and feedback
- ensuring there are no conflicts of interest.

**Panel Members are not employees of the New Zealand Government. They do not represent the New Zealand Government or INZ.**

Panel Members are required to comply with all conditions of panel membership issued to them by INZ, including those expressed in these Instructions. These conditions may be reissued or amended periodically and Panel Members will be advised when this occurs.

Visa applicants attend the Panel Member of their choice and Panel membership does not guarantee a minimum amount of business from INZ. The New Zealand Government and INZ do not accept any responsibility for any costs associated with membership to the Panel, or loss of business or patronage at a clinic, as a result of:

- changes to the migration program
- applicants' choices
- suspension or removal from the Panel; or
- any other reason.

The information provided below outlines the specific roles and responsibilities of Panel Members.

## Members

Membership to the Panel network is subject to approval from INZ. For the offshore Panel Physician network, one or more individual physicians at a clinic may apply for membership, but the clinic as a group identity will not be granted membership. For the onshore Panel Physician network, the clinic is granted membership, however, individual physicians must still apply for approval by INZ.

Once physicians have been approved by INZ they must remain with the approved clinic site unless otherwise agreed.

INZ takes account of the integrity of the entire practice or entity in which the Panel Member works, even where membership rests with the individual physician - including other physicians, staff members, facilities, laboratories and radiology practices. It should be noted that although the pre-examination or some aspects of the IME may be delegated to nursing or other staff, the Panel Member retains responsibility for the overall process.

Panel Members must maintain their registration and good standing with their medical board and professional college (if issued by the relevant authority) in their country of practice. Any change to registration status must be reported immediately to us. If a Panel Member becomes unregistered or restricted in their country of practice they must inform us immediately. Panel Members are required to provide evidence of their current registration or licence status during an onsite audit visit or at INZ's request.

Panel Members are obligated to operate within the bounds of these Instructions and to protect the privacy of New Zealand visa applicants with regards to personal information in accordance with New Zealand's Privacy Act 1993 (the Act). Under the Act 'Personal Information' is any information about an individual (a living natural person) as long as that individual can be identified.

As Panel Members, who are conducting IMEs on behalf of INZ, it is important that you understand your responsibility to protect applicants' privacy and rights by referring to the Act and the applicable Privacy Principles (see [www.privacy.org.nz/news-and-publications/guidance-resources/information-privacy-principles/](http://www.privacy.org.nz/news-and-publications/guidance-resources/information-privacy-principles/)).

### Onsite audit visits and clinical audits

The quality of Panel Members' work is regularly reviewed by:

- clinical audit of medical and radiological examinations
- onsite audit visits to clinics, and
- the investigation of feedback and issues.

The review of Panel Members' work has the following purposes:

- to maintain the integrity of IME's
- to ensure continuous improvement of the process, and
- to improve the flow of communication between INZ and Panel Physicians who undertake the IME process.

In accepting membership to the Panel, Panel Members agree to willingly participate in such audits and reviews, and be present at onsite audit visits. An onsite audit visit will routinely include:

- a review of information and instructions issued to applicants
- discussion with the Panel Members
- introduction to delegated nurses or administrative staff involved in IMEs
- a full and thorough inspection of the clinic, x-ray facilities, chest clinic and laboratory (if onsite)
- observation of process including the physical examination of an applicant
- an inspection of associated laboratories and chest clinics. Arrangements for offsite visits will be made before or during the onsite audit.

More information on the scope of issues and activities to be evaluated will be provided before an onsite audit.

**Note:** It is expected that key Panel Members will be present during an onsite audit and prior notification of absence of key personnel is advised. INZ appreciate Panel Members' flexibility when scheduling onsite audits in consideration of INZ's auditor availability and itinerary considerations. Also note that onsite liaison visits may be performed by INZ's intergovernmental partners in conjunction with or on behalf of INZ.

Regular remote reviews will also be undertaken as part of INZ's quality assurance processes. This will include review of:

- completion of paper-based medical certificates (all sections must be legibly completed, with records of all positive and negative findings recorded),
- screening tests (all screening tests required by INZ have been carried out, and the quality of the testing and the identification of the applicant has been appropriate),
- diagnostic tests (the diagnostic tests and reports necessary to provide INZ with the best available evidence upon which to assess whether the applicant has an acceptable standard of health have been provided, and all reports that are not in English, include an English translation of the applicant's identity details, the test(s) undertaken and the results), and
- completeness and timeliness (that all parts of the IME process are complete and submitted in a timely fashion and that any additional information requested by INZ has been provided in a timely manner).

### Intergovernmental Collaboration

The New Zealand Government has close ties with its intergovernmental partners (Australia, Canada, United Kingdom and the United States of America) in relation to immigration health. Panel members, particularly offshore, should be aware that information collected by INZ about the Panel network is routinely shared with the intergovernmental partners. This may include information about panel performance and audit findings, as well as Panel Physician contact details. Visa application information is not shared without the consent of individuals.

### Continuity of membership

#### Relocation of a Panel Member's practice

A member is empaneled at a specific clinic location. Unless approval is given by INZ, membership automatically ceases upon that Panel Member relocating the practice or moving their employment to another practice. INZ is to be advised at least four weeks before the relocation and if acceptable INZ will update INZ's website and advise the INZ local office of the change in circumstances.

Panel Members need to ensure that their clinic's details are correct on INZ's website and that any changes are advised to INZ. See clinic location lists here: [www.immigration.govt.nz/healthinfo](http://www.immigration.govt.nz/healthinfo).

**Note:** If a Panel Member relocates and proceeds to conduct IME or radiological examinations without prior authorisation, they may be suspended or removed permanently from the Panel.

### **Retirement and withdrawal of membership**

INZ requests a minimum of four weeks' notice, preferably longer, if a Panel Member intends to retire or withdraw their membership from the Panel. Panel Members intending to leave the Panel may be asked to nominate a successor, who will be subject to the usual membership considerations. INZ is unable to guarantee that the nominated successor will be successful in their application for panel membership.

### **Suspension from the Panel**

When INZ has evidence of a breach of procedural integrity or a failure to meet performance standards or a continued failure to meet performance standards in the completion of IMEs, Panel Members will be notified in writing that an investigation is being conducted by INZ.

Immediate suspension may occur if INZ identify a public health threat, significant cost or demand for health services that may have an impact on the New Zealand community resulting from a reporting error, or if an allegation of illegal conduct or serious professional misconduct arises. In such cases, INZ will provide the Panel Member with a written notice of suspension, including the reason for suspension where possible. In cases where an allegation of misconduct has arisen, the privacy and confidentiality of the complainant will be considered in any of INZ's correspondence.

Where a Panel Member is suspended for misconduct, they will have 14 days from the date of the notification of suspension to respond in writing to INZ's Principal Medical Advisor before a decision is made as to whether the Panel Member will remain on the panel. INZ's decision will be final and no further discussion will occur.

Although physicians and radiologists are empaneled individuals outside New Zealand, the behaviour of everyone in the practice may reflect on the integrity of the practice itself. Similarly in New Zealand, the behaviour of an approved Panel Physician in an empaneled clinic may reflect on the integrity of the practice also. INZ may suspend or remove, at its discretion, all of the Panel Members or exclude individual members or radiologists in a practice where one person operating from that practice is under investigation.

In the circumstance where only the Chief Radiologist is suspended or removed from the panel, another panel radiologist can assume the responsibilities of Chief Radiologist during the suspension period or nominate for membership. Details of the acting Chief Radiologist or their replacement should be forwarded to INZ.

### **Removal from the Panel**

Membership to the Panel may be revoked at any time at the sole and absolute discretion of INZ. The decision to cancel membership is final and not reviewable. INZ will usually provide four weeks' notice before cancellation takes effect. A shorter notification period may apply if removal from the Panel is for misconduct or in other instances as advised.

Where there are reasonable grounds to believe that a Panel Member has been involved in matters related to bribery, the receipt of facilitation fees, criminal activity, offences relating to children or unprofessional conduct, this will result in immediate removal from the Panel.

In cases where a Panel Member may be liable for removal as a result of clinical errors, they will be informed of the substance of the issue(s) against them. A response will be sought and given fair consideration before a decision being made to remove them from the Panel.

Removal from the Panel may also occur where there is a decreased need for Panel clinics in a particular region, due to technological developments, reduced visa application volumes, alignment with intergovernmental partners or a change in policy. INZ will make reasonable efforts to give as much notice as possible of any intended changes to Panel composition.

### **Conflict of interest**

As Panel Members provide a service on behalf of INZ, it is important to avoid both actual and perceived conflicts of interest. Conflicts of interest have been defined as a situation that has the potential to undermine the impartiality of a person because of the possibility of a clash between the person's self-interest and their professional interest or public interest. All conflicts of interest and potential conflicts of interest must be fully disclosed to us at the time a conflict of interest arises.

Therefore, when conducting IMEs for INZ, Panel Members must:

- perform the duties of their practice impartially, uninfluenced by fear or favour
- avoid situations in which their private, financial or other interests conflict or might reasonably be thought to conflict with conducting IMEs for applicants
- consider if their commercial and professional relationships with their associated clinics and other third parties, such as migration agencies, present an actual or perceived conflict of interest, and would impact on the independence and reliability of medical reports provided by the Panel Member
- advise INZ of the relationship and potential conflict of interest when the interests of members of their immediate family are involved
- not use information obtained in the course of the IME to gain, directly or indirectly, a financial advantage for themselves or for any other person
- not be an applicant's treating physician or family member. If the applicant does not have a treating physician and wants to remain as a patient at the clinic, then the applicant should be referred to another physician in the clinic. It is acceptable for the second physician to see the applicant even if they are a Panel Member, as long as they have not participated in the IME of the applicant.

### **Note:**

- Panel Members must advise us of any instances where others may perceive that the Panel Member has a conflict of interest in performing New Zealand IMEs. Examples might include performing IMEs for friends, relatives or work colleagues.
- Immigration New Zealand expects the immigration medical examination process to exclude enrolment of visa applicants with New Zealand based panel clinics. If an applicant in New Zealand does not currently have a primary health care provider, Immigration New Zealand strongly recommends that enrolment is only considered by a panel clinic following the completion of the immigration medical examination process.

## Communication

Panel Members are responsible for keeping themselves informed of the latest version of these Instructions and disseminating INZ's communications including newsletters and support documents to clinic staff who are involved in the New Zealand IME process. INZ anticipates and encourages regular contact with Panel Members.

Panel Members are required to be able to communicate effectively in English in order to communicate with INZ's staff and applicants from English speaking countries. Panel Members must ensure that all reports and test results are completed in or translated into English either by an accredited translator or by their clinic. Reports should clearly show the visa applicant's name, date of birth and passport number, and if translation is required, the name of the person who has translated the reports.

### Providing information for clients

INZ encourages Panel Members to provide applicants with information about their services such as fees, address, contact details, hours of operation and instructions on how to prepare for the IME. INZ may be able to assist you with the content of the instructions to make sure that applicants receive current and appropriate information. INZ may ask for copies of any written information provided to applicants and it will, usually, be reviewed as part of an onsite audit.

Panel Members wanting to assist applicants with New Zealand immigration information should refer them to INZ to ensure that they receive accurate information. If the clinic has a website, links to INZ's website may be published to direct applicants to immigration information and information about the IME process.

See: [www.immigration.govt.nz](http://www.immigration.govt.nz)

**Note:** Panel members must not use INZ or eMedical logos on any publications, products or websites to promote their services or New Zealand immigration information. Signs, stamps and signature blocks must not imply that the Panel Member is an employee of the New Zealand Government or INZ.

### Record keeping

eMedical creates an electronic archive of all examinations submitted, including attachments. INZ health cases may be purged from eMedical after a three-year period however the information will continue to be electronically retained by INZ in its Immigration Health System.

Examination records can be viewed by Panel Members after submission by entering the applicant's electronic ID (NZER or NZHR) in the eMedical search field. As long as a clinic maintains a record of the applicants that they have examined along with their electronic ID, there is no need for further medical records to be kept from INZ's perspective. Panel Members should observe local laws about medical record keeping. As eMedical records can be printed or saved electronically by an eMedical user on demand, this may satisfy your clinic's record keeping requirements.

For IMEs that are recorded on paper-based medical certificates, Panel Members should keep adequate records including applicants' details and whether an 'A' or 'B' grading was given. These records should be kept for a period of at least 12 months. Comprehensive notes should also be kept of any applicant where significant abnormalities or identity concerns were identified during any part of the examination. Radiology practices are encouraged to keep soft copies (electronic) of digital x-rays.

For monitoring quality assurance, clinics are advised to maintain internal data on a monthly basis on:

- caseload numbers (per clinic and per Panel Member)
- A/B grading ratios
- detection rates for significant conditions such as HIV and TB (both active and inactive).

### Client feedback

INZ has a client feedback policy which allows applicants, their representatives and other stakeholders to provide compliments, complaints, suggestions or any information about INZ's program delivery, services or performance.

#### How can clients provide feedback to INZ?

Clients can provide feedback about Panel Physicians via our website ([www.immigration.govt.nz/contactus](http://www.immigration.govt.nz/contactus)), by phone to the INZ Contact Centre, or with their visa application.

#### What can a client do if they are not satisfied with INZ's response?

INZ has a client complaint resolution process which can be found at: [www.immigration.govt.nz/contact/complaints/complaint-about-inz](http://www.immigration.govt.nz/contact/complaints/complaint-about-inz)

Complaints about New Zealand Panel Physicians may also be made to New Zealand's Health and Disability Commissioner. See: [www.hdc.org.nz](http://www.hdc.org.nz)

### Complaint management

#### What should you do if an applicant wants to make a complaint?

INZ relies on your expertise as a medical professional and your undertaking to operate within the bounds of the *New Zealand Immigration Panel Member Instructions*. INZ encourages you to maintain or develop a complaints policy in line with your local governing bodies. Having a process to manage complaints helps to resolve them and achieve learning from them.

INZ would encourage you to:

- take all complaints seriously in whatever form they come
- resolve the problem if you are able to (for example, do not insist on extra tests or referrals if they were not suggested in these Instructions or directly by INZ. However, please note that the test was advised but declined by the applicant)
- if they are still concerned, advise the applicant to contact INZ
- keep a detailed record of what happened and advise INZ of any incidents that are outside of routine communication with applicants.

## What will INZ do if a complaint is received?

INZ will request information about the complaint from the complainant and review all of the information in order to determine if the complaint can be substantiated or not. Information that is normally sought includes:

- all the information about the complaint, including evidence the complainant has to substantiate their complaint
- the complainant's consent to disclose their personal details to the Panel Member, if required
- obtaining a recollection of events and/or more information from the Panel Member.

Panel Members must not contact the complainant in relation to their complaint without prior consent from INZ.

INZ will write to the Panel Member with the outcome of the investigation and advise the complainant that action has taken place. For privacy reasons, complainants will not be provided with specific details of the action taken against the Panel Member.

- Complaint details will be recorded, including any contact INZ have had with the Panel Member to substantiate the issues raised.
- If the complaint is substantiated and determined to be significant, INZ will seek the Panel Member's cooperation in addressing the issue. In some serious instances, INZ may consider suspension or permanent removal of that Panel Member from the Panel.

INZ may be approached by third party organisations asking for information about current and former Panel Members, including information pertaining to their performance. Such organisations may include local medical councils and police departments. Panel Members are advised that INZ may disclose such information, on request, to the bodies described above and to other statutory or regulatory bodies with an interest in medical professional activities. INZ will usually share this information with INZ's intergovernmental partners: USA, UK, Australia and Canada.

## Client services

### Waiting periods

Applicants should be able to schedule an appointment within a reasonable timeframe, preferably within a few working days. A delay for appointment should be no greater than 10 working days.

Panel Members are required to advise INZ, when timeframes for appointments are extended and if they are having capacity issues.

### Clinic facilities and hygiene

Clinics should make reasonable efforts to facilitate access to their premises and promote the applicants' comfort. As a minimum standard, Panel clinics should have the following requirements:

- a reception or waiting area large enough to accommodate the usual number of applicants and other people waiting
- toilets with hand cleaning facilities, preferably outside of the toilet cubicle, located in the clinic itself. Toilets not in the clinic must be adjacent to or in very close proximity as applicants will need to be supervised when providing urine samples

- where appropriate, heating and/or air conditioning.

Acceptable standards of cleanliness must be evident in the clinic and the amenities used by applicants.

### Medical clinics

A dedicated consultation room or area must be available for the exclusive use of the Panel Member and delegated nurse if used. It must not be open to the public or shared with other staff during the examination. Each consultation room or area must have as a minimum:

- adequate lighting
- an examination couch
- appropriate medical equipment for an IME
- access to a properly maintained specimen fridge (if the pathology laboratory is offsite)
- hand-cleaning facilities readily available
- facilities to protect the applicants' privacy when applicants undress, including use of an adequate curtain or screen, gown and privacy sheets
- preferably, a facility for safe-keeping of applicants' possessions.

### Radiology clinics

Radiology clinics must have as a minimum:

- adequate and well-maintained radiology equipment
- appropriate protective equipment
- radiation safety guidelines
- abdominal shielding
- facilities to protect the applicants' privacy when applicants undress including use of an adequate curtain or screen, and gown
- preferably, a facility for safe-keeping of applicants' possessions.

### Cultural and language aspects of examinations

Panel Members should be aware of cultural expectations in relation to IMEs and history-taking. If applicants do not speak the language of the Panel Member, arrangements are to be made for an interpreter. Costs for an interpreter are the responsibility of the applicant, except in the case of refugees included in New Zealand's refugee quota programme.

**Note:** The Panel Member must be satisfied as to the interpreter's impartiality, confidentiality and ability to interpret accurately. The interpreter should not be a family member or a representing agent due to a potential conflict of interest, as well as to avoid the risk of misinformation leading to a misdiagnosis.

### Privacy considerations

To prevent misunderstandings, applicants should be given information about what will happen during the IME when they make an appointment including the need to undress down to their underwear for the physical examination.

Aspects of the IME may make applicants uncomfortable, such as breast examinations for women, and must be made known to applicants at the time the appointment is made as well as on arrival at the clinic and before the examination starts.

Appendix 1 provides a diagram that you may wish to include when giving applicant's information about the IME and/or to display in your clinic waiting room, change and/or examination room.

### Chaperones

All physical examinations should be conducted in a professional manner compatible with good practice and privacy at the expense of the Panel Member. A parent or guardian must be present when a person under the age of 18 is examined or x-rayed. A chaperone must be offered and available during the physical examination for all applicants. Particular attention should be taken with female applicants and even when a female family member accompanies a female applicant; it is advisable to have a female member of the clinic staff present. Details of the offer and the name of the chaperone must be accurately recorded in eMedical and on paper-based medical certificates.

### Duration of medical examinations

The IME should be thorough and complete, based on reviewing the medical history, examining the applicant and completing the required IME report (on paper or electronically in eMedical).

INZ anticipate the physical examination of young, healthy individuals with no significant medical history to take at least 15 minutes. For an elderly person, or someone with a complex medical history, the examination is likely to take between 30 to 60 minutes.

### Pregnant women and x-ray examinations

All women of reproductive age should be asked about the date of their last menstrual period. This is because INZ does not recommend x-ray exposure during pregnancy. Pregnant applicants should be advised that they do not need to proceed with a chest x-ray examination while pregnant.

Pregnant applicants may be required by INZ to undergo a chest x-ray examination after giving birth, should they apply for a further visa for New Zealand.

### Information sheet

eMedical enabled clinics can provide applicants with an information sheet which can be printed at any time.

The information sheet includes the:

- client's photo
- INZ reference number (NZER)
- client's personal details
- client identity details
- client visa details, and
- instructions for the client.

Please print the Information Sheet and give it to the client **before** he/she leaves the clinic. This information sheet will be used by the client as **proof** that their immigration medical examination has been initiated when they submit their visa application.

### Setting fees for New Zealand immigration medical examinations

Panel Members are not paid by the New Zealand Government for providing IMEs. Panel clinics will charge visa applicants directly for examinations conducted by Panel Members and it is the responsibility of the applicant to pay the fee for an IME.

Different payment arrangements exist for refugees who are included in New Zealand's annual Refugee Quota Programme, which includes those refugees who have been mandated by the UNHCR (the United Nations refugee agency) and those applying under the Refugee Quota Family Reunification Category. Applicants applying under the Refugee Family Support Category, or who are in New Zealand and have been granted refugee or protection status, are required to meet the cost of their IME. Panel Members should seek clarification from INZ if required.

INZ does not prescribe a fee structure. However, it is the responsibility of the Panel Member to ensure that fees charged are consistent with local charges for similar services. Fee structures well above or below local market rates are not acceptable and will be investigated by INZ.

Fee schedules must be transparent and should be itemised by standard examination type – 501, 502, 512. INZ examinations include a routine number of blood tests which should be bundled into the cost of the standard examination types. An example template is offered below.

## eMedical enabled clinics

| Item  | eMedical requirement code(s)   | Fee | Example applicant   |
|---|--|-----|---|
| General Medical Examination which is inclusive of the following tests: <ul style="list-style-type: none"> <li>Estimated glomerular filtration rate (eGFR)</li> <li>HIV test</li> <li>Hepatitis B test</li> <li>Hepatitis C test</li> <li>Syphilis</li> <li>HbA1c</li> <li>Full Blood Count</li> </ul> | 501 which is inclusive of the following tests: <ul style="list-style-type: none"> <li>705</li> <li>707</li> <li>708</li> <li>716</li> <li>712</li> <li>717</li> <li>718</li> </ul> | \$  | Visitor, Worker, Resident   |
| Chest x-ray examination   | 502  | \$  | Visitor, Worker, Student, Resident  |
| General Medical Examination + Chest x-ray examination   | 501+502  | \$  | Visitor, Worker, Resident   |
| Limited Medical Examination which is inclusive of the following tests: <ul style="list-style-type: none"> <li>Estimated glomerular filtration rate (eGFR)</li> <li>Full Blood Count</li> </ul>  | 512 which is inclusive of the following tests: <ul style="list-style-type: none"> <li>705</li> <li>718</li> </ul>  | \$  | Partners and dependent children of New Zealand citizens and residents, refugees |
| Limited Medical Examination + Chest x-ray   | 512+502  | \$  | Partners and dependent children of New Zealand citizens and residents, refugees |
| Recognised Seasonal Employer (RSE) Supplementary examination (HIV test only)  | 707  | \$  | Recognised seasonal workers   |
| RSE Supplementary examination + Chest x-ray   | 707+502  | \$  | Recognised seasonal workers   |

Fees should be all inclusive without any extra charges such as 'administration fees'. Clinics that are not eMedical enabled may charge courier costs for the delivery of paper-based medical certificates. Any charges for delivery must be itemised on the applicant's invoice and provide the courier reference number so that the applicant can track the delivery of their documentation.

Additional standard examinations such as a 901 Mini mental examination should be factored into the pricing of the 501 requirement and therefore covered by the initial fee. An extra cost should not be charged for the Mini mental and ADL assessments.

Applicants should be advised of standard examination fees in advance, including any posting/courier costs for paper-based medical certificates. Fee schedules must be clearly displayed in the Panel Member's reception area and website, if applicable, and be advised to applicants when arranging their appointment.

Panel Members are encouraged to liaise with TB laboratories in regards to the fee to be charged for sputum collection and/or processing. All testing required, including Drug Sensitivity Testing (DST) should be factored into pricing and covered by the initial fee, as applicants may refuse extra tests if further fees are required to be paid.

## Confirming the identity of applicants

Panel Members and/or their clinic staff must confirm the identity of all individuals who present for an IME and record any identity concerns. This is done by completing the identity questions included in paper-based medical certificates or in eMedical.

INZ accepts the following documents to confirm an applicant's identity:

- Original passport (preferred form of identification)
- Certificate of identity
- Refugee travel document
- National Identity Card with photo (as long as the identity card was issued by one of the following countries and the examining clinic is located in the issuing country)

|   |
|---|
| Albania   |
| Belgium   |
| Brazil  |
| Bulgaria  |
| Canada  |
| China, People's Republic of   |
| Croatia   |
| Czech Republic  |
| Egypt   |
| France  |
| Germany   |
| Hong Kong (People's Republic of China)  |
| Hungary   |
| Indonesia   |
| Italy   |
| Malaysia  |
| Netherlands Antilles  |
| Pakistan  |
| Poland  |
| Portugal  |
| Russia<br>Note: Internal passports are considered equivalent to a National Identity Card. |
| Singapore   |
| South Korea   |
| Spain   |
| Sweden  |
| Taiwan  |
| Thailand  |
| Turkey  |

Neither certified nor ordinary copies of these documents are acceptable forms of identification because of the risk of fraud.

Note: Panel Members must also ensure that the appropriate identity-control mechanisms are in place at all specialist clinics to which the applicant is referred, as well as all testing laboratories.

### What do I do if appropriate identification documents are not provided?

Please remind people that they are required to provide an acceptable form of identification when they book their appointment (preferably their passport). If the applicant does not provide their passport or any approved alternative documentation, you should advise them that their IME cannot proceed and they must contact INZ.

### eMedical: Photograph requirements

As a part of the pre-examination stage in eMedical, panel clinics are required to capture a digital facial image of each client at the time of their appointment and then upload the image to their case in eMedical.

**Note: A scanned image of a photograph must not be uploaded because a scan is not a true image of a client's facial features.**

The photographs uploaded in eMedical are used for identification purposes during the visa application process and verified against other information held by INZ.

It is therefore important that photographs uploaded in eMedical are of biometric standard. The instructions below will assist you to ensure your clinic's photographs meet INZ requirements.

### What to include when capturing a biometric quality photograph?

The photograph must include:

- the full head including hair (with a clear gap around the sides and top of head)
- neck and shoulders
- both eyes (opened)
- nose
- mouth (closed) and
- neutral expressions (no frowning or smiling).

For examples of standard biometric photos see the eMedical Capturing Facial images tip sheet.

### Are there any exceptions?

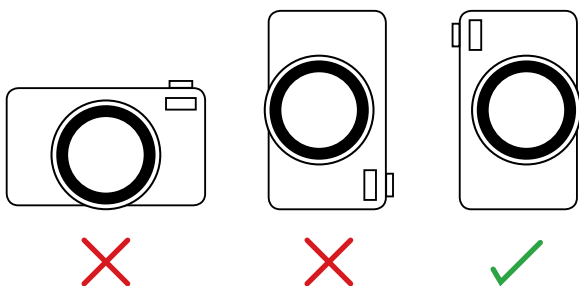
Religious head covering – if a head covering is required for religious reasons make sure full facial features are not obscured. Face covering veils are not permitted.

Prescription glasses – If person is wearing prescription glasses then ensure the frame does not cover any part of eyes and that there is no reflection. Glasses must be taken off if they are tinted or have a heavy-rimmed frame.



### What are the specifications for capturing biometric photograph?

- The person whose photo is being captured must be positioned in front of a plain, smooth, flat, light coloured background.
- The person must be centred and face the camera straight on.
- There should be no objects (e.g. furniture, other people etc.) in the background.
- There should be ambient lighting in the area where the image is being captured.
- The distance from centre of subject's head to camera lens should be approx. 1.4 metres.
- Photograph must not be blurry and there should not be any shadows, red-eye or light reflected on the face.
- Photograph must be in high quality colour.
- The camera must be held in a vertical orientation (portrait) (see below).



### What are the minimum camera requirements?

Facial images must be captured using a digital camera as the image quality is far better compared to those taken with a web cam.

The digital camera should be set to lowest resolution in order to capture a final image of <500KB.

The camera should be capable of saving images in JPEG or PNG format.

### Paper-based medical certificates: Photograph requirements

#### Likeness of the person presenting

Clients are required to bring three colour passport-sized photographs with them to their appointment (only one photograph is required for the *Chest X-ray Certificate (INZ 1096)*). The photograph must be less than six months old. The image on the photograph attached to the form must be reasonably clear, and there should be no drastic differences between the image and the person (for example facial features, facial symmetry). If the photograph attached to the medical certificate or chest x-ray certificate is not a close resemblance of the person presenting for examination, advise the person to provide an acceptable photograph. Do not continue the medical examination until this requirement is satisfied.

### When should I record an identity concern?

Any identity concerns should be documented to ensure further follow up by INZ.

Identity concerns are not only in relation to applicants who are attempting to engage in fraud as part of their visa application process. You should raise an identity concern if:

- the applicant provides you with a number of identity documents that appear inconsistent
- you are concerned about the authenticity of any/all of the identity documents provided
- the applicant who is presenting for the IME does not appear to be the person in the photo(s) of the identity documents provided, or
- the applicant's personal or identity details in eMedical are 'substantially different' from the identity documentation that the applicant has provided you.

**Note:** Raising an identity concern in eMedical does not mean that any action will be taken against the applicant; it is simply an alert for INZ to ensure that the officer processing the applicant's visa application will address any data or identity issues before finalising the applicant's visa application.

### Specimen integrity

Panel Physicians should perform specimen collection onsite. If the Panel Physician delegates this procedure to a nurse or phlebotomist, the Panel Physician remains accountable for the integrity of this part of the examination.

Correct specimen collection will entail:

- confirming the identity of the applicant
- explaining the collection procedure to applicants
- using appropriate disposable equipment
- safe storage and disposal of clinical waste including sharps
- disinfecting the area of skin for venepuncture and using personal protective equipment
- urine collection in a secure setting in very close proximity to guard against specimen substitution
- urine dipstick testing onsite
- accurate specimen identification using non-removable labels
- incorporating appropriate security or coding procedures into the testing process for specimens and laboratory requests
- ensuring all pathology test kits are not beyond expiration dates
- refrigeration of specimens or transportation to the laboratory within one hour
- maintaining specimen integrity during storage
- where necessary, ensuring secure transportation (including the container) with a laboratory request for specimens - specimens must never be given to applicants for transport
- participation in external quality-assurance program.

## Disclosure of health information to applicants

In all cases Panel Physicians have a duty of care to the applicants in relation to health information. INZ strongly encourages Panel Physicians to have a defined process for recording, tracking and informing applicants of health information, including examinations, laboratory results, imaging reports and other clinical opinions. Panel Physicians must advise the applicant of any abnormal findings. There may also be some circumstances where it is preferable to notify the applicant's treating physician.

**Note:** It is not appropriate for the Panel Physician to give any form of treatment in relation to the applicant. A Panel Physician must not enter into a therapeutic relationship with the applicant. The Panel Physician's role is that of an independent examiner who is to provide INZ with an impartial assessment of their findings.

However, if the Panel Member finds the applicant to be seriously ill and in need of urgent treatment, the Panel Member must inform the applicant and refer them to his or her usual physician, or to an appropriate specialist or medical facility. Panel Members should record any counselling and referral action taken in relation to serious medical conditions in the general supporting comments field in eMedical or on the paper-based medical certificates.

## Automated email

INZ applicants can confirm at the pre-exam stage of their examination that they wish to receive an automated email confirming the submission of their health case to INZ and provide a personal email address for this purpose. Upon submission of the applicant's health case an automated email will be sent to the address provided. Applicants will be advised to contact the clinic where their exam was completed if they require a copy of, or further information about their results. Clinics can use the 'Print Health Case' function to generate a copy to print or save as a PDF and email.

If an applicant has any queries in relation to their visa application, Panel Members should advise applicants to contact INZ.

## Further tests and specialist referrals

Parts 2, 3 and 4 of these Instructions identify circumstances where specialist reports should be initiated by Panel Physicians as in these cases it is likely that INZ will require extra information. In circumstances where a delay in diagnosis or treatment will result in adverse health outcomes, such as potential cancer, Panel Physicians should also refer to specialists.

When making external referrals, Panel Members must explain to applicants why further investigation is needed. Panel Members should also explain that the results will be sent from the specialist to the Panel Physician who must submit the reports to INZ, although applicants should also be offered a copy. Specialist referral letters can be generated via eMedical. For paper-based medical certificates, the specialist report will be returned to the applicant with their medical certificate and they will submit these to INZ with their visa application. However, INZ is also moving towards a direct-submission process for paper-based medical certificates and these Instructions will be updated accordingly.

The choice of a specialist is not limited; however high-quality reports are needed. As substandard reports will not be accepted by INZ, Panel Physicians should refer applicants only to specialists in whom they have confidence in clinical skill and reporting.

Panel Physicians must advise the specialist to:

- confirm the identity of the applicant
- provide detailed reports in English, if possible, including results of all necessary investigations and a description of the recommended management and likely prognosis of the condition.

## Forwarding specialist reports

Original specialist reports are to be sent directly to the Panel Physician, who should then scan (if hard copy) and attach to eMedical (or attach it to the paper-based medical certificate). Reports in other languages should be translated into English by an accredited translator or by the Panel Member themselves. Specialist reports should clearly show the applicant's name, date of birth and identity document number.

## Gradings

Panel Members are required to grade IMEs as 'A' if no significant medical conditions were declared or found and 'B' if a significant medical condition has been declared or found. A 'B' grading does not automatically mean that the applicant will not meet the health requirement or will be refused a visa.

When an abnormality is detected or declared, Panel Members must provide sufficient detail on the nature, severity and possible prognosis of the medical condition so INZ is able to clearly understand the applicant's state of health and the relative significance of the medical condition. Comments from Panel Physicians are required on how each medical condition currently affects, or is likely to affect, the applicant's normal daily functioning, level of independence and fitness for work.

## Submitting electronic IME reports

IMEs completed in eMedical will be submitted automatically to INZ once all required IMEs are completed – with no manual document handling required.

IME results are to be submitted without delay. Cases where eMedical does not generate additional requirements to the standard examinations should be submitted within five working days of the applicant attending the clinic.

Clinics have a responsibility to manage their pending caseload to ensure prompt submission of cases and to avoid any delays and inconvenience to applicants.

## Completion of paper-based medical certificates

Panel Physicians are to ensure that all requested sections of the medical certificate(s) are completed. All answers **must** be in English.

All paper-based medical certificates are to be submitted without delay, and no more than **five working days** after completion of the certificate.

Clinics have a responsibility to manage their pending caseload to ensure prompt submission of cases and to avoid any delays and inconvenience to applicants.

### **Legibility of the medical certificate**

The certificate and all documentation must be legible. Illegible or incomplete certificates or documentation will be returned to the Panel Physician for clarification. If an error is made in completing an answer, rule a single line through the error (eg. error) and make the changes immediately following and initial the change. Do not use correction fluid or otherwise erase the error. The medical certificate will be returned if it has been altered in such a manner.

### **Panel Physician's initials**

Visa applicants may have been provided with a bound medical examination form by INZ. Alternatively, they may have accessed the form as loose-leaf pages (for example, from the internet – [www.immigration.govt.nz/forms](http://www.immigration.govt.nz/forms)) and will have a form that is not bound as a single document.

The Panel Physician is to initial:

- every separate sheet submitted as a part of the examination assessment, and
- each of the relevant pages in the medical certificates, and
- sign the Panel Physician's declaration section.

This process is requested to ensure that individual pages have not been substituted after the Panel Physician has completed them and before receipt by INZ.

### **Where to send completed paper-based medical certificates for non-eMedical clinics**

The address to send paper based medical certificates to can be found at [www.immigration.govt.nz/assist-migrants-and-students/other-industry-partners/panel-physician-network/medical-professionals](http://www.immigration.govt.nz/assist-migrants-and-students/other-industry-partners/panel-physician-network/medical-professionals)

### **Incomplete IME results**

IME documentation should not be retained indefinitely while waiting for applicants to send new information or to complete tests.

If an applicant:

- indicates that they are withdrawing from the application process; or
- does not proceed with the IME due to medical conditions which they feel will make them unlikely to meet the health criteria; or
- has not returned to complete a repeat urinalysis, and has not made contact with the clinic within two weeks, or
- has not returned to complete any other additional examination requested by eMedical within four weeks; or
- has not supplied requested information (including further test and/or specialist reports) within four weeks of the request, and the Panel Physician has not been informed of credible difficulties in obtaining the information,

the Panel Member must:

- complete the examination(s) with the information provided
- record the relevant questions as abnormal
- state the reason/s for not completing the IME process including all attempted contact with the applicant in the general supporting comments field
- select 'Finalise Incomplete' against the relevant examination in eMedical
- If the eMedical case includes a 501 requirement, this will need to be submitted with a B-grading due to the other requirement(s) being incomplete. Note that the 501 requirement cannot be completed or finalised as incomplete until all other examinations (eg. a 502 Chest x-ray examination) on the IME case have been finalised.

For incomplete examinations at non-eMedical enabled clinics using paper-based medical certificates, the Panel Member must clearly mark the front of the form as 'Incomplete IME' and return the paper-based medical certificate to the applicant at the address they provided. If no physical address was provided the applicant should be contacted at the telephone or email address provided and advised to collect the papers or provide an address for return.

## How to contact INZ about immigration health matters

Below are INZ's preferred methods of contact from Panel Members so that your enquiry can be referred to the appropriate area for a response.

All eMedical system support enquiries should be made via the support platform in eMedical. [www.emedical.immi.gov.au](http://www.emedical.immi.gov.au)

All INZ clinical and processing enquiries should be emailed to: [xxxxxxxxxxxxxxxxxxxx@xxxx.xxx.xx](mailto:xxxxxxxxxxxxxxxxxxxx@xxxx.xxx.xx)

Enquiries might include:

- access to eMedical (for example, administrator assistance to create a new user)
- being unable to logon to eMedical (for example, system is 'down' and you have tried again and still cannot access)
- other problems with eMedical (for example, you cannot find or submit a case, or users at your clinic do not understand how to use part of the system)
- clinical advice in relation to an INZ IME or about these Instructions (for example, you want advice about how to grade a particular IME case or what medical examinations are required for a particular applicant)
- information for INZ (for example, you need to advise us about a change in your clinic details or appoint a locum).

For critical incidents that is, the system is 'down' and you have tried again but you still are unable to logon to eMedical, contact the Australian Department of Home Affairs IT support section immediately by phone if possible.

**Phone:** +61 2 6264 0400

**Email:** [xxxxxxxx@xxxxxxxxxxx.xxx.au](mailto:xxxxxxxx@xxxxxxxxxxx.xxx.au)

Additional contact information is set out below.

Telephone enquiries to INZ should be directed to the INZ Contact Centre:

- +64 9 914 4100 (from outside New Zealand)
- 09 914 4100 (from Auckland)
- 04 910 9915 (from Wellington)
- 0508 558 855 (the rest of New Zealand)

**Contact hours:** The INZ Contact Centre is available 24 hours a day, 7 days a week.

**Website:** [www.immigration.govt.nz/assist-migrants-and-students/other-industry-partners/panel-physician-network](http://www.immigration.govt.nz/assist-migrants-and-students/other-industry-partners/panel-physician-network)

### More information about eMedical

If you are an eMedical enabled clinic, see Part 6 of these Instructions for advice about using the eMedical system and support arrangements.

## Summary

### The Panel Physician examination of an applicant includes:

- verifying the identity of the applicant presenting for the IME using approved identity documentation and recording any inconsistencies in eMedical or on the paper-based medical certificates
- a full medical history

- performing a dipstick urinalysis for the presence of protein, glucose and blood for applicants five years of age and older who are undergoing an IME
- personally taking or assuming responsibility for secure specimen collection in the clinic
- arranging for appropriate security or coding procedures to be incorporated into the testing process
- arranging for secure delivery methods for specimens that need transporting to another site as specimens should never be given to applicants to transport
- ensuring that all applicants requiring a chest x-ray complete their x-ray examination with a Panel Radiologist
- providing accurate and complete reporting on the health status of visa applicants
- reviewing the completed x-ray examination report and taking into consideration the findings when grading the IME
- submitting all original IME reports to INZ (except for those paper-based medical certificates that may still be returned to the applicant) including:
  - IME reports
  - radiology examination reports
  - specialist reports
  - blood tests
  - smears and cultures or other diagnostic test results.

## Part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*)

This part of the Instructions provides advice about completion of the:

- 501 Medical examination (in eMedical), and
- *General Medical Certificate (INZ 1007)* (in paper-format).

Advice for Panel Radiologists on how to complete the accompanying chest x-ray examination is provided in Part 3:

Completing a 502 Chest x-ray examination (Chest X-ray Certificate (INZ 1096)).

Applicants may require an interpreter or a chaperone to be present. The details of the chaperone and/or interpreter must be recorded on the IME.

### Section A Personal details (eMedical Pre-exam stage)

The questions in this section are for the purpose of establishing the identity of the client and collecting information for INZ.

#### eMedical - 501 Medical examination

Panel clinics will need to complete this section for INZ clients requiring an IME.

#### Paper - *General Medical Certificate (INZ 1007)*

This section is marked 'Section A' and should be completed by the client prior to attending the IME except for question A1 which must be completed by the Panel Physician or a delegated staff member.

#### Identity

See 'Confirming the identity of applicants' on page 16 in Part 1 of these Instructions.

#### Applicant's visa category

The applicant will need to know what type of visa category they are applying under. In eMedical, the applicant's answer to this question will ensure the right IME and relevant questions and/or tests are applied to the applicant. The applicant will need to select from the following list:

- Temporary
  - Visitor
  - Student
  - Worker with job offer
  - Worker without job offer
- Residence
  - Skilled/Business
  - Pacific Categories
  - Family
  - Humanitarian UNHCR
  - Humanitarian Other
- Work to Residence
  - Worker
  - Family of worker

#### Applicant's intended occupation

If the applicant is intending to come to New Zealand as a skilled worker they must enter their intended occupation. The Panel Physician must consider if there are any findings which may affect the ability of the applicant to perform the intended work activity.

#### Applicant's intended length of stay

The applicant is required to confirm their intended length of stay in New Zealand.

#### Immigration Advisers

If the applicant has an immigration adviser and would like them to be able to contact the clinic on their behalf, the applicant and their adviser should complete the INZ form *Immigration Adviser Details (INZ 1160)* and ask that a copy of the form be attached to their health case records.

#### Option for automated email confirming submission of health case to INZ

Applicants can confirm that they wish to receive an automated email confirming the submission of their health case to INZ and provide a personal email address for this purpose. Upon submission of the applicant's health case an automated email will be sent to the address provided.

#### eMedical information sheet

After a health case has been created, an information sheet can be printed for the client at any time. The information sheet includes the:

- client's photo
- INZ reference number (NZER)
- client's personal details
- client identity details
- client visa details, and
- instructions for the client.

Please print the information sheet and give it to the client **before** he/she leaves the clinic. This information sheet will be used by the client as proof that their IME has been initiated when they submit their visa application.

## Section B Medical history

Clients completing a paper-based medical certificate may complete 'Section B Medical history' before their IME. If it has not been completed, a Panel Physician (or delegated staff member) must complete this section with the client. For eMedical cases, these questions can only be answered during the IME appointment.

For a child who is younger than 18 years of age, the medical history section must be completed by a parent or guardian, or the Panel Physician with the parent or guardian.

Panel physicians must discuss the applicant's medical history with them even where the applicant has completed the medical history questions before their IME. **Do not assume that the applicant has understood the questions.**

These questions are designed to assist the Panel Physician to assess aspects of the applicant's health which are of particular relevance and importance to the New Zealand Government's health requirements. Nevertheless, the questions do not replace the need for Panel Physicians to obtain comprehensive histories themselves. If there is no medical history declared, the Panel Physician must verify this with the applicant.

Specifically Panel Physicians must review the applicant's declaration and all questions, including hospitalisations, institutionalisation for physical or psychiatric conditions, or any condition resulting in a substantial change from the normal state of well-being. Panel Physicians must ask applicants about TB symptoms and TB history, mental health conditions, substance abuse, current medication as well as work capacity (physical or intellectual disability, education achievement and receipt of governmental benefits).

If the applicant answers 'Yes' to any question, note relevant details such as date of diagnosis, progress, current problems, complications and treatment so far. Attach any reports, tests and other information available (all items being attached to a paper-based medical certificate must be signed or initialled by the Panel Physician and securely attached).

### Completing the medical history section

The medical history questions below are listed in alphanumeric order for the purposes of the paper *General Medical Certificate (INZ 1007)* and will generally appear in the same order in the eMedical 501 Medical examination.

**B1** Have you ever been diagnosed with Tuberculosis (TB)?  
Have you ever had to take treatment for TB?

**B2** Have you ever been in close contact at home with a person known to have TB?

Applicants with active TB are a risk to public health. If there is any suspicion of TB, a detailed history with clinical, bacteriological and radiological examination will determine the activity of the disease. It is of particular importance to INZ to confirm the presence of multi-drug-resistant tuberculosis (MDR-TB) or extensively drug-resistant tuberculosis (XDR-TB) in any applicant. INZ may consider deferring the application for a period to allow for completion of treatment.

A Panel Physician within New Zealand, who identifies that an applicant has active TB, must refer that applicant to the local medical officer of health for further investigation and contact tracing. This is a mandatory requirement under the New Zealand Tuberculosis Act (1948). Overseas Panel Physicians are to apply their applicable standards of practice. See 'Tuberculosis' and 'TB investigation' on pages 27 and 28 for further guidance.

**B3** Have you ever had prolonged medical treatment and/or repeated hospital admissions for any reason, including a major operation or psychiatric illness?

Prolonged medical treatment may include (and details must be provided about the type of and length of treatment):

- conditions requiring treatment for more than two weeks or recurrent conditions
- physiotherapy, speech therapy or other therapies, and
- in-patient or out-patient care for a psychiatric illness.

Regarding hospital admissions longer than two days, the Panel Physician is expected to detail:

- the date/s of treatment
- the reason/s for treatment, and
- the type/s of treatment received.

Both inpatient and outpatient treatments are relevant. Hospital admissions for normal vaginal delivery do not need to be documented. Regarding surgery, the Panel Physician is expected to detail:

- the date and reason for the operation
- the operative procedure that was performed, and
- any pathology or staging reports where available.

Where an applicant has been recommended to undergo surgery, outline:

- the reason for the recommendation
- if the surgery is currently pending, if so when, and on what basis?

Procedures that are not considered significant include:

- minor fractures where operative fixation was not required
- removal of wisdom teeth
- tonsillectomy or adenoidectomy
- grommets
- appendectomy/appendicectomy
- arthroscopic meniscectomy as a consequence of knee trauma
- minor cosmetic surgery
- rhinoplasty
- breast reduction
- cholecystectomy/gall bladder removal unless for cancer
- hysterectomy unless for cancer

- vasectomy/tubal ligation in the absence of heritable disorder
- Caesarean section
- Fenton's repair for episiotomy scars
- circumcision
- incision and drainage of abscesses
- hernia repairs
- haemorrhoid treatment
- removal of benign skin lesions such as skin tags and strawberry naevus
- ingrown toenail surgery
- cryotherapy, curettage, cauterisation
- musculoskeletal injections, or
- varicose vein injections.

**B4** Do you suffer, or have you ever suffered, from a psychological or psychiatric disorder (including major depression, bipolar disorder or schizophrenia)?

Note any evidence of major psychiatric illness including any psychiatric condition that has required hospitalisation and/or where significant support is required.

These may include bipolar disorder, schizophrenia, psychosis, eating disorders, post-traumatic stress disorder, anxiety, depression, and other conditions.

If there is a history of mental illness, include details of:

- the specific diagnosis
- details of the type and duration of treatment
- any history of non-compliance with treatment
- frequency of relapses
- an assessment of potential for self-harm or harm to others, or
- ability to maintain employment or study.

**B5** Have you ever had an abnormal or reactive HIV blood test?

**B6** Have you ever had an abnormal or reactive Hepatitis B or Hepatitis C blood test?

Note relevant details such as date of diagnosis, progress, current problems, complications and treatment so far.

**B7** Do you have or have you had cancer or malignancy in the last 5 years?

Provide details of malignancies of organs, skin and haematopoietic tissues, dates, sites and staging, histology reports, treatments, current status and outlook for the future.

**B8** Do you have diabetes?

Note any evidence of diabetes such as:

- sugar in the urine, polydipsia, polyuria
- positive diabetes tests
- need for anti-hyperglycaemic medication, or
- end organ damage such as nephropathy, retinopathy, neuropathy, peripheral vascular disease, etc.

**B9** Do you have a heart condition including coronary disease, hypertension, valve or congenital disease?

Note any evidence of heart disease such as:

- chest pain, shortness of breath when lying down or with exercise, ankle swelling
- angina or ischaemic heart disease
- cardiac risk factors such as diabetes, smoking, family history of premature heart disease
- previous cardiovascular events such as angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass graft, severe peripheral vascular disease, familial lipid disorders, severe diabetes with nephropathy
- persistent uncontrolled hypertension
- heart murmur or valve disease
- cardiomyopathy
- aortic aneurysm, or
- rheumatic fever past or present.

**B10** Do you have a blood condition (including thalassaemia)?

Note any evidence of a blood condition such as:

- blood or blood product transfusions, indicate when and where
- haemophilia, bleeding disorder, coagulopathies
- sickle cell disease, thalassaemia or other hereditary anaemias
- haemochromatosis
- any haematological malignancy such as leukaemia, lymphoma or myelodysplastic syndrome, or
- family history of blood conditions.

**B10** Do you have bladder or kidney problems?

Note any evidence of bladder or kidney conditions such as:

- polycystic kidney disease, glomerulonephritis
- renal failure, dialysis, renal transplant
- family history of polycystic kidney disease or other hereditary kidney conditions, or
- incontinence (urge or stress), recurrent urinary tract infections.

**B12** Do you have an ongoing physical or intellectual disability affecting your current or future ability to function independently or be able to work full-time (including autism or developmental delay)?

Note any evidence of physical, intellectual or developmental conditions, such as:

- any physical disability
- any intellectual disability
- autistic spectrum disorders, or
- brain injury.

Details of Government assistance (benefits, duration of payments), significant periods of time off work, date last worked, restrictions on work ability and outlook for the future should be provided.

INZ also wishes to establish where there may be a funding requirement for Ongoing Resource Scheme funding (Ministry of Education Ongoing Resourcing Scheme). If there is a history of autism or Asperger's syndrome or special schooling, attach any existing report that is available from a paediatrician, clinical psychologist and/or other therapists describing:

- developmental history
- psychometric testing including IQ testing and assessment of adaptive skills
- behavioural disorders
- specific diagnosis
- school vocational training and/or work records
- current and future treatment requirements, recommendations for speech therapy, occupational therapy, physical therapy, special education or vocational training, or
- current and future need for ongoing supervision or institutional care.

**B13** Do you have an addiction to drugs or alcohol?

Note any known drug addictions. Where it is uncertain if an addiction is relevant, please detail this. If there is a positive history of alcohol/drug abuse, particularly:

- any narcotic or intravenous drug use or addiction
- the history of any social or occupational consequences from the abuse/addiction
- any history of detoxification or rehabilitation programmes
- the duration of abstinence, and
- whether there is any current use of alcohol or drugs.

**B14** Are you taking any prescribed pills or medication (excluding oral contraceptives, over-the-counter medication and natural supplements)?

Provide a complete list of all prescription and over-the-counter medications, doses and duration.

**B15** Do you have a hereditary or autoimmune condition?

Provide details of any hereditary or autoimmune condition, such as:

- any chromosomal, genetic, congenital or familial disorder such as Huntington's chorea, hyperlipidaemia, muscular dystrophies, cystic fibrosis, Down's syndrome
- any primary or acquired immunodeficiencies
- any inborn errors of metabolism
- personal or family history of Gaucher's disease, or
- any autoimmune condition including arthritis, lupus, psoriasis, crohn's disease or other inflammatory bowel disease.

**B16** Do you have a neurological condition, including having had a stroke or multiple sclerosis?

Note any evidence of neurological, hearing or vision problems such as:

- any dementia including Alzheimer's disease
- mini-mental examination (score less than 25) or positive Rowland Universal Dementia Assessment Scale (RUDAS) screening test (score 25 or less)
- poorly controlled epilepsy or complex seizure disorder
- cerebrovascular disease such as transient ischaemic attacks or strokes
- cerebral palsy
- paraplegia, quadriplegia
- head or brain injury
- poliomyelitis
- Parkinson's disease
- motor neurone disease
- Huntington's disease
- muscular dystrophy
- prion disease, or
- relapsing and/or progressive multiple sclerosis.

**B17** Do you have any significant family health history?

An applicant must confirm whether they have a parent or sibling:

- with a condition such as diabetes
- with cardiovascular/kidney/liver/blood/neurological disease
- with a genetic disorder
- with cancer, or
- who died due to illness before the age of 65.

If the applicant is a child under 15 years of age and either parent is HIV positive this must also be confirmed.

The applicant must state their relationship to that person (eg. father, sister) and the nature of the condition. The Panel Physician is expected to consider the risks resulting to the applicant identified by their family history.

**B18** Are you pregnant? What is the expected date of delivery?

If the client declares that they are pregnant enquire as to whether the pregnancy is progressing normally, add comments if there are any complications. If the client has a letter from their own doctor or lead maternity carer (obstetrician) confirming their pregnancy, scan and attach it to the health case, or if not, ask the client if they are willing to have a BHCG test added to the standard blood tests required. If they are unwilling to undergo the blood test they may be required to provide a letter from their doctor or lead maternity carer (obstetrician) to confirm their pregnancy and the expected date of delivery (EDD).

**Panel Physician's declaration**

The Panel Physician undertaking the IME must declare that they have discussed the applicant's medical history with them (or the applicant's parent or guardian if the applicant is under 18 years of age or is an 'incapable person').



## Section C Client consent and declaration

### The client consent and declaration must be signed and dated by the applicant in the presence of the Panel Member.

Applicants are advised on the INZ website and in the *INZ Health Requirements (INZ 1121)* publication to review the consent before their appointment. The Panel Member must ensure that the applicant has read and understood the declaration and the applicant must sign the declaration in the presence of the Panel Member.

A parent or guardian must sign on behalf of an applicant who is under 18 years of age or who is an 'incapable person'. An 'incapable person' is defined as a person who is incapable of understanding the general nature, effect of, and purpose of the requirement for providing a signature. Such people may include those with an intellectual disability.

**eMedical - 501 Medical examination:** For eMedical IMEs, the consent and declaration must be printed, signed by the applicant and the Panel Member, then scanned and attached to the IME.

**Paper - General Medical Certificate (INZ 1007):** For paper-based medical certificates the consent and declaration document is included within the medical certificate. If the declaration has been signed by the applicant before their appointment, the applicant must sign the form again in the presence of the Panel Member. When signing the declaration, the Panel Member must also stamp the document with their name and address, or legibly print those details.

### Consequences of providing false or misleading information

The Panel Member is to be aware that the consequences for the person being examined (or their parent or guardian) providing false or misleading information, or altering or changing a paper-based medical certificate may include:

- the visa application being declined
- prosecution, and
- if convicted, imprisonment for up to seven years.

## Section D Physical examination

### Completing the physical examination

The physical examination questions below are listed in alphanumeric order for the purposes of the paper *General Medical Certificate (INZ 1007)* and will appear in the same order in the eMedical 501 Medical examination **except for urinalysis** and a question on **heart murmurs**. In eMedical, urinalysis is part of the 501 Medical examination 'Basic questions' screen, and the question on heart murmurs is part of the 'Miscellaneous' grouping of questions in the 'Detailed questions' screen.

Applicants must be asked to remove sufficient clothing for a full and appropriate medical examination. This includes an assessment of general appearance (look for any suggestion of poor health or a health complication that may require further investigation), a full head to toe examination, and a mental health assessment. This will require that all **clothing should be removed, with the exception of underwear**. Appendix 1 provides a diagram that you may wish to display in your clinic waiting room, change and/or examination room.

For more information see 'Privacy considerations' on page 13 in Part 1 of these Instructions.

A chaperone should be offered and their details recorded if one was present.

This section must be completed in full. Paper-based medical certificates which are illegible will be returned for clarification.

The Panel Physician is accountable for the integrity of all facets of the IME.

### Delegating responsibility

If the Panel Physician delegates any history or measurement part of the examination (eg. height, weight or visual acuity) this may only be performed by a registered nurse (or

registered medical practitioner) for whose work the Panel Physician takes professional and legal responsibility.

The following listed measurements may be performed by staff supervised by the Panel Physician on the basis that the staff member concerned uses the equivalent skills that the Panel Physician would use to achieve the equivalent assessment result quality.

1. Weight
2. Height
3. BMI
4. Head circumference
5. Visual acuity
6. Blood pressure
7. Urine testing

### Medical findings

Where an abnormality is detected or declared, the Panel Physician must provide sufficient details regarding the nature, severity and possible/likely prognosis of the medical condition and/or disability to enable INZ to clearly understand and appreciate the examined person's state of health.

The Panel Physician is to provide detailed comment on examination findings where:

- 'Yes' has been answered to a question in the 'Medical history' section

- there are pre-existing medical conditions (the applicant should provide any relevant reports they have)
- abnormalities are present or are detected.

If reports from specialists are provided attach these to the eMedical IME, or for paper-based medical certificates, authenticate these by initialling each page and attaching securely to the certificate. Where INZ requires referral to an appropriate physician, a recent report less than six months is acceptable.

#### Timely medical tests

All other medical tests required or indicated as a result of the examination should be carried out on or about the date of the medical examination.

#### **D2 D3 D4 D5** Height, weight and head circumference

Record height in metres and weight in kilograms.

- A stadiometer fixed to the wall is recommended.
- When the applicant is unable to stand then record length on the application form.
- Adults and children must stand barefoot and wear lightweight clothing.
- Infants must be naked except for a diaper/nappy and recorded to the nearest 0.1kg
- Record the nearest percentile for the infant and any other recent weights (<http://www.health.govt.nz/our-work/life-stages/child-health/well-child-tamariki-ora-services/growth-charts>) (see also below for other ethnicities).

Body mass index (BMI) must be calculated for applicants over 18 years of age (eMedical automatically generates BMI to assist Panel Physicians):

- The formula is the weight in kg divided by the height in m<sup>2</sup>.
- BMI calculators are available online, for example: [www.healthnavigator.org.nz/bmi-calculator](http://www.healthnavigator.org.nz/bmi-calculator).

Baby, infant and child height and weight must be compared to standardised height and weight chart for the appropriate population. Growth charts supplied courtesy of the respective agencies can be accessed through the following links:

- Centre for Adoption Medicine: [www.adoptmed.org/topics/growth-charts.html](http://www.adoptmed.org/topics/growth-charts.html) (this includes links to country specific growth charts) or
- CDC: [www.cdc.gov/growthcharts/charts.htm](http://www.cdc.gov/growthcharts/charts.htm)

Record the head circumference in all children up to two years of age:

- Assess greatest occipitofrontal circumference.
- Compare measurement with the standardised head circumference chart for the appropriate population.

All abnormalities must be noted and referral to an appropriate physician is recommended:

- for a baby, infant and child who is under the third centile for head circumference who is not growing as expected, or with other medical concerns (note

that eMedical will automatically grade as 'B' if head circumference is in the third percentile), or

- where developmental milestones are noted to be abnormal (in which case eMedical will auto-generate a request to complete a chart of early childhood development examination or see Appendix 2), or
- for any condition likely to significantly affect the applicant's ability to function or perform activities of daily living.

For children up to two years of age a recent report less than three months old is acceptable.

#### **D6** Blood pressure

Blood pressure must be measured in all applicants over 15 years using an appropriate cuff size. If blood pressure is elevated, repeat after the patient has rested for five minutes and, if necessary, again after 10 minutes.

#### **D6** Visual acuity with or without correction

The visual acuity of each eye must be tested separately with corrective lenses if worn. Snellen's, E or similar charts must be used.

If a refractive defect is suspected, pinhole testing must be done.

Corrected visual acuity must be recorded. In children too young to use a chart, a comment must be made on whether vision appears normal.

Referral to an ophthalmologist is necessary for:

- severe vision impairment with visual acuity of 6/60 or beyond after best possible correction at country of origin, where significant support is required
- apparent severe visual loss
- chronic eye infections, or
- any condition likely to significantly affect the applicant's ability to function at home, study or work or perform activities of daily living.

**eMedical:** If visual acuity is less than 6/18 in best eye or a child's vision is recorded as 'abnormal', eMedical will auto-B grade the IME.

#### **D8 D9** Cardiovascular system (including heart murmurs\*)

\*In eMedical, the 'Heart murmurs' question is located under 'Miscellaneous' in the 'Detailed Questions' screen.

Assessment includes:

- cyanosis, pallor, peripheral temperature and oedema
- size and consistency of thyroid gland, including any masses
- pulse rate and rhythm
- blood pressure
- jugular venous pressure
- palpation for thrills and character of apex beat
- auscultation of heart sounds, extra sounds and murmurs

- peripheral vascular system: carotid, radial, femoral, posterior tibial and dorsalis pedis, and
- carotid and femoral bruits, and
- ECG if any abnormalities found on history or examination. All abnormalities must be noted.

Applicants with heart murmurs or evidence of heart valve disease or cardiomegaly require an echocardiogram.

Referral to a cardiologist is necessary for any applicant with:

- a five-year cardiovascular risk of  $\geq 20$  per cent, using local/own country cardiovascular risk calculations.
- previous cardiovascular event such as angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass graft, severe peripheral vascular disease, diabetes with nephropathy (albumin: creatinine ratio  $>30\text{mg}/\text{mmol}$  or urinary albumin  $>200\text{mg}/\text{L}$ )
- persistent uncontrolled hypertension
- cardiomyopathy
- aortic aneurysm
- unstable, progressive, symptomatic or complicated conditions, or
- any condition likely to significantly affect the applicant's ability to function at home, study or work or perform activities of daily living.

## **D10** Respiratory system

Assessment includes:

- respiratory rate
- any respiratory distress, cyanosis and accessory muscle use
- position of trachea
- cervical lymphadenopathy
- chest shape and expansion
- percussion of the chest
- auscultation of breath sounds
- finger clubbing
- peak expiratory flow rate
- good quality spirometry if possible, and
- smoking history (for applicants with 20 pack year or more smoking history, note the peak expiratory flow rate)

If the applicant is a current cigarette smoker or has ever regularly smoked cigarettes for a period of six months or longer, the number of cigarettes smoked, the frequency, and the duration of smoking need to be documented.

If the applicant is an ex-smoker, the number of years they have been 'cigarette-free' should also be documented.

The Panel Physician is to use these details to calculate the pack year history. Pack year is a way to measure the amount a person has smoked over a long period of time.

It is calculated by multiplying the number of packets of cigarettes smoked per day by the number of years the person has smoked:

(Packs of twenty cigarettes per day) x (number of years smoked) for example:

- 10 cigarettes per day for 10 years =  $\frac{1}{2} \times 10 =$  five pack year history
- 40 cigarettes per day for 30 years =  $2 \times 30 =$  60 pack year history.

All respiratory abnormalities must be noted.

Referral to an appropriate physician is necessary for:

- tuberculosis (TB), suspected or confirmed (see below for further information on TB)
- severe and/or progressive restrictive (including interstitial) lung disease:
  - progressive exertional dyspnoea, dry or productive cough lasting longer than three weeks, chest pain, haemoptysis, decreased exercise tolerance, recurrent chest infections, severe fatigue, or
  - spirometry is suggestive: FEV<sub>1</sub>/FVC ratio is normal or high and FVC is reduced for height, weight and ethnicity
- severe and/or progressive obstructive lung disease:
  - history of breathlessness, wheeze, night-time cough, personal or household smoking, use of inhalers, nebulisers or oral medications, time off work or school, limitation of physical activities, hospital admissions
  - severe chest deformity
  - clubbing, cyanosis, respiratory distress, or
  - 40 per cent or less of predicted FEV<sub>1</sub>
- use of oxygen at home
- cystic fibrosis
- unstable, progressive, symptomatic or complicated conditions, or
- any condition likely to significantly affect the applicant's ability to function at home, study or work or perform activities of daily living.

## **Tuberculosis**

The IME places particular emphasis on the detection of TB which must be considered in any applicant who:

- is from a country with a high risk of TB
- has a history of cough persisting longer than three weeks, night sweats, haemoptysis, chest pain, unexplained weight loss, HIV, close contacts with TB, abnormal chest X-ray, abnormal sputum, skin or blood tests, etc, or
- has abnormalities on auscultation.

Maintaining high suspicion for TB is vital to the diagnosis. If a history of TB is elicited, full treatment records, including drug regimens, duration of and response to treatment, and ongoing follow-up, should be obtained.

eMedical will present a 502 Chest X-ray examination where this requirement exists, though if such a requirement does not exist but is indicated on clinical grounds, it can be manually added by the panel clinic.

Further plain films with alternative views may be necessary to determine the nature of an abnormality. Old chest films should be obtained if possible, as comparison with the current film will help in determination of disease stability. If these are made available by the applicant, a comment about the comparison should be added to the report but the original films, if in hardcopy format, must be returned to the applicant. It is very important that other conditions that may mimic the appearance of TB be excluded (for example, sarcoidosis or lung cancer).

Applicants with suspected or proven TB, past TB, or recent close contact with a person who has active TB should be graded as 'B'. Recent close contact is defined as prolonged or repeated direct contact (such as occurs with family or household members) in the past two years. Applicants who have had distant contact or non-direct exposure (such as persons working in healthcare) should not be 'B' graded for this reason. eMedical will automatically 'B' grade cases where applicants have declared a history of TB.

Any symptomatic and/or HIV-positive applicant with signs of TB, even with a normal chest x-ray, should be assumed to have active disease until proven otherwise. These cases should always be graded 'B'.

#### **TB investigation**

If tuberculosis is suspected then three sputum samples must be obtained, preferably early in the morning. The applicant should be advised to fast before collection and not to brush their teeth that morning.

Panel members are to provide the applicant with a mouth rinse of distilled water before collection. If distilled water is not available bottled water can be used, although this is an inferior alternative.

- These samples should be sent as soon as possible prior to the specialist visit.
- The sputum samples must be collected at least 24 hours apart.
- The collection of sputum samples must be supervised in a clinic or laboratory.
- The sputum samples must be promptly transported to the laboratory by appropriate transport (not the applicant).
- Specimens must be cultured for between six to eight weeks with a final report provided at the end of the culture period.
- Drug sensitivity testing must be performed on all positive cultures.

If TB is diagnosed, INZ requires the applicant to be treated according to the Guidelines for Tuberculosis Control in New Zealand 2010 (<http://www.health.govt.nz/publication/guidelines-tuberculosis-control-new-zealand-2010>).

If the applicant is outside New Zealand, INZ requires that the applicant shall be smear and culture negative following completion of a course of treatment. After which a review by an INZ Medical Assessor and/or a Respiratory Physician will be required.

#### **Latent TB Infection (LTBI)**

LTBI is 'latent' because live, dormant (not reproducing) Mycobacterium tuberculosis organisms are sequestered in the tissues, although they are not clinically apparent. In LTBI the chest X-ray (CXR) is normal or shows trivial and stable evidence of past TB (eg, a small scar or patch of calcium). The number of TB organisms is low. If the applicant is asymptomatic, HIV-negative and without radiological signs of active TB, and/or has a history of previous TB treatment with no indication of active disease currently, the case should be graded 'B' and submitted to INZ without sputum collection or further investigation.

An INZ Medical Assessor may ask for more information if concerned about disease activity.

#### **D11 Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities**

Assessment includes:

- cranial nerves (visual assessment, face sensation and movement, hearing, tongue)
- tone
- power
- reflexes
- sensation to light touch, pin prick
- plantar responses
- coordination
- gait
- Romberg's test

Where the applicant has evidence of cognitive or memory deficit, or is over 70 years of age, a Mini Mental examination must be completed. This must be done in the applicant's own language or with a professional interpreter. Where the nervous system is noted to be abnormal in the 501 Medical examination, eMedical will auto-generate a request to complete a 903 Activities of Daily Living and a 901 Mini Mental exam. Panel physicians completing a paper-based medical certificate may complete a Mini Mental examination or a RUDAS test.

All abnormalities must be noted. Referral to an appropriate physician is necessary for:

- significant hypertonia or hypotonia
- any dementia including Alzheimer's disease
- Mini Mental examination (with score less than 25) or positive RUDAS (with score less than 25)
- cerebrovascular disease
- cerebral palsy
- paraplegia, quadriplegia
- poliomyelitis
- Parkinson's disease
- motor neurone disease
- Huntington's disease
- muscular dystrophy
- prion disease

- relapsing and/or progressive multiple sclerosis
- unstable, progressive, symptomatic or complicated conditions, or
- any condition likely to significantly affect the applicant's ability to function at home, study or work or perform activities of daily living.

### **D12** Gastrointestinal system

Assessment includes:

- stoma sites
- ascites, distension
- tenderness, masses, guarding
- liver, spleen, kidneys
- bowel sounds
- hernias
- femoral pulses and bruits, or
- any unexplained weightloss.

Abnormalities must be noted. Referral to an appropriate physician is necessary for:

- evidence of cirrhosis, portal hypertension or liver impairment
- inflammatory bowel disease: Crohn's disease or ulcerative colitis
- masses or evidence of malignancy
- unstable, progressive, symptomatic or complicated conditions, or
- any condition likely to significantly affect the applicant's ability to function at home, study or work or perform activities of daily living.

### **D13** Musculoskeletal system

Assessment includes:

- inspection of joints, muscle and the skeletal system looking for erythema, swelling, tenderness, nodules, lumps, range of motion, any deformities and ability to stand from squatting
- mobility and locomotion, limping, and
- use of accessories such as braces, walking aids or wheelchairs.

All abnormalities must be noted. Referral to an appropriate physician is necessary for:

- any musculoskeletal disease or disorder with a high probability of surgery in the next five years
- any musculoskeletal problem which requires a mobility aid
- unstable, progressive, symptomatic or complicated conditions, or
- any condition likely to significantly affect the applicant's ability to function at home and work or perform activities of daily living.

A 903 Activities of Daily Living (ADL) examination should be added to eMedical if there are musculoskeletal conditions that interfere with activities of daily living. For paper-based medical certificates, the ADL assessment can be found in Appendix 3.

### **D14** Endocrine system

Examination of the endocrine system should include thyroid examination and review of signs and symptoms of diabetes. Applicants known to have benign thyroid disease do not need additional investigations such as thyroid function tests and should be 'A' graded.

If thyroid disease is detected on examination, or glycosuria, or evidence of diabetes mellitus then referral to an appropriate physician is necessary.

### **D15** **D16** Mental and cognitive status and Intellectual ability

Mental health conditions can be at times particularly difficult to identify. Referral for psychiatric assessment and determination of prognosis, treatment needed, including hospital admissions, work history, ability to carry out activities of daily living, and social history is necessary when there is a recent history or current clinical evidence of the following:

- schizophrenia
- bipolar or depressive affective psychosis
- personality disorder
- paranoid disorder
- autism
- chronic alcohol abuse
- drug dependence or substance abuse
- eating disorders
- chronic neurosis (for example, chronic anxiety or depression, obsessive compulsive disorder, phobias).

#### **Dementia**

If an abnormal mental and cognitive state is recorded in eMedical, additional examinations will be generated for you to complete. For paper-based medical certificates, you must perform an ADL assessment available at Appendix 3 of these Instructions. You must also assess the mental state of the client with a Mini Mental examination or RUDAS test.

**Note:** The protocol should be adapted, as appropriate, linguistically and culturally. The test questions should be performed in the applicant's own language or with the assistance of a professional interpreter. If a language barrier to assessment is present, this should be recorded. The Mini Mental examination is a screening tool. If it suggests a problem, a psychiatrist's or geriatrician's opinion should usually be sought. These cases will be automatically 'B' graded in eMedical. If a mini mental assessment is not appropriate e.g. for young children / babies, please finalise incomplete the mini mental examination in eMedical and include an explanation as to why this is being done.

### **Intellectual ability**

Referral for psychological or psychiatric assessment, as appropriate, is needed if there is clinical evidence of an intellectual disability whether this is borderline, mild, moderate or severe.

The purpose is to determine:

- behaviour
- need for long-term supported or special education
- level of independence and need for assistance or institutional care
- employment capacity and occupation history.

Note that eMedical will automatically grade as 'B' for an abnormal mental and cognitive status or intellectual ability.

### **D17 Eyes (including fundoscopy)**

See also D7 Visual acuity with or without correction

Examination should include physical inspection of the eye for deposits in the iris, xanthelasma, lid issues and eye motility.

### **D18 Ear/nose/throat/mouth**

Assessment includes:

- external ear, auditory canal, ear drums, general hearing
- nasal obstruction and discharge
- oral cavity, tongue (including under) and pharynx
- teeth (including under dentures if any) and gingiva, or
- any masses, leukoplakia and other abnormalities.

All abnormalities must be noted.

Referral to an appropriate physician is necessary for:

- any masses or evidence of malignancy
- unstable, progressive, symptomatic or complicated conditions, or
- any condition likely to significantly affect the applicant's ability to function at home, study or work or perform activities of daily living.

### **D19 Hearing**

Assessment includes:

- either grossly or with an audiogram where possible
- each ear must be tested separately, and
- in young children, a comment must be made on whether hearing appears normal.

All abnormalities must be noted.

Referral to an appropriate physician is necessary for:

- severe 71-90 decibel hearing loss or profound bilateral sensorineural hearing loss after best possible correction at country of origin, where significant support is required
- cochlear implants – if no recent letter from a specialist is available

- apparent significant deafness
- congenital or genetic hearing impairment, or
- any condition likely to significantly affect the applicant's ability to function at home, study or work or perform activities of daily living.

### **D20 Developmental milestones (children under five years of age)**

If the relevant questions in the medical history indicate that developmental milestones are abnormal, eMedical will automatically generate a 904 Chart of Early Childhood Development Examination. For paper-based medical certificates Appendix 2 provides guidelines for child development milestones.

Assessment includes the following critical developmental milestones:

- cannot hold head up unsupported at eight or more months (normal four months)
- cannot sit unsupported at nine months (normal eight months)
- cannot walk at 18 months (normal 13 months)
- no words by 18 months (normal 15 months)
- no two–three-word phrases by 24 months and 40 months respectively (normal 21 and 36 months respectively), and
- moro reflex persisting at six or more months.

All abnormalities must be noted. Referral to an appropriate physician is necessary for severe developmental disorders or cognitive impairments where significant support is required, including:

- physical disorders
- intellectual disability
- autistic spectrum disorders
- brain injury
- significant hypertonia or hypotonia at any age, or
- any condition likely to significantly affect the applicant's ability to function or perform activities of daily living.

### **D21 Skin and lymph nodes**

Assessment includes:

- scars (the presence of operative scars must be correlated with the applicant's history. It is not necessary to record scars associated with routine surgical procedures, such as hernia repair or appendectomy, hysterectomy or Caesarean section, if the procedure was uncomplicated and/or the condition resolved).
- tattoos – As INZ screen for various infectious diseases, including Hepatitis C, it is not necessary to comment on tattoos and B grade the medical. Please only provide details relating to tattoos if there are specific concerns. Otherwise tattoos can be considered as A graded.
- skin conditions and lesions
- lymph nodes: cervical, axillary, inguinal, and

- cervical nodes in children: submental, submandibular, anterior and posterior cervical, pre- and post-auricular, suboccipital and supraclavicular lymph nodes are not usually palpable. If they are palpable, this may indicate tuberculosis and if TB is suspected appropriate follow up must be arranged (see D10 Respiratory system).

Abnormalities must be noted. Referral to an appropriate physician is necessary for:

- palpable cervical lymph nodes in children
- unexplained lymphadenopathy
- unstable, progressive, symptomatic or complicated conditions, or
- any condition likely to significantly affect the applicant's ability to function at home, study or work or perform activities of daily living.

**Note:**

- In male and female applicants, examination of the external genitalia is not required unless clinical evidence is presented to indicate a condition requiring notification.
- Rectal examination is rarely if ever indicated.
- Gynaecological examination (vaginal or pelvic examination) is never indicated in the context of the IME. If there has been a history or clinical suspicion of gynaecological malignancy, refer the applicant to a gynaecologist.

**D22 Breast examination in women over 45 years of age**

Examinations must be conducted with sensitivity and, in the case of a male Panel Physician, in the presence of a chaperone.

If the applicant prefers, acceptable alternatives include:

- examination of the breasts by a breast specialist
- mammogram, or
- breast ultrasound or magnetic resonance scan.

Assessment includes:

- nipple symmetry, eversion and discharge
- evidence of peau d'orange or skin changes around the nipple
- breast lumps or cancers, and
- axillary lymph nodes.

All abnormalities must be noted. Benign breast lesions such as fibroadenoma or fibrocystic disease do not need to be recorded and can be 'A' graded if a pathology report is sighted and attached.

Referral to an appropriate physician is necessary for any breast lumps, nipple abnormalities or axillary lymphadenopathy.

**D23 Any physical or mental conditions which may prevent this person from attending a mainstream school, gaining full employment or living independently now or in the future?**

Consider any condition or finding that has current or likely future impact, on the applicant's capacity for

independent living and/or employment, and provide full details. Assessment includes:

- eating, drinking, dressing, washing, toileting, bladder and bowel control, mobility and locomotion
- communication, comprehension, expression
- social cognition, social interaction
- memory, and
- need for devices, aides or assistance.

All abnormalities must be noted.

A 903 Activities of Daily Living (ADL) Assessment needs to be completed for any applicant where there is concern about their ability to carry out the activities of daily living, including the frail elderly. eMedical will generate a request for an ADL assessment if the Panel Physicians responds 'yes' to this question. For paper-based medical certificates the ADL Assessment can be found at Appendix 3. Where there is concern about capacity for full employment, full details of the applicant's work history must be provided for the previous five years as well as details of any anticipated employment restrictions and any pensions or government assistance currently being received. In either case, full details must be provided of any required rehabilitation services currently being provided to the applicant, or which will be needed in the future. If an ADL assessment is not appropriate e.g. for young children / babies, please finalise incomplete the ADL in eMedical and include an explanation as to why this is being done.

Referral to an appropriate physician is necessary for any condition likely to significantly affect the applicant's ability to function at home, study or work or perform activities of daily living.

eMedical will auto B-grade if the Panel Physician answers 'yes' to this question.

**D24 Evidence of drug-taking**

Assessment includes:

- puncture marks, phlebitis
- mental state
- smell of alcohol on the breath, signs of chronic liver disease in the context of alcohol dependence
- any other indicators of drug-taking or addiction.

All abnormalities must be noted.

Referral to an appropriate physician, such as a psychiatrist, is necessary for:

- any evidence of drug-taking
- any condition likely to significantly affect the applicant's ability to function at home, study or work or perform activities of daily living.

eMedical will auto B-grade if the Panel Physician confirms evidence of drug-taking.

## Section E Urinalysis and blood tests

### E1 Urinalysis

Dipstick is required as the initial urine screening test. Although eMedical allows microscopy to be selected for initial urine screen, this should not be used for applicants in the first instance.

Every applicant five years of age or older who is having an examination for an INZ 501 Medical examination (General Medical Certificate (INZ 1007)) must have their urine tested for the presence of albumin or protein, sugar and blood. Children younger than five years of age should be tested either as a 'clean catch' or bag urine if there is a significant clinical indication, for example a history of recent tonsillitis or a history of kidney disease.

Women should be advised at the time of making an appointment not to attend during menstruation. However if this occurs, the dipstick should be delayed until menstruation is completed.

Urine should be passed at the time and place of the IME in a secure collection area in the Panel Physician's rooms, not in the laboratory (see 'Specimen integrity' in Part 1 of these Instructions). To maintain the integrity of the test, we recommend that the applicant is escorted and supervised during their access to the toilet. The use of a blue toilet dye is recommended to prevent toilet water being used. Appropriately minimise the applicants clothing and provide gowns, restricting access to personal items such as handbags.

Panel Physicians should immediately check for 'freshness' of the specimen (37°C, bubbles, condensation on the jar). Specimens requiring referral to a laboratory for further testing must be labelled with a de-identified label before transporting.

#### Recording urinalysis results

Urinalysis results should be recorded as negative or quantitatively, as:

- Trace
- 1+
- 2+
- 3+, or
- Abnormal

Abnormalities will generate a repeat urinalysis in eMedical. This should be done immediately before the applicant leaves the premises.

#### Repeat urinalysis

If a trace or more of protein, blood or glucose is detected, the urine dipstick test should be repeated immediately on a new specimen.

If the test is still positive, follow the requirements that eMedical generates, which will depend on the abnormality identified. The table on pages 34 and 35 includes further instructions.

Do not record additional dipstick results, for example, white cells or ketones.

Any additional pathology reports relating to urine testing should be attached to the IME. For paper-based medical certificates, as with all attached documentation, laboratory report sheets must all be initialled for authenticity and securely attached.

This section cannot be completed until all results are received from the testing laboratory.

### E2 Blood tests

The Panel Physician is to select and recommend trusted laboratories to perform the tests required by INZ.

For a 501 Medical examination (*General Medical Certificate (INZ 1007)*) the following blood tests are required for all applicants 15 years of age and over or where clinically indicated.

- HbA1C (exam code 717 in eMedical)
- Estimated glomerular filtration rate eGFR (exam code 705)
- Hepatitis B surface antigen (Hep B sAg) (exam code 708 in eMedical)
- Hepatitis C antibody test (exam code 716 in eMedical)
- HIV (exam code 707 in eMedical)
- Syphilis test (VDRL or RPR) (exam code 712 in eMedical)
- Full blood count (exam code 718 in eMedical)

Where applicable the Panel Physician should explain:

- that these tests are required as a part of the IME
- the nature of infection/s with hepatitis B, C, HIV and syphilis
- the nature of blood count and creatinine examinations
- the nature of any discretionary tests requested
- that the results will be provided to INZ.

The Panel Physician must discuss the nature of testing with the applicant or, if the applicant is a person under 18 years of age, with the applicant's parent or guardian.

Each of these tests requires a whole number value (with the exception of the White Cell Count which should be recorded to one decimal place) or 'non-reactive/reactive' response by the Panel Physician.

When reviewing the laboratory tests, ensure that the person collecting the blood, and/or receiving the laboratory specimens has confirmed the applicant's identity to confirm that the samples were collected from the individual identified on the IME. This is important to ensure there is no applicant substitution resulting in false negative tests.

The laboratory reference standard ranges for each test must be included in the results attached to the IME.



Where the test(s) are serological for antibodies or antigens, the laboratory test used must be specified.

This section cannot be completed until all results are received from the testing laboratory.

See the following table 'Instructions for standard tests' for further instructions about abnormal or reactive blood tests. If the Panel Physician is requesting additional tests in eMedical, the exam code 125 Specialist's report should be used if the relevant test does not exist in eMedical, with the examination description amended to request the required test(s).

#### **Paper - General Medical Certificate (INZ 1007)**

A Laboratory Referral Form (Sections H and I) is included and comprises one double-sided page (or two single-sided pages where the applicant has an unbound form), which must be detached from the medical certificate for the applicant to take to the laboratory for completion. The Panel Physician is to sign and date the form including adequate address details where the results and the completed 'Section I: Confirmation of identity and declaration' are to be returned.

Please provide these pages of the form to the applicant along with directions to the laboratory. Where a second battery of laboratory investigations are requested, the Panel Physician is to provide another laboratory identification form for identity confirmation purposes. A copy may be downloaded from [www.immigration.govt.nz/forms](http://www.immigration.govt.nz/forms), or sought from INZ.

It is acceptable for Panel Physicians to use their own laboratory forms/process, with the proviso that 'Section I: Confirmation of identity and declaration' is still completed by the applicant and the person taking the specimens at the time of collection.

The NHI number in Section H, is a New Zealand unique patient identifier. If a patient does not have such a number this may be left blank.

Laboratory report sheets, as with all documentation attached to paper-based medical certificates, must be initialled for authenticity and securely attached.

#### **Positive tests**

If an applicant's blood tests are positive the Panel Physician should either:

- arrange for a second consultation; and/or
- refer the applicant to his or her own doctor for appropriate follow-up.

The following points need to be covered in discussion with the applicant, bearing in mind local ethical standards and requirements:

- Information about the tests.
- Implications and possible prognosis.
- Ways of transmission of the organism/s.
- Ways of protecting others from infection with the organisms, in particular, the vaccination of close contacts of hepatitis B carriers.
- Ways of minimising future complications.
- Referral for further information and support.
- Referral for medical intervention.

The Panel Physician is to detail any referral in the 'General supporting comments' field.

If asked about the effect that a positive test result may have on an applicant's likelihood of meeting the INZ definition of an acceptable standard of health, the Panel Physician should state that this is a matter for INZ to consider. Any further enquiries by the applicant should be referred to INZ.

#### **Discretionary laboratory tests**

The Panel Physician is to consider any additional tests that they may advise, in any age group, because of any indication in the history, or examination or known local conditions and risks (eg. the local risks of *Trypanosoma cruzi* for Latin America and Spain) at the time of completing the Laboratory Referral Form (sections H and I). Panel Physicians are expected to use their local knowledge of risk conditions and any recent information on disease incidence when selecting these tests:

- lipids
- liver function tests
- creatinineMicroalbumin ratio
- *Trypanosoma cruzi* antibody
- faeces culture
- any other tests deemed necessary by the Panel Physician.

For further instructions, refer to the following table.

Where discretionary tests are indicated, but not requested, INZ is likely to subsequently request these tests, possibly with or without other assessments. The Panel Physician is to bear in mind, where clinically indicated tests are not provided, the additional time that might be required to complete the application and the possible consequences to the applicant of the additional delays.

## Instructions for standard tests

| Test   | Instructions  |
|--|---|
| HbA1C (in mmol/mol)  | <ul style="list-style-type: none"> <li>• Enter value as a whole number</li> <li>• If &gt;80mmol/mol an Endocrinologist assessment is required</li> </ul>  |
| Estimated glomerular filtration rate – eGFR (in mL/min/1.73m <sup>2</sup> )  | <ul style="list-style-type: none"> <li>• Include creatinine test result in submission</li> <li>• Use paediatric eGFR calculators for applicants under the age of 18</li> <li>• If eGFR&lt;30 a Nephrologist report is required.</li> <li>• Enter value as a whole number.</li> <li>• If the exact eGFR value is provided this should be entered. If eGFR is indicated as being greater than 90 enter 91.</li> <li>• Where a client is pregnant the serum creatinine test result should be completed and attached to the examination and the eGFR test finalised incomplete.</li> </ul>  |
| Hepatitis B surface antigen positive   | <p>Add:</p> <ul style="list-style-type: none"> <li>• Hepatitis B e-antigen</li> <li>• HBV DNA</li> <li>• LFTs</li> <li>• AFP, if over 30 years of age</li> <li>• Liver Fibroscan scan report (this can be dated / performed within the preceding 3 years)</li> <li>• If a Liver Fibroscan is not available in your country, then a current Liver Ultrasound should be provided as an alternative</li> </ul> <p>A Specialist report is required if:</p> <ul style="list-style-type: none"> <li>• ALT &gt;40</li> <li>• HBV DNA &gt;2,000 IU/mL</li> <li>• AFP positive</li> <li>• Liver Fibroscan &gt;8.5kPA</li> <li>• Any evidence of severe fibrosis or cirrhosis on Liver Fibroscan or Liver Ultrasound</li> </ul> <p>Any history consistent with severe fibrosis or cirrhosis</p> |
| Hepatitis C serology positive  | Add HCV-RNA.  |
| HIV positive   | Add confirmatory tests such as Western Blot test or line-blot test.   |
| HIV tests in children <15 years of age   | <p>Are required if:</p> <ul style="list-style-type: none"> <li>• mother is HIV positive, or</li> <li>• child has history of blood or blood product transfusion.</li> </ul>  |
| Syphilis screening   | <p>Local screening test for syphilis should be done. All positive tests must be confirmed with a treponemal specific test:</p> <ul style="list-style-type: none"> <li>• treponema pallidum particle agglutination test (TP-PA), or</li> <li>• fluorescent treponemal antibody absorption test (FTA-ABS), or</li> <li>• microhaemagglutination for treponema pallidum (MHA-TP).</li> </ul> <p>If positive then please provide specific details regarding any management required or given (including drug names, doses and dates).</p>   |
| <p>Full blood count</p> <p>The following tests are required:</p> <ul style="list-style-type: none"> <li>• Haemoglobin (HB in g/L)</li> <li>• White Blood Cells (WBC in cells x 10<sup>9</sup>/L)</li> <li>• Platelets (PLT in cells x 10<sup>9</sup>/L)</li> </ul> | <ul style="list-style-type: none"> <li>• Where results show significant anaemia [HGB&lt;110 for men and HGB&lt;90 for women] then repeat test after a period of two weeks. When repeating FBC add ferritin.</li> <li>• If applicants have significantly abnormal values [HGB&lt;60 for men and women, WBC&gt;50] urgent medical follow-up should be provided by your clinic or an appropriate professional.</li> <li>• Enter values as whole numbers with the exception of the White Blood Cells which should be recorded to one decimal place.</li> </ul>  |

|  |   |
|--|---|
| Dipstick urinalysis positive for albumin, protein, red cells, glucose AND the female applicant does not have her period (menstruation) | Add mid-stream urine sample. Send to laboratory for examination of red cell casts or dysmorphic cells on microscopy.<br>If positive for glucose only then check HBA1C and add albumin:creatinine ratio.   |
| Haematuria Greater than 10 cells per high power field AND the female applicant does not have her period (menstruation)                 | Repeat if repeat urine red cells > 20 cells per high power field: <ul style="list-style-type: none"> <li>All males require referral to urologist.</li> <li>Females less than 40 years of age require three x urine cytology specimens and renal ultrasound scan.</li> <li>Females older than 40 years of age require three x urine cytology specimens, renal ultrasound scan and referral to urologist.</li> </ul>  |
| Liver function tests   | These should only be done if requested by INZ.<br>LFTs should include: <ul style="list-style-type: none"> <li>total bilirubin</li> <li>alkaline phosphatase</li> <li>AST – aspartate aminotransferase (SGOT)</li> <li>ALT – alanine aminotransferase (SGPT)</li> <li>GGT – gamma glutamyltransferase</li> <li>Albumin</li> <li>total protein</li> </ul> If there are concerns during the assessment regarding the applicant’s Liver Function e.g. severe fibrosis, cirrhosis, then a Gastroenterology assessment is required. |
| Lipids   | These should only be done if requested by INZ.<br>These do not need to be fasting lipids.<br>A full Lipid Profile should be provided: Total cholesterol; LDL; HDL; Triglycerides; Chol:HDL ratio.   |
| Faeces culture   | Consideration should be given for intestinal parasite transmission risk from public health and occupational perspectives (for example, chefs), for organisms such as ascaris, etc.  |
| Thalassaemia screening   | If the applicant has known Thalassemia, please include this information including the type e.g. Major / Minor. Thalassemia screening is not routinely required, unless the examining physician deems them necessary.  |
| Thyroid investigations   | Thyroid Function Tests (TFTs) are not routinely required for Hypo- or Hyperthyroidism.<br>Large goitre, obstructing the airway: <ul style="list-style-type: none"> <li>add a Thyroid Ultrasound.</li> </ul> Thyroid Nodules: <ul style="list-style-type: none"> <li>No previous investigations – add a thyroid Ultrasound.</li> <li>Previous investigations – provide a copy of the previous reports.</li> </ul> Thyroid Cancer: <ul style="list-style-type: none"> <li>A Specialist assessment is required.</li> </ul>       |
| Activities of Daily Living (ADLs)  | This is required for any applicants with functional impairment.<br>Consider the need for a formal ADLs assessment for all applicants ≥ 70 years of age.   |

## Section F Examination Grading

This is section F in the paper *General Medical Certificate (INZ 1007)*

The 'A'/'B' grading system is designed to allow rapid identification of applicants who may have significant conditions or findings. eMedical assists by automatically grading 'B' in some cases, where the client's history or examination indicates certain findings.

Panel Physicians must complete this section in accordance with the following guidelines:

**'A' Grade:** No significant or abnormal findings present.

**'B' Grade:** Significant or abnormal findings present.

Panel Physicians take responsibility for the 501 Medical examination (*General Medical Certificate (INZ 1007)*) at the time of grading even if other staff have performed data entry for some aspects of the case. Panel Physicians should ensure that they have reviewed the applicant's history, examination results, x-ray and laboratory tests before grading and submitting the health case. Where there is a 502 Chest x-ray examination (*Chest X-ray Certificate (INZ 1096)*) required, this must be completed by the Panel Radiologist before the health case can be submitted by the Panel Physician.

Where the Panel Physician disagrees with the grading of the chest x-ray examination, this should be discussed with the Panel Radiologist. The 502 Chest x-ray examination (*Chest X-ray Certificate (INZ 1096)*) grading should reflect the 501 examination.

When deciding whether to grade 'A' or 'B', the most important decision is whether or not a condition or finding is significant. A significant finding is one that should be further reviewed by an INZ medical assessor.

If a B-grade is given, comments are a mandatory requirement under General Supporting Comments. If an A-grade is given, comments are optional. Comments on A graded medicals should be pertinent to the applicant's medical conditions and explain why they are or are not a concern. Do not write comments such as "normal examination" or "normal Chest X-ray examination".

The Panel Physician is to record any relevant summary information that they wish to communicate to INZ, in particular whether:

- there is a significant family history
- there is any diagnosis or diagnoses and substantiate the basis for these
- the applicant is hosting an infectious disease or there is an immunisation or vaccination issue that might place the New Zealand public's health at risk
- the Panel Physician has identified a serious illness and has referred the applicant to their own physician for further investigation and treatment
- the Panel Physician is concerned about the use of other substances of abuse or misuse eg cannabis, kava, khat, amphetamines, narcotics, anabolic steroids, etc
- there are inconsistencies in the history and the examination

- the Panel Physician has any concerns about the quality of the interpreting or the ability of any interpreter to act appropriately or independently in fulfilling their role
- the applicant has not completed the tests required within the required time frame, without credible explanation, or
- there were any test(s) or examination(s) from the INZ protocol that were declined or not completed and any stated reason(s) for this.

**Note:** the grading of the IME is not an assessment of whether or not the applicant has met INZ's requirements for having an acceptable standard of health.

### When is a condition or finding significant?

Any condition is considered significant if it:

- represents a possible public health risk
- is likely to require substantial medical treatment now or in the future
- negatively impacts the applicant's capacity for independent living
- negatively impacts the applicant's intended work activity in New Zealand, or
- presents a barrier to travel.

Where significant abnormalities are detected, the Panel Physician must refer the applicant to an appropriate specialist. All test and investigation results and all specialist reports must be attached to the IME. This will ensure the medical assessor will have the best available information when making recommendations.

### When is a condition or finding not significant?

A condition is not significant if it does not have current or future implications for the applicant's health. Minor past surgery, tattoos, incidental anatomical variations, trivial medical conditions and previous illnesses with no ongoing implications are not significant. Routine medications for uncomplicated disorders of mild severity (for example, salbutamol inhaler for mild asthma) are not significant.

In the absence of heritable disorders, the following are not considered to be significant:

- appendectomy
- tonsillectomy or adenoidectomy in childhood
- haemorrhoidectomy
- herniorrhaphy
- Fenton's repair
- arthroscopic meniscectomy as a consequence of knee trauma
- carpal tunnel release
- rhinoplasty
- minor cosmetic surgery, and
- vasectomy/tubal ligation.

The box 'no significant or abnormal findings' should be ticked when:

- there is no family history of any heritable disorder
- there is no history or existing chronic infection such as tuberculosis or HIV etc

- the physical findings are completely normal, no significant recent weight loss, BMI in a normal range and less than or equal to 30, BP at or below the thresholds stated, no significant cardiac murmurs, normal urinalysis, and a visual acuity no less than 6/18 in the best eye, corrected where necessary
- the applicant is not taking any regular medication or course of antibiotics or undergoing any other regular therapy
- the chest x-ray and laboratory investigations (where indicated) are all within normal limits

- no medical or surgical or psychiatric condition is present which would require further investigation or treatment, now or in the future
- the applicant has complied with all of the Panel Physician's recommended examinations or procedures and the Panel Physician has not recommended any further examination be performed and the applicant has not declined any recommendation or expectation.

If in doubt contact INZ at

XXXXXXXXXXXXXXXXXXXX@XXXX.XXXX.XX

## Section G Panel Physician's declaration

This is section G in the paper *General Medical Certificate (INZ 1007)*.

The Panel Physician responsible for the examination completes the declaration after he or she has received and considered all the mandatory tests and reports, and all the supplementary tests and reports initiated as a consequence of history or examination.

In completing the declaration, the Panel Physician is acknowledging responsibility for the integrity and quality of the entire IME process. INZ will regularly audit IMEs and any evidence of failure to maintain integrity or quality of the examination will result in closer scrutiny and possible removal from the Panel.

For paper-based medical certificates we require the Panel Physician to enter their New Zealand Medical Council's unique registration identifier. Doctors not registered with the New Zealand Medical Council are to state their equivalent current unique registration identifier and to append the name of the registering authority that has granted the registration.

### Finalising an immigration medical examination

**eMedical** – Once the examination has been graded it may be submitted. An applicant may have indicated at the pre-exam stage of their IME that they wished to receive email confirmation that their health case has been completed. If so, then on submission of the applicant's IME, an automated email will be sent to them at the email address they provided, confirming completion of their health case. Applicants will be advised to contact the clinic where their exam was completed if they require further information about their results.

**Paper-based medical certificates** – Following grading and signing of the certificate, the Panel Physician is to send the certificate directly to INZ. More information about these requirements and the address to be used, will be provided at [www.immigration.govt.nz/assist-migrants-and-students/other-industry-partners/panel-physician-network/medical-professionals](http://www.immigration.govt.nz/assist-migrants-and-students/other-industry-partners/panel-physician-network/medical-professionals)

### Validity

INZ will accept the IME as valid for a period of three months from the date that the Panel Physician signed the declaration or submitted the case on eMedical. In normal circumstances, and where the health status of the applicant is unchanged, the applicant may reuse the IME for up to 36 months in subsequent applications, at the discretion of INZ.

### Requests for further information by INZ

Following submission of an IME, INZ may consider that further medical information is required to establish whether an applicant has an acceptable standard of health.

Applicants requiring further investigations will be provided with a letter from INZ asking them to return to the Panel Physician. For paper based clinics, the applicant must return to the clinic where the original IME was done. For eMedical cases, the applicant is advised that they should return to the original Panel clinic; however eMedical allows that they may attend a different Panel clinic. In these situations, the 'new' clinic must search for the applicant in eMedical once the applicant has made contact and progress the referral/additional investigation(s) listed on the letter and/or eMedical. The case will then be locked to the new clinic's inbox in eMedical. For this reason clinics should not search for cases unless the applicant has made contact with the intention of the further investigation being completed through the clinic.

Further investigations, reports or opinions, as requested by INZ, are to be provided by a specialist of the Panel Physician's recommendation. As it is inappropriate for the Panel Physician to act as a patient advocate, INZ also relies upon any referred specialist assessment as being independent, objective, and providing an opinion that might be reasonably obtained from any equivalent medical specialist. Within New Zealand, additional tests and specialist reports are not available through the publicly funded health services provided by the district health boards (DHBs). All specialist reports for immigration purposes are to be funded by the applicant.

The specialist reports and investigations should be those that enable:

- a diagnosis to be made
- a condition to be assessed as to whether it is mild, moderate or severe
- a prognosis to be determined.

When arranging for further investigation and reports, advise the specialist or consultant that:

- the investigations or reports are required for the purposes of INZ
- the specialist or consultant report must list their qualifications and memberships
- the specialist or consultant must confirm that the person who attends is the person who was referred
- the specialist or consultant must confirm identity by referring to a passport or other document with photographic identification
- the passport number or other identity document number must be recorded on the report.

When arranging for further investigation and reports, advise the applicant that they will need to attend the specialist consultation with their passport or other acceptable identification.

#### **Time frame for further information**

Once an applicant contacts a Panel clinic to follow up on the additional requests, they should be allowed 28 days to do so, unless it relates to TB investigation which takes longer. If nothing is received from the applicant within two weeks of making contact, they should be contacted by the clinic to remind them of the outstanding requirement(s). If the applicant states that they are not interested in continuing, the additional requirement(s) should be finalised as incomplete. If the applicant states an ongoing intention to follow-up on the request, they should be allowed a further week before a second contact is made. If nothing has been received a week later (that is, four weeks from initial contact) and the applicant has not provided a reason to justify further delay, the additional requirements should be finalised as incomplete. Doing so will result in submission of the IME case.

In cases where TB is suspected and the applicant is required to undergo further investigation (requirement 603), the timeframe will exceed 28 days.

**Note:** Applicants who need a 603 investigation and have done only a chest x-ray previously should be referred to a Panel Physician to initiate and coordinate these investigations through a designated laboratory, where available. See the Australian Department of Home Affairs Australian Immigration Panel Member Instructions for locations: <https://www.homeaffairs.gov.au/Panelphysicians/Documents/panel-member-instructions.pdf>

The Panel Physician should review and attach the chest x-ray report and sputum test results when available. Along with a new chest x-ray image, these need to be attached to the 603 requirement in eMedical in order that the case can be submitted.

If no more information has been received after three months following referral for sputum collection, the Panel Physician should contact the applicant. If the applicant is undergoing TB treatment, they still need to attend the Panel clinic to submit sputum results, the treating physician's report and undergo a repeat chest x-ray. If the applicant states that they do not want to complete the additional investigation, follow the 'finalise incomplete' process outlined under 'Incomplete IME results' on page 19.

## Part 3: Completing a 502 Chest x-ray examination (*Chest X-ray Certificate (INZ 1096)*)

This part of the Instructions provides advice about completion of the:

- 502 Chest x-ray examination (in eMedical), and
- *Chest X-ray Certificate (INZ 1007)* (in paper-format).

A chest X-ray examination must be undertaken by applicants who are applying for:

- a residence visa, or
- a temporary entry class visa and intend to stay longer than 12 months, unless they are applying for a military visa, diplomatic, consular or official visa, or a visa related to the Antarctic Treaty, or
- a temporary entry class visa and intend to stay between six to 12 months and are from, or have visited, a place that is not on INZ's list of countries, areas and territories with a low incidence of TB. The guide *Health Requirements (INZ 1121)* has more details and includes the full list.

Children under 11 years of age and women who are pregnant are not required to undergo a chest x-ray examination unless requested by INZ. An applicant who has submitted the results of a chest x-ray examination to INZ within the previous 36 months may not need a new chest X-ray certificate. The guide *Health Requirements (INZ 1121)* provides further information.

Chest x-ray examinations are completed by uploading the compressed x-ray image in DICOM format in eMedical, or by using the paper *Chest X-ray Certificate (INZ 1096)*.

Applicants may require an interpreter or a chaperone to be present. The details of the chaperone and/or interpreter must be recorded on the IME.

For the following sections in the chest x-ray examination, refer to the equivalent requirements in Part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*):

- **Section A** – Personal details (see Section A – Personal details (eMedical Pre-exam stage))
- **Section B** – Client consent and declaration (see Section C – Client consent and declaration)

### Taking the chest x-ray

#### Radiographic technique

Chest x-rays should be taken in the PosteroAnterior (PA) projection to reduce cardiac magnification. Panel Radiologists should ensure:

- penetration should be such that the first four vertebral bodies well (T1-T4) and the ribs are visible, while the rest of the vertebrae should be just visible through the heart shadow
- chest x-rays should be taken in full inspiration, evidenced by the diaphragm lowered to the level of the 10th or 11th rib posteriorly
- that the applicant should be positioned perpendicular to the x-ray beam so that the medial ends of the clavicles are equidistant from the spinous processes of the thoracic vertebrae
- scapulae should be clear of the lung fields and both apices and costophrenic angles visible

- images should be free from applicant's artefacts (for example, hair and jewellery) and technical artefacts.

#### Special views

An apical lordotic view should be done for suspicious opacities over ribs, clavicles or other structures and a lateral decubitus view for costophrenic angle blunting to exclude pleural effusion.

CT scans should not be routinely performed unless clearly clinically indicated (for instance where malignancy is suspected) or if requested by INZ.

#### Radiation safety

Radiation safety should be maximised by:

- routine use of lead shielding for all applicants
- storing lead shields appropriately – not folded as this may crack the lead and allow radiation leakage
- testing the integrity of lead shields annually by exposing them in front of an x-ray plate
- selection of correct film size
- x-ray beam collimation (narrowing of the beam so that only the target area is exposed)
- ensuring correct radiography procedures and machine settings are used to minimise repeat exposures being asked for technical reasons
- avoiding unnecessary additional x-rays or scans, in particular Computerised Tomography (CT) scans, unless clearly clinically indicated or requested by INZ
- minimising radiographer exposure
- ensuring all staff in the radiography working area wear dosimeters (radiation badges).

#### X-ray image identification

The x-ray image must bear the:

- date of the examination
- applicant's full name in English
- applicant's date of birth
- the name of the x-ray clinic

The NZER ID may be included. eMedical enabled Panel clinics should refer to the agreed naming conventions for mandatory attachments in Module 8 of the eMedical User Guide, found in eMedical, in relation to chest x-ray images.

#### Film size for paper-based medical certificates

For paper-based medical certificates, full-size 14" x 17" (35cm x 42cm approximately) PA films should be submitted for routine x-ray examinations of the chest. If this is unavailable, contact INZ. Image files on CD's are not accepted in lieu of hardcopy prints.

#### X-ray images for eMedical

eMedical images should be submitted as DICOM files with a file size of approximately 5mb. The type of x-ray image (for example, PA view, lateral view) should be recorded in the 'details' section at the time of attachment. eMedical images must not be submitted as JPEG files unless directly asked by us.

## Women

Women of reproductive age may be unknowingly pregnant at the time of the x-ray and must be provided with protective lead shielding in preparation for x-ray exposure.

Panel Radiologists have an ethical obligation to ensure that all applicants are adequately protected and must be vigilant in avoiding unnecessary radiation exposure.

All female applicants who declare they are pregnant should be advised that INZ does not require a chest x-ray examination and that their chest x-ray examination will be set aside.

## Children

Children under 11 years of age are not required to undergo a chest X-ray examination unless requested to do so by INZ, or where the Panel Physician detects respiratory signs which may be indicative of a significant medical condition (such as pneumonia). In this case the Panel Physician may add a 502 examination in eMedical. Indications should be clearly outlined in the medical examination section.

Radiation exposure should be kept to a minimum. Film size should be adequate to include the chest only. Abdominal shielding and correct collimation should be used.

## Film examinations and reporting

The x-ray film is to be read by the Panel Radiologist who must also complete the findings. The correct name, date and anatomical side markers should be included. Look at the so-called 'hidden' areas:

- behind the heart
- apices
- costophrenic angles
- both hila
- paratracheal regions
- below the diaphragms.

Sometimes a nodule in the lower zones may be difficult to differentiate from a nipple shadow. Repeat x-ray with nipple markers to confirm. The extent and likely activity of any disease present should be described and any necessary further investigations recommended. Panel Radiologists should report all abnormalities on an x-ray film and their possible interpretation and cause in the 502 comments field in eMedical.

If the Panel Radiologist reports x-ray findings which are highly suspicious of active TB (Question 7 in eMedical), then eMedical will automatically generate a 603 referral for further investigation. Such changes would include cavitation, effusion or soft infiltrate. In these cases, Question 7 (Are there findings which are highly suspicious of active TB?) should be answered 'yes'. Question 7 must not be answered 'yes' where TB is merely suspected. High suspicion must exist, such as occurs in findings consistent with new, infectious lesions. If Question 7 is answered 'yes' and the applicant is in New Zealand, the Panel Radiologist is required to refer that applicant to the local medical officer of health for further investigation and contact tracing. This is a mandatory requirement under the Health Act 1956 (section 74).

The 603 examination includes a pulmonologist/chest physician opinion, sputum testing (smear and culture) and a repeat x-ray at the end of cultures. More information is provided under 'Tuberculosis' on page 27 in Part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*) of these Instructions.

For paper-based medical certificates where there is a high suspicion of active TB (Question C8), the Panel Radiologist or Panel Physician should immediately refer the applicant for sputum testing and a chest physician referral.

## Reporting tuberculosis findings

Any findings consistent with new or old TB should be marked as 'present' on Question 6 (evidence of TB) and recorded in the text field that accompanies it. This will generate an automatic 'B' grade of the case once prepared for grading.

Findings that are highly suggestive of active TB should be marked accordingly on Question 7. Please note that this field should only be marked 'yes' when the findings are convincing for active disease (for example, extensive infiltration or cavitation). This question should not be answered 'yes' simply if a suspicion of active disease exists, or if active disease cannot be excluded. Use of this function should be restricted to findings that are convincing for new lesions in potentially infectious applicants.

Answering 'yes' to Question 7 will auto-generate requirement 603 when the case is prepared for grading. This requirement needs three items for completion, two document attachments and one x-ray image as follows:

- sputum results (including culture and DST where positive, when finalised)
- chest physician report
- chest x-ray obtained at completion of culture.

Please note that if the 603 requirement has been auto-generated, it can only be completed by the clinic which started the eMedical case. This is different to cases where INZ has requested further information (including 603 or any other requirement), where the client is able to attend a different clinic if they have changed location.

If an applicant indicates that they do not want to undergo further investigation relating to the 603 requirement, this requirement can be marked as incomplete and the IME case submitted (after grading) without it. When submitting cases with incomplete requirements, these cases need to be graded 'B' and comment made that the applicant declined further investigation.

## Grading 'A' or 'B'

eMedical assists Panel Members by automatically grading cases as 'B' if significant fields are marked abnormal.

The following findings are not considered significant and should be 'A' graded, with all fields on the 502 requirement (Chest X-ray Certificate (INZ 1096)) marked normal. If a Panel Radiologist wants to note such findings, they can be included as a general supporting comment next to the 'A' grading:

- aortic calcification
- apical capping (with smooth border)



- 
- azygous fissure/lobe or other accessory fissures
  - breast implants
  - cardiomegaly, mild (CTR < 60%)
  - dextrocardia or situs inversus
  - nipple shadows
  - pectus excavatum
  - raised hemi-diaphragm
  - rib abnormalities (for example: cervical ribs, previous rib fractures, bifid ribs and congenital rib fusion)
  - scoliosis

All other abnormalities, including evidence of current or previous infectious disease (including old TB), as well as significant extra-pulmonary abnormalities (such as evidence of heart disease) must be 'B' graded. Do not include unnecessary comments such as "Normal Chest study" or "Normal Examination".

In cases where evidence exists of previous significant surgery, then the Panel Radiologist should provide details and grade the case 'B'. Examples include:

- cardiac valve replacement
- sternal wiring
- vascular stents/shunts
- absent breast/s.

Cardiomegaly should only be reported if the cardio-thoracic ratio is greater than 60 per cent (0.60) on well inspired film and/or the cardiac shadow or vasculature indicates suspicion of heart disease (such as atrial enlargement or pulmonary hypertension).

#### **Declaration by examining radiologists**

In making the declaration, Panel Radiologists must ensure:

- that all information is accurate before submitting the IME case in eMedical
- for paper-based medical certificates that the date, place of examination and the Panel Radiologist's name are clearly stated.

Panel Radiologists should submit the case, or sign the declaration, after the results of the radiological examination are recorded fully and in consideration of the examination and any additional investigation which may have been performed.

In submitting the case on eMedical, or signing the declaration for paper-based medical certificates, the Panel Radiologist is acknowledging responsibility for the integrity and quality of the radiological examination process. INZ routinely and randomly audits all radiological examinations and any evidence of failure to maintain integrity and quality of the examination will result in closer scrutiny of the Panel Radiologist and possible removal from the Panel.

#### **Finalising an immigration medical examination**

Please refer to 'Finalising an immigration medical examination' in part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*) for further information as this information is applicable to both examination types.

## Part 4: Completing a 512 Limited medical examination (*Limited Medical Certificate (INZ 1201)*)

This part of the Instructions provides advice about completion of the:

- 512 Limited medical examination (in eMedical), and
- *Limited Medical Certificate (INZ 1201)* (in paper-format).

This examination is only for partners and dependent children of New Zealand citizens and residents, refugees and people with protection status in New Zealand. It only screens for those conditions for which INZ cannot grant a medical waiver.

Advice for Panel Radiologists on how to complete the accompanying chest x-ray examination is provided in Part 3: Completing a 502 Chest x-ray examination (Chest X-ray Certificate (INZ 1096)).

Applicants may require an interpreter or a chaperone to be present. The details of the chaperone and/or interpreter must be recorded on the IME.

### Section A Personal details (eMedical Pre-exam stage)

The questions in this section are for the purpose of establishing the identity of the client and collecting information for INZ.

#### eMedical - 512 Limited medical examination

Panel clinics will need to complete this section for INZ clients requiring an IME.

#### Paper - *Limited Medical Certificate (INZ 1201)*

This section is marked 'Section A' and should be completed by the client prior to attending the IME except for question A1 which must be completed by the Panel Physician or a delegated staff member.

#### Identity

See 'Confirming the identity of applicants' on page 16 in Part 1 of these Instructions.

#### Applicant's visa category

As the applicant requires a 512 Limited medical examination, one of the following visa category and visa type options will be applicable. In eMedical, the applicant's answer to this question will ensure the relevant questions and/or tests are applied to the applicant. The applicant will need to select from the following list:

- Temporary
  - Visitor
  - Student
  - Worker with job offer
  - Worker without job offer
- Residence
  - Skilled / Business
  - Pacific Categories
  - Family
  - Humanitarian UNHCR
  - Humanitarian other
- Work to Residence
  - Worker
  - Family of worker

\*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.

Selecting Humanitarian 'UNHCR' will ensure that the 'Medical history' section does not appear in the eMedical examination, as these applicants are not expected to answer the 'Medical history' questions. When undertaking a 512 Limited medical examination for a Humanitarian UNHCR or RQFR applicant, a 707 HIV test must be manually added by the Panel Physician for all applicants regardless of their age. Do not add a chest X-ray examination requirement in eMedical for Humanitarian UNHCR applicants in the pre-exam stage (or complete a paper-based chest x-ray examination). INZ will advise you when an x-ray examination is required.

Refugees diagnosed with HIV/AIDs will not be excluded from resettlement in New Zealand. However, it is important for INZ to know whether refugees have HIV or AIDS before they come to New Zealand, so that New Zealand medical services are able to prepare for their care and treatment.

The 'Humanitarian other' option is for applicants who have been granted refugee or protection status in New Zealand and are now applying for residence. The refugee's partner and/or dependent child(ren) should also be included under this option. These applicants must answer the 'Medical history' section and are not required to undergo an HIV test.

#### Immigration Advisers

If the applicant has an immigration adviser and would like them to be able to contact the clinic on their behalf, the applicant and their adviser should complete the INZ form *Immigration Adviser Details (INZ 1160)* and ask that a copy of the form be attached to their health case records.

#### Option for automated email confirming submission of health case to INZ

Applicants can confirm that they wish to receive an automated email confirming the submission of their health case to INZ and provide a personal email address for this purpose. Upon submission of the applicant's health case an automated email will be sent to the address provided. Applicants will be advised to contact the clinic where their exam was completed if they require further information about their results.

## eMedical information sheet

After a health case has been created, an information sheet can be printed for the client at any time. The information sheet includes the:

- client's photo
- INZ reference number (NZER)
- client's personal details

- client identity details
- client visa details, and
- instructions for the client.

Please print the Information Sheet and give it to the client **before** he/she leaves the clinic. This information sheet will be used by the client as proof that their immigration medical examination has been initiated when they submit their visa application.

## Section B Medical history

This section does not need to be completed by:

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

Clients completing a paper-based medical certificate may complete 'Section B Medical history' before their IME. If it has not been completed, a Panel Physician (or delegated staff member) must complete this section with the client. For eMedical cases, these questions can only be answered during the IME.

For a child who is younger than 18 years of age, the medical history section must be completed by a parent or guardian, or the Panel Physician with the parent or guardian.

Panel physicians must discuss the applicant's medical history with them even where the applicant has completed the medical history questions before their IME. **Do not assume that the applicant has understood the questions.**

These questions are designed to assist the Panel Physician to assess aspects of the applicant's health which are of particular relevance and importance to the New Zealand Government's health requirements.

If the applicant answers 'Yes' to any question, note relevant details such as date of diagnosis, progress, current problems, complications and treatment so far. Attach any reports, tests and other information available (all items being attached to

a paper-based medical certificate must be signed or initialled by the Panel Physician and securely attached).

### **B5** Are you pregnant? What is the expected date of delivery?

For the Limited medical examination this question is only required in order to establish whether a chest x-ray examination can be undertaken. If the applicant is pregnant, INZ does not require a chest X-ray examination. Answering 'yes' to this question will automatically set aside any chest x-ray examination requirement in eMedical.

If the client declares that they are pregnant they should provide a letter from their own doctor or lead maternity carer (obstetrician) confirming their pregnancy. This letter should be scanned and attached to the health case. Otherwise the client should be asked if they are willing to have a BHCG test added to the standard blood tests required. If they are unwilling to undergo the blood test they may be required to provide a letter from their doctor or lead maternity carer (obstetrician) to confirm their pregnancy and the expected date of delivery (EDD).

### **Panel Physician's declaration**

The Panel Physician undertaking the IME must declare that they have discussed the applicant's medical history with them (or the applicant's parent or guardian if the applicant is under 18 years of age or is an 'incapable person').

## Section C Client consent and declaration

**The client consent and declaration must be signed and dated by the applicant in the presence of the Panel Member.**

Please refer to 'Section C - Client consent and declaration' in Part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*) for further information as this requirement is applicable to both examination types.

## Section D Physical examination

The physical examination questions below are listed in alphanumeric order for the purposes of the paper *Limited Medical Certificate (INZ 1201)* and will appear in the same order in the eMedical 512 Limited medical examination.

Applicants must be asked to remove sufficient clothing in order to enable the Panel Physician to adequately assess

the health of the applicant in relation to questions in this section. This may require that all clothing is removed, with the exception of underwear. Appendix 1 provides a diagram that you may wish to display in your clinic waiting room, change and/or examination room.

For more information see 'Privacy considerations' in Part 1 of these Instructions.

A chaperone should be offered and their details recorded if one was present.

This section must be completed in full. Paper-based medical certificates which are illegible will be returned for clarification.

The Panel Physician is accountable for the integrity of all facets of the IME.

### Medical findings

The Panel Physician is to provide detailed comment on examination findings regarding the nature, severity and possible/likely prognosis of the medical condition and or disability to enable INZ to clearly understand and appreciate the examined person's state of health where:

- 'Yes' has been answered to a question in the 'Medical history' section, or
- examples listed next to the physical examination questions are present.

If reports from specialists are provided attach these to the eMedical IME, or for paper-based medical certificates, authenticate these by initialling each page and attaching securely to the certificate. Where INZ requires referral to an appropriate physician, a recent report less than six months is acceptable.

If abnormalities indicate a specialist report is necessary for a UNHCR refugee or RQFR applicant, the IOM physician should contact the IOM Regional Office in Canberra, which will consult with INZ's Refugee Quota Branch regarding the availability and necessity of recommended reports.

### Timely medical tests

All other medical tests required or indicated as a result of the examination should be carried out on or about the date of the medical examination.

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

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

If yes, a 115 Nephrologist's Report is required and will be auto-added in eMedical. If a paper-based medical certificate is being completed, refer to an appropriate specialist.

#### **D3** Are there any indications that this applicant has haemophilia?

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

If yes, attach relevant specialist reports or refer to an appropriate specialist.

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

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

If yes, a 112 Neurological Report is required and will be auto-added in eMedical. If a paper-based medical certificate is being completed, refer to an appropriate specialist.

#### **D5** Does the person have any symptoms or signs of previous or current tuberculosis, of any form?

- Tuberculosis must be considered in any applicant who presents with:
- a history of cough lasting longer than three weeks, night sweats, haemoptysis, chest pain, unexplained weight loss, HIV, close contacts with TB, abnormal chest X-ray, abnormal sputum, skin or blood tests, etc, or
- focal abnormalities on auscultation.

If yes, a 603 Chest Clinic TB Investigation is required and will be auto-added in eMedical. Review and follow the information provided under 'Tuberculosis' and 'TB investigation' on pages 27 and 28 in Part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*) as the requirements are the same.

## Section E Blood tests

### Standard laboratory tests

The Panel Physician is to select and recommend trusted laboratories to perform the tests required by INZ.

For a 512 Limited medical examination (*Limited Medical Certificate (INZ 1201)*) the following blood tests are required for all applicants 15 years of age and over or where clinically indicated:

- Estimated glomerular filtration rate (eGFR - exam code 705 in eMedical)
- Full blood count (exam code 718 in eMedical).

For all 'UNHCR' mandated refugees included in INZ's Refugee Quota Programme and applicants applying under the Refugee

Quota Family Reunification (RQFR) Category, an HIV test (exam code 707 in eMedical) is also required, regardless of the applicant's age.

Where applicable the Panel Physician should explain:

- that these tests are required as a part of the IME
- the nature of blood count and creatinine examinations
- the nature of infection/s with HIV
- that the results will be provided to INZ.

The Panel Physician must discuss the nature of testing with the applicant or, if the applicant is a person under 18 years of age, with the applicant's parent or guardian.

eGFR and full blood count tests require a value response by the Panel Physician. An HIV test requires a 'non-reactive/reactive' response.

When reviewing the laboratory tests, ensure that the person collecting the blood, and/or receiving the laboratory specimens has confirmed the applicant's identity and to confirm that the samples were collected from the individual identified on the IME. This is important to ensure there is no applicant substitution resulting in false negative tests.

The laboratory reference standard ranges for each test must be included in the results attached to the IME.

Where the test(s) are serological for antibodies or antigens, the laboratory test used must be specified.

This section cannot be completed until all results are received from the testing laboratory.

See the table 'Instructions for standard tests' on page 34 for further instructions about abnormal or reactive blood tests. If the Panel Physician is requesting additional tests in eMedical, the exam code 125 Specialist's report should be used if the relevant test does not exist in eMedical, with the examination description amended to request the required test(s).

**Paper - Limited Medical Certificate (INZ 1201)** - A Laboratory Referral Form (Sections H and I) is included and comprises one double-sided page (or two single-sided pages where the applicant has an unbound form), which must be detached from the medical certificate for the applicant to take to the laboratory for completion. The Panel Physician is to sign and date the form including adequate address details where the results and the completed 'Section I: Confirmation of identity and declaration' are to be returned.

Please provide these pages of the form to the applicant along with directions to the laboratory. Where a second battery of laboratory investigations are requested, the Panel Physician is to provide another laboratory identification form for identity confirmation purposes. A copy may be downloaded from [www.immigration.govt.nz/forms](http://www.immigration.govt.nz/forms), or sought from INZ.

It is acceptable for Panel Physicians to use their own laboratory forms/process, with the proviso that 'Section I: Confirmation of identity and declaration' is still completed by the applicant and the person taking the specimens at the time of collection.

The NHI number in Section H, is a New Zealand unique patient identifier. If a patient does not have such a number this may be left blank.

Laboratory report sheets, as with all documentation attached to paper-based medical certificates, must be initialled for authenticity and securely attached.

### Positive tests

If an applicant's blood tests are positive the Panel Physician should either:

- arrange for a second consultation; and/or
- refer the applicant to his or her own doctor for appropriate follow-up.

The following points need to be covered in discussion with the applicant, bearing in mind local ethical standards and requirements.

- Information about the tests.
- Implications and possible prognosis.
- Ways of transmission of the organism/s.
- Ways of protecting others from infection.
- Ways of minimising future complications.
- Referral for further information and support.
- Referral for medical intervention.

The Panel Physician is to detail any referral in the 'General supporting comments' field.

If asked about the effect that a positive test result may have on an applicant's likelihood of meeting the INZ definition of an acceptable standard of health, the Panel Physician should state that this is a matter for INZ to consider. Any further enquiries by the applicant should be referred to INZ.

Where significant abnormalities are detected, the Panel Physician must refer the applicant to an appropriate specialist. All test and investigation results and all specialist reports must be attached to the IME. This will ensure the medical assessor will have the best available information when making recommendations.

### Requirement for a 502 Chest x-ray examination (Chest X-ray Certificate (INZ 1096))

Applicants who are undertaking a 512 Limited medical examination (*Limited Medical Certificate (INZ 1201)*) will generally also need to undergo a chest x-ray examination. Do not add a chest X-ray examination requirement in eMedical (or complete a paper Chest X-ray Certificate (INZ 1096)), however, for 'UNHCR' mandated refugees or Refugee Quota Family Reunification (RQFR) Category applicants until requested to do so by INZ.

Please refer to Part 3: Completing a 502 Chest x-ray examination (*Chest X-ray Certificate (INZ 1096)*) for further information about chest X-ray examination requirements.

## Section F Examination grading

This is section F in the paper *Limited Medical Certificate (INZ 1201)*

Panel Physicians take responsibility for the 512 Limited medical examination (*Limited Medical Certificate (INZ 1201)*) at the time of grading even if other staff have performed data entry for some aspects of the case. Panel Physicians should ensure that they have reviewed the applicant's history (where applicable), examination results, x-ray and laboratory tests before grading and submitting the health case. Where there is a 502 Chest x-ray examination (*Chest X-ray Certificate (INZ 1096)*) required, this must be completed by the Panel Radiologist before the health case can be submitted by the Panel Physician (except in case of 'UNHCR' mandated refugees and RQFR Category applicants who undergo chest x-ray examinations at a later stage).

Where the Panel Physician disagrees with the grading of the chest x-ray examination, this should be discussed with the Panel Radiologist. The 512 Limited medical examination (*Limited Medical Certificate (INZ 1201)*) grading should reflect the 512 examination.

The 512 Limited medical examination (*Limited Medical Certificate (INZ 1201)*) has been designed so that only those medical conditions which would prevent INZ granting a medical waiver are identified. If the answer is 'Yes' to any of the 'Physical examination' questions, eMedical will auto-B grade the examination.

The examination may be A-graded unless it appears that the applicant:

- may require dialysis in the next five years
- has haemophilia
- has a physical, intellectual, cognitive and/or sensory incapacity which may require full-time care, including care in the community
- has symptoms or signs of previous or current TB of any form.

Where UNHCR refugees and RQFR applicants are found to be HIV positive, a B-grade should be given. This is not for the purpose of excluding them from resettlement in New Zealand, but to ensure they are quickly brought to INZ's attention for planning purposes.

If a B-grade is given, comments are a mandatory requirement under 'General Supporting Comments'. If an A-grade is given, comments are optional.

If in doubt contact INZ at:

XXXXXXXXXXXXXXXXXXXX@XXXX.XXXX.XX

**Note:** the grading of the IME is not an assessment of whether or not the applicant has met INZ's requirements for having an acceptable standard of health.

## Section G Panel Physician's declaration

This is section G in the paper *Limited Medical Certificate (INZ 1201)*.

Please refer to 'Section G – Panel Physician's declaration' in part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*) for further information as this requirement is applicable to both examination types.

### Finalising an immigration medical examination

Please refer to 'Finalising an immigration medical examination' in part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*) for further information as this requirement is applicable to both examination types.

### Requests for further information by INZ

Please refer to 'Requests for further information by INZ' in part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*) for further information as this requirement is applicable to both examination types.

## Part 5: Completing a Supplementary medical certificate (with 707 HIV) (RSE Scheme Supplementary Medical Certificate (INZ 1143))

This part of the Instructions provides advice about completion of the:

- Supplementary medical certificate (with 707 HIV) (in eMedical), or
- *RSE Scheme Supplementary Medical Certificate (INZ 1143)* (in paper-format).

This examination is only for seasonal workers who are travelling to New Zealand on a temporary limited visa under the Recognised Seasonal Employment scheme. This scheme allows New Zealand's horticulture and viticulture industries to recruit workers over the age 18 from overseas for seasonal work where New Zealand workers are not available. The only examination requirement is an HIV test.

A chest X-ray examination may also be required if the applicant will be staying in New Zealand between six to 12 months and are from, or have visited, a place that is not on INZ's list of countries, areas and territories with a low incidence of TB. The guide *Health Requirements (INZ 1121)* has more details and includes the full list.

Applicants may require an interpreter or a chaperone to be present. The details of the chaperone and/or interpreter must be recorded on the IME.

**eMedical** - When creating an Up-Front medical examination for a Supplementary medical certificate, select the following options under the 'Proposed Visa Application details' section:

- Visa category – Temporary
- Visa type – Worker with job offer

Then under the 'Required certificates' section, select the following:

- Medical – Supplementary
- Radiology – X-ray (if required)

For the following sections in the Supplementary medical certificate, refer to the equivalent requirements in Part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*) for other relevant information:

- **Section A** - Personal details (see Section A – Personal details (eMedical Pre-exam stage))
- **Section C** - Client consent and declaration (see Section C – Client consent and declaration)

### Section B Blood test

The Panel Physician should explain to the applicant:

- that this test is required as a part of the IME
- the nature of testing for HIV
- that the result will be provided to INZ.

An HIV test requires a 'non-reactive/reactive' response.

When reviewing the laboratory test, ensure that the person collecting the blood, and/or receiving the laboratory specimens has confirmed the applicant's identity to confirm that the sample was collected from the individual identified on the IME. This is important to ensure there is no applicant substitution resulting in false negative tests.

#### **Paper – RSE Scheme Supplementary Medical Certificate (INZ 1143)**

A Laboratory Referral Form (Sections E and F) is included and comprises one double-sided page (or two single-sided pages where the applicant has an unbound form), which must be detached from the medical certificate for the applicant to take to the laboratory for completion. The Panel Physician is to sign and date the form including adequate address details where the results and the completed 'Section F: Confirmation of identity and declaration' are to be returned.

It is acceptable for Panel Physicians to use their own laboratory forms/process, with the proviso that 'Section I: Confirmation of identity and declaration' is still completed by the applicant and the person taking the specimens at the time of collection.

Laboratory report sheets, as with all documentation attached to paper-based medical certificates, must be initialled for authenticity and securely attached.

#### **Positive test**

If the initial test is positive, a second confirmatory test is required. Acceptable confirmatory tests are enzyme immunoassays, including core-antigen tests, immunoassays, including Western blot and line-blot tests, or nucleic acid tests. If the confirmatory test gives an equivocal or indeterminate result, the test should be repeated and a nucleic acid test performed.

Where an HIV diagnosis is made, the Panel Physician must ensure that post-test counselling is carried out in accordance with local protocols and standards.

#### **Finalising a Supplementary medical certificate**

There is no option to grade a Supplementary medical certificate – just to record the result of the HIV test, any relevant comments and the 502 Chest x-ray examination results, if it is a required examination. The Panel Physician must then submit the IME (if being undertaken in eMedical). For paper-based medical certificates refer to 'Finalising an immigration medical examination' in Part 2: Completing a 501 Medical examination (*General Medical Certificate (INZ 1007)*) for further information as these requirements are applicable to both examination types.

## Part 6: Information for eMedical enabled clinics

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### What is eMedical?

eMedical is an electronic processing system that is used by clinic staff and Panel Members to record the results of IMEs, and submit the results to INZ. eMedical is currently used by the Australian Department of Home Affairs, Citizenship and Immigration Canada (CIC) and INZ.

All eMedical enabled clinics must use eMedical where technically possible. eMedical clinics should not complete paper-based medical certificates at the request or direction of applicants or their representatives and they should be directed to contact INZ if they have concerns. Using the available electronic IME processing technology will become a key requirement in terms of continuing as a member of the New Zealand panel network.

Further general information about the eMedical system and electronic processing is available on the INZ's website: See: [www.immigration.govt.nz/assist-migrants-and-students/other-industry-partners/panel-physician-network](http://www.immigration.govt.nz/assist-migrants-and-students/other-industry-partners/panel-physician-network)

Non-eMedical enabled clinics with questions relating to the technical requirements or implementation should contact INZ.

### INZ Up-front medical examinations

INZ clinical are 'Up-front' medical cases, this means that there will not be a record of the applicant in eMedical when they arrange their appointment, except where their health case has already been submitted and they have been requested to provide further information by INZ. Therefore clinics will have to create a new health case for each applicant. When creating a new health case, a Unique Medical Identifier (NZER) will be generated for the applicant. The applicant will require their NZER number as proof that their immigration medical examination has been initiated. An information sheet with the applicant's health case summary and the NZER number can be printed for the applicant.

### User Guide and reference material

Detailed information on the use of eMedical is contained in the eMedical User Guide and associated tip sheets and quick reference guides. This information is provided as part of the training package to Panel clinics and is updated regularly. The most recent versions of these documents are available via the 'support page' in the eMedical system itself. Any requests or enquiries related to this information, or by non eMedical enabled clinics, can be made via the contact details below.

### eMedical support arrangements

eMedical system support enquiries should be made via the support platform in eMedical.

<https://www.emedical.immi.gov.au/>

INZ clinical and processing enquiries should be emailed to:  
xxxxxxxxxxxxxxxxxxxxxx@xxxx.xxxx.xx

Telephone enquiries should be directed to:

- +64 9 914 4100 (from outside New Zealand)
- 09 914 4100 (from Auckland)
- 04 910 9915 (from Wellington)
- 0508 558 855 (the rest of New Zealand)

For critical incidents that is, system is 'down' and you have tried again but you still are unable to logon to eMedical, contact the Australian Department of Home Affairs IT support section immediately by phone if possible.

**Phone:** +61 2 6264 0400

**Email:** xxxxxxxx@xxxxxxxxxxx.xxx.au

### Confirmation of IME case submission in eMedical

INZ applicants can confirm at the pre-exam stage of their examination that they wish to receive an automated email confirming the submission of their health case to INZ and provide a personal email address for this purpose. Upon submission of the applicant's health case an automated email will be sent to the address provided. Applicants will be advised to contact the clinic where their exam was completed if they require further information about their results.

### eMedical and personal information

The information sheet *Preparing your clinic for eMedical implementation* is available via the 'support page' in eMedical for Panel Members and clinic staff and explains the use and storage of personal information.

Part 1 of the *New Zealand Immigration Panel Member Instructions* contains further information on INZ's Privacy Principles.



## Appendix 1: Undressing for a Medical Examination

# Medical examination

For your medical examination you may need to take off all of your clothes but **please keep your underwear on.**

**Arabic:** للفحص الطبي الخاص بك تحتاج إلى خلع كل ملابسك ولكن يرجى الإبقاء على ملابسك الداخلية.

**French:** Pour votre examen médical, vous devez vous déshabiller mais gardez vos sous-vêtements.

**Indonesian:** Untuk pemeriksaan medis, Anda perlu melepaskan semua pakaian, kecuali pakaian dalam.

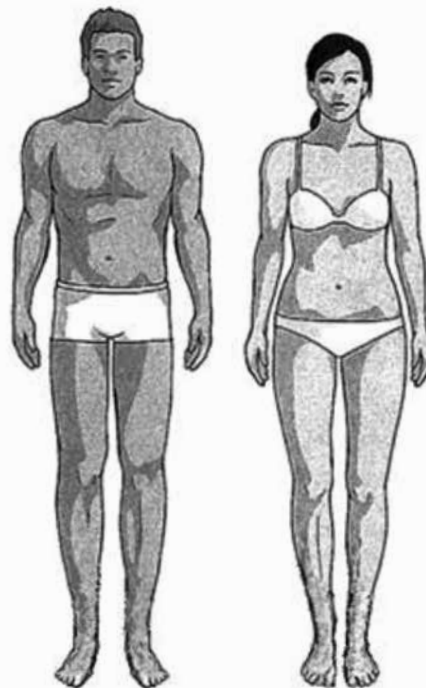
**Korean:** 검사를 받기 위해서 모든 옷을 벗으셔야 합니다만, 속옷은 입고 계시기 바랍니다.

**Mandarin:** 您需要脱掉所有的衣服来进行体格检查, 但是请穿着内衣裤。

**Spanish:** Para el examen médico debe sacarse toda la ropa y quedarse en ropa interior.

**Tagalog:** Para sa inyong medikal na pagsusuri, kailangan ninyong hubarin ang lahat ng inyong damit subalit iwanang nakasuot ng inyong panloob na pang-ibabang kasuotan.

**Vietnamese:** Khi khám nghiệm y khoa, quý vị cần trút bỏ quần áo ngoài, nhưng hãy mặc quần áo lót.



From Australian Immigration Panel Member Instructions:

[www.homeaffairs.gov.au/PanelPhysicians/Documents/panel-member-instructions.pdf](http://www.homeaffairs.gov.au/PanelPhysicians/Documents/panel-member-instructions.pdf)

## Appendix 2: Child Development Milestone Guidelines

This is one of the most difficult parts of any examination, especially if you have never met the child before and the child is anxious. Much can be achieved by observing the child; talking to the parents/guardians and having the child perform some simple tasks. It is especially important to have a high index of suspicion of developmental problems in adoption cases, for the adoptive parents as well as for the New Zealand Government. These are average dates for the milestones.

|                             | Milestones given |                               | Milestones given |
|-----------------------------|------------------|-------------------------------|------------------|
| <b>Gross motor</b>          |                  | <b>Cognitive</b>              |                  |
| Chin up                     | 1 month          | Shows anticipatory excitement | 3 months         |
| Lifts head                  | 4 months         | Plays with rattle             | 4 months         |
| Rolls - prone to supine     | 4 months         | Plays peek-a-boo              | 8 months         |
| Rolls - supine to prone     | 5 months         | Finds hidden object           | 9 months         |
| Sits unsupported            | 8 months         | Pulls string to obtain toy    | 14 months        |
| Pulls to stand              | 9 months         | Activates mechanical toy      | 20 months        |
| Cruises                     | 10 months        | Pretend play                  | 24 months        |
| Walks alone                 | 13 months        | Seeks out others for play     | 36 months        |
| Walks up stairs             | 20 months        |                               |                  |
| Rides tricycle              | 36 months        | <b>Expressive language</b>    |                  |
| Hops on one foot            | 60 months        | Coos                          | 3 months         |
|                             |                  | Babbles                       | 6 months         |
| <b>Fine motor</b>           |                  | Da-da - inappropriate         | 8 months         |
| Unfisting                   | 3 months         | Da/Ma - appropriate           | 10 months        |
| Reach and grasp             | 5 months         | First word                    | 11 months        |
| Transfer                    | 6 months         | Two to six words              | 15 months        |
| Thumb-finger grasp          | 9 months         | Two-word phrases              | 21 months        |
| Tower of two cubes          | 16 months        | Speech all understandable     | 27 months        |
| Handedness                  | 24 months        | Names one colour              | 30 months        |
| Scribbles                   | 24 months        | Uses plurals                  | 36 months        |
| Tower of four cubes         | 26 months        | Names four colours            | 42 months        |
| Tower of eight cubes        | 40 months        | Gives first and last names    | 44 months        |
|                             |                  | Names two opposites           | 50 months        |
| <b>Social/self help</b>     |                  | Strings sentences together    | 60 months        |
| Social smile                | 6 weeks          |                               |                  |
| Recognises mother           | 3 months         | <b>Receptive language</b>     |                  |
| Stranger anxiety            | 9 months         | Gesture games                 | 9 months         |
| Finger feeds                | 10 months        | Understands 'no'              | 9 months         |
| Uses spoon                  | 15 months        | Follows one-step command      | 12 months        |
| Uses fork                   | 21 months        | Points to animal pictures     | 19 months        |
| Assists with dressing       | 12 months        | Points to six body parts      | 20 months        |
| Pulls off socks             | 15 months        | Follows two-step command      | 24 months        |
| Unbuttons                   | 30 months        |                               |                  |
| Buttons                     | 48 months        |                               |                  |
| Ties shoelaces              | 60 months        |                               |                  |
| Dresses without supervision | 60 months        |                               |                  |

(Developmental guidelines drawn from General practice, 3rd edition, John Murtagh, McGraw-Hill, Sydney, 2003)

## Appendix 3: Activities of Daily Living (ADL) Assessment (903)

| Applicant's name:   |  |   | Applicant's DOB:                  |   |
|---|--|---|-----------------------------------|---|
| Self-care   | Intact                                     | Limited   | Helper                            | Unable  |
|   | Note performance without help              |   | Note degree of assistance         |   |
|   | With ease, no devices or prior preparation | With difficulty or with devices or prior preparation    | Some help                         | Totally dependent                               |
| Food/drink  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Dress upper body  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Dress lower body  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Puts on brace/prosthesis  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Wash/bathe  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Perineum (at toilet)  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Sphincters' control   | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
|   | Note control without help                  |   | Note frequency of accident        |   |
|   | Complete voluntary                         | Control but with urgency, or use of catheter, appliance | Occasionally some help needed     | Frequent or often wet/soiled                    |
| Bladder control   |  |   |                                   |   |
| Bowel control   |  |   |                                   |   |
| Mobility/locomotion   | With ease, no devices or prior preparation | With difficulty, or with device or prior preparation    | Some help needed                  | Totally dependent                               |
| Transfer bed  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Transfer Chair/wheelchair   | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Transfer toilet   | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Transfer bath/shower  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Transfer car  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Walk 50 metres – level  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Stairs, up/down one floor   | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Walk outdoors – 50 metres   | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Wheelchair – 50 metres  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| NB: In the context of the functional assessment, devices include such aids as feeding-cuffs, special cutlery dishes, dressing-aides, transfer boards/poles. |  |   |                                   |   |
|   | Full                                       | Moderate  | Minimal                           | None  |
| Communication   | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Comprehension   | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Expression  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Social cognition  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Social interaction  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Memory  | <input type="checkbox"/>                   | <input type="checkbox"/>                                | <input type="checkbox"/>          | <input type="checkbox"/>                        |
| Current residence   |  |   |                                   |   |
| Own home <input type="checkbox"/>   | Relative's home <input type="checkbox"/>   | Personal care <input type="checkbox"/>                  | Hospital <input type="checkbox"/> | Other (please specify) <input type="checkbox"/> |
| Time at above:  | Years:                                     |   | months:                           |   |
| Current caregiver Designation   |  |   |                                   |   |
| Printed name and signature of examining physician   |  |   | Date (dd/mm/yyyy)                 |   |

From Australian Immigration Panel Member Instructions

