



# Immigration New Zealand Guidelines for Medical Assessors

## Information about these guidelines

This document is for intending and new Medical Assessors to help them understand their role and responsibilities, and how their work fits into the immigration health assessment process.

These guidelines:

- describe the role of a Medical Assessor
- provide an overview of the medical assessment process

- offer information about documenting opinions
- list specific medical conditions and situations where guidance is available, and
- include a list of useful resources to support the work of Medical Assessors.

If you have any questions or concerns about the information in these guidelines, contact  
**INZ-xxxxxxxxxxxx@xxxx.xxxx.xx.**

Released under the Official Information Act

## CONTENTS

---

<b>Information about these guidelines</b> .....	<b>1</b>
<b>Immigration New Zealand (INZ) health instructions</b> .....	<b>3</b>
How INZ collects health information.....	3
<b>Glossary</b> .....	<b>3</b>
<b>The Medical Assessor’s role</b> .....	<b>3</b>
<b>Support for Medical Assessors</b> .....	<b>4</b>
INZ support.....	4
Respiratory Physicians.....	4
Panel Physicians.....	4
<b>Visa applicants who must undergo a medical examination</b> .....	<b>4</b>
Meeting the criteria for an acceptable standard of health .....	4
Medical certificates .....	5
<b>The medical assessment process</b> .....	<b>6</b>
Outcomes from medical assessments.....	6
<b>Guidelines for documenting opinions</b> .....	<b>7</b>
General advice about opinions .....	7
Writing ASH opinions.....	7
Writing AWC opinions .....	7
Recording a deferral .....	7
Writing NOT ASH opinions.....	7
Requesting further information.....	8
If an applicant disputes a Medical Assessor’s opinion.....	8
<b>Guidelines for specific medical conditions</b> .....	<b>8</b>
Requesting the guidelines.....	9
<b>Online references</b> .....	<b>10</b>
INZ guides and forms.....	10
INZ website.....	10
Other health and education references.....	10
Online medical tools and calculators .....	10

Released under the Official Information Act

## Immigration New Zealand (INZ) health instructions

---

The New Zealand government requires that applicants for temporary entry to, and residence in New Zealand must have an Acceptable Standard of Health (ASH) before they can be granted a visa. In some exceptional cases this requirement can be waived.

The objective of the immigration health instructions is to:

- protect public health in New Zealand
- ensure that people entering New Zealand do not impose excessive costs or demands on New Zealand's health and special education services, and
- where applicable, ensure that applicants can fulfil the purpose of the visa they apply for.

## 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 the applicant or by the Panel Physician from the history, examination and subsequent tests.

**High cost conditions** – Those conditions that exceed the high cost threshold of \$81,000 over a five-year period in the case of an acute condition, or over the likely course of the condition if it is chronic. The A4.10.1 list of high cost conditions in the INZ Operational Manual lists those conditions that are known to cost more than the high cost threshold, so have been deemed to be high cost medical conditions already.

**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

## The Medical Assessor's role

---

Based on the information provided by an applicant, a Medical Assessor provides an opinion to INZ as to whether an applicant is likely to meet the ASH requirements.

Medical Assessors do not provide advice concerning the decline or approval of visa applications.

A Medical Assessor applies appropriate medical, ethical and professional standards during their considerations. Before they arrive at an opinion, they may:

Medical Assessors use these objectives as the basis for an opinion about whether or not an applicant is likely to meet ASH requirements.

### How INZ collects health information

Doctors who undertake Immigration Medical Examinations (IMEs) on behalf of INZ, known as Panel Physicians, submit information using eMedical, an online platform managed by the Australian Department of Home Affairs on INZ's behalf.

Information from eMedical is transferred to the Immigration Health System (IHS). It is then used by Immigration Officers (IOs) and Medical Assessors to review medical information, and record outcomes and opinions.

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 considered 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. They are published in the **INZ Operational Manual**.

**Immigration Medical Examination (IME)** – The medical examination undertaken by a Panel Physician 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.

**Medical waiver** – see page 8

**Ongoing Resourcing Scheme (ORS)** – see page 8

**Panel Physician** – see page 4

- request additional tests and investigations to further understand an applicant's state of health
- investigate the cost to, and demands on, New Zealand's health and education systems of an applicant's health condition.

The Medical Assessor may also provide advice on an applicant's health, such as a prognosis or the economic impact. This information is used by IOs if an applicant is eligible to be considered for the grant of a medical waiver – that is, in some cases an applicant may be given a visa even though they do not meet ASH requirements.

---

## Support for Medical Assessors

---

INZ staff and external specialists support the successful management of the IHS and the work of those who play a role in delivering it.

### INZ support

Within INZ there are several teams responsible for the medical information submitted by visa applicants. They support Medical Assessors in various ways.

The Immigration Health Team (IHT) is responsible for the overall medical assessment process – including management of Medical Assessors and the Panel Physician network. They also provide health insights to other business units within INZ, and have a working relationship with their equivalent departments in Australia, Canada, the USA and UK through a group called the M5.

The Chief Medical Officer (CMO) for INZ, sits alongside the IHT in the Enablement Branch. The CMO is supported by a Medical Officer (MO) who works in the IHT, and their roles include:

- assisting with the supervision, education and training of Panel Physicians and Medical Assessors
- providing advice about complex cases
- supporting and advising the Health Assessment Team Immigration Officers (HAT IOs).

The HAT IOs are a team of officers who triage any IMEs that raise a concern. If they need expert help to resolve that concern they refer the IME to a Medical Assessor and then use the Medical Assessor's opinion to help them decide the health outcome for the applicant.

---

## Visa applicants who must undergo a medical examination

---

Visa applicants who apply for a temporary entry or resident visa must undergo a medical examination and provide one or more medical certificates depending on the visa they are applying for and how long they plan to stay in New Zealand. Exceptions to this can include applicants who have a visa to come to New Zealand for specific medical treatment, and most people visiting New Zealand for less than six months.

Temporary entry visas include visitor, work and student visas. Many temporary entry visa holders can apply to stay in New Zealand for up to three years.

Resident visas include skilled migrant, family, refugee and business visas. Holders of resident visas can:

- stay in New Zealand indefinitely
- study and work here
- travel in and out of the country, and
- use New Zealand's subsidised health services.

### Meeting the criteria for an acceptable standard of health

#### Temporary entry visas

For temporary entry visas, an applicant will fail to meet ASH requirements if they are:

- likely to be a danger to New Zealand's public health
- unable to fulfil the purpose or conditions of the visa they are applying for, such as work or study

### Respiratory Physicians

INZ contracts New Zealand-based respiratory physicians (INZ RPs) to provide specialist opinions where abnormalities in chest x-rays require specialist advice. This includes providing an opinion where a Medical Assessor has referred the chest x-ray to an RP because they suspect, or cannot exclude, active Tuberculosis (TB).

If a Medical Assessor has proof of or suspects Multidrug-Resistant TB (MDR-TB) or Extensively Drug-Resistant TB (XDR-TB) they must get the opinion of an INZ RP.

### Panel Physicians

INZ accredits physicians and clinics in New Zealand and other countries to carry out IMEs for visa applicants. If a Medical Assessor requests further information about an applicant's health this is, in most cases, provided by a Panel Physician.

INZ regularly:

- audits the clinics to ensure they are following the correct processes
- provides education sessions for physicians, nursing and administration staff.

Panel Physicians and clinics follow instructions provided by INZ.

### New Zealand Immigration Panel Member Instructions (INZ 1216)

- likely to impose significant costs and demands on New Zealand's publicly funded health services during their stay
- applying for a student visa, are under 21 years of age and likely to qualify for Ongoing Resourcing Scheme (ORS) funding through the Ministry of Education.

"Significant costs and demands" have not been precisely defined but usually imply an amount in excess of the average amount per person of the annual vote health budget. For example, if the vote health budget for 2022 is \$24 billion and the New Zealand population is 5.1 million, then the average vote health amount per person is \$4705.

Consideration of whether a temporary entry applicant meets ASH requirements, or not, largely depends on their intended length of stay and purpose of their entry. The probability of an applicant's need for any of the following is taken into account:

- hospitalisation
- residential care
- high cost pharmaceuticals, or
- high cost services, including disability services or specialist services such as surgery or high-cost medical interventions.

## Resident visas

For resident visas, an applicant will fail to meet ASH requirements if they:

- are likely to be a danger to New Zealand's public health
- are unable to undertake the work that is the basis for their visa application or a requirement of the visa they are applying for
- are likely to impose significant costs or demands on New Zealand's health services because there is a relatively high probability that their:
  - acute medical condition will require health services costing in excess of NZ\$81,000 within a period of five years after the assessment against the health requirements is made, or
  - recurring chronic medical condition over the course of the condition will require health services costing in excess of NZ\$81,000, or
  - medical condition will require publicly funded health services for which the current demand in New Zealand is not being met
- are likely to impose significant costs or demands on New Zealand's special education services – in this case the Ministry of Education will have advised that the applicant's physical, intellectual, sensory or behavioural condition, or group of conditions would entitle them to Ongoing Resourcing Scheme (ORS) funding
- have one or more conditions listed in A4.10.1 of INZ's Operational Manual which are considered to impose significant costs and demands on New Zealand's health or education services.

## Operational Manual – A4.10

### Criteria for a Limited Medical Certificate (LMC)

Some temporary entry and resident visa applicants only need to provide a LMC. This screens only for the conditions which INZ is unable to grant a medical waiver for. To meet ASH requirements for a LMC none of the following five conditions can apply to the applicant.

- They require dialysis treatment or, in the opinion of a Medical Assessor, will require it within five years of the date of the medical assessment.
- They have severe haemophilia.
- They have a physical, intellectual, cognitive or sensory incapacity that requires full-time care, including care in the community.
- They currently have any form of TB or have not completed full treatment for TB as outlined in the Guidelines for TB control in New Zealand.
- They have a history, that is, diagnostic findings or treatment for MDR-TB or XDR-TB – unless they have been cleared by a New Zealand-registered RP, an infectious diseases specialist or as specified in the *Guidelines for TB Control in New Zealand*.

### Guidelines for Tuberculosis Control in New Zealand, 2019 – Ministry of Health

## Medical certificates

Within Immigration Instructions, IMEs are referred to as medical certificates. The paper-based versions are occasionally used in countries where there are no Panel Physicians with access to eMedical. They have an IME equivalent in eMedical which is where INZ receives nearly all medical information. The most common ones are noted in the table below. The IMEs tend to be referred to colloquially by the abbreviation of their initials – for example, GMC for General Medical Certificate.

Paper-based medical certificates	eMedical IMEs
General Medical Certificate (INZ 1007) – GMC	501 Medical examination
Chest X-ray Certificate (INZ 1096) – CXR	502 Chest X-ray examination
Limited Medical Certificate (INZ 1201) – LMC	512 Medical examination

The type of visa an applicant applies for determines which certificates or IMEs they must submit.

Applicants do not need to provide a CXR if they are under the age of 11 or pregnant. Because there is a small risk to the foetus from radiation exposure, INZ's recommendation is that pregnant women should not have a chest X-ray. If they decide to have a chest X-ray they must submit a written consent with the CXR.

The INZ website carries up-to-date information about which certificates applicants must provide.

### Who needs a chest x-ray or medical examination

#### Duration and validity of medical certificates

A CXR, GMC and LMC are usually valid for 3 years. During this time they can be used for a medical assessment for any relevant visa application.

For certificates to remain valid:

- INZ must receive a visa application within 3 months of the certificates having first been submitted, and
- previously submitted certificates must not have resulted in an outcome of NOT ASH.

#### Information on medical certificates

A GMC contains the following information:

- a full medical history
- a full medical examination
- urinalysis, and
- blood tests, including a full blood count and tests for Creatinine, HBA1c, HIV, Hepatitis B and C, and syphilis.

An LMC contains the following information:

- medical history focusing on the conditions for which a medical waiver cannot be granted
- medical examination focusing on the conditions for which a medical waiver cannot be granted
- blood tests, including a full blood count and a test for Creatinine.

Full information about the tests that Panel Physicians must complete before they submit medical certificates is documented in the Panel Member Instructions.

### Panel Member Instructions (INZ1216)

## The medical assessment process

This high-level view of the process for making an assessment may vary depending on the visa an applicant applies for and the information they provide.

1. A Panel Physician uses eMedical to submit an IME to INZ on behalf of a visa applicant.
2. A HAT IO reviews the IME in IHS. They refer the IME to the Medical Assessor if:
  - the Panel Physician notes significant or abnormal findings in the IME
  - the HAT IO requires advice concerning findings in the IME, or
  - an applicant disputes the outcome of a previous assessment and provides information from a medical professional to support their case.
3. The Medical Assessor considers all the information provided.
4. If the Medical Assessor doesn't have sufficient information to provide an opinion, they ask the HAT IO to request more information from the applicant. This is called a Further Information Request (FIR).
5. Applicants usually have 2 weeks to provide this information. They contact a Panel Physician who submits the information to INZ using eMedical.
6. If the Medical Assessor is satisfied they now have all the information they need, they enter their opinion in IHS.
7. The HAT IO, informed by the Medical Assessor's opinion, makes a decision as to whether the applicant meets ASH requirements or not. They enter their decision into IHS.

### Outcomes from medical assessments

When a Medical Assessor completes their assessment they categorise their opinion as follows.

#### Outcomes for temporary visa applications

For temporary visa applications, if the Medical Assessor has all the information they need, they can provide an opinion that the applicant is:

- likely ASH – the applicant has an acceptable standard of health
- likely AWC (ASH with conditions) – an applicant has an acceptable standard of health for their current visa application, but they must submit further information when they apply for their next visa
- likely NOT ASH – the applicant fails to meet the standards for an acceptable standard of health. The medical assessor must specify which Immigration Instructions apply to the applicant – for example, the applicant is likely to impose significant costs or demands on health services. There may be more than one reason applicable, and if so, each reason should be recorded separately. A visa is unlikely to be granted to the applicant unless the IO assessing their visa application decides they qualify for a medical waiver, or that an exception to immigration instructions is justified.

If the Medical Assessor needs further information before they can form an opinion, they record a FIR.

#### Outcomes for residence visa applications

For resident visa applications, the Medical Assessor may:

- record a FIR – the Medical Assessor needs further information before they can form an opinion
- record a 3 month deferral – the applicant has a medical condition that is treatable within 3 months, and the Medical Assessor needs to see results of further tests or reports before they can form an opinion
- record a 6 month deferral - the applicant has TB and is undergoing treatment for TB, and the Medical Assessor needs to see further reports before they can form an opinion.

If the Medical Assessor has all the information they need, they can provide an opinion that the applicant is:

- likely ASH – the applicant has an acceptable standard of health, or
- likely NOT ASH – the applicant fails to meet the standards for an acceptable standard of health. In their opinion, the medical assessor must specify which Immigration Instructions apply to the applicant – for example, the applicant has a condition included on the A4.10.1 list of high cost conditions. There may be more than one reason applicable, and if so, each reason should be recorded separately. A visa is unlikely to be granted to the applicant unless the IO assessing their visa application decides they qualify for a medical waiver.



## Outcomes for LMCs (residence or temporary visas)

The Medical Assessor may:

- record a FIR – the Medical Assessor needs further information before they can form an opinion
- record a deferral for up to 6 months – the applicant currently has any form of TB, or a history of MDR-TB or XDR-TB, and requires treatment and clearance from an INZ RP.

If the Medical Assessor has all the information they need, they can provide an opinion that the applicant is:

- likely ASH – the applicant has an acceptable standard of health, or
- likely NOT ASH – the applicant fails to meet the standards for an acceptable standard of health.

If an applicant is likely NOT ASH, a Medical Assessor must provide an opinion on the applicant's medical condition and specify:

- which Immigration Instructions apply to the applicant – for example, the applicant has a condition included on the

A4.10.1 list of high cost conditions. There may be more than one reason applicable, and if so, each reason should be recorded separately, and

- a further opinion on which of the conditions screened for on the LMC apply to the applicant – that is:
  - They require dialysis treatment or, in the opinion of a Medical Assessor, will require it within five years of the date of the medical assessment.
  - They have severe haemophilia.
  - They have a physical, intellectual, cognitive or sensory incapacity that requires full-time care, including care in the community.
  - They currently have any form of TB or have not completed full treatment for TB as outlined in the Guidelines for TB control in New Zealand.
  - They have a history, that is, diagnostic findings or treatment for MDR-TB or XDR-TB – unless they have been cleared by a New Zealand-registered RP, an infectious diseases specialist or as specified in the *Guidelines for TB Control in New Zealand*.

## Guidelines for documenting opinions

A Medical Assessor's opinion is based on an appraisal of the medical information submitted by the visa applicant. This includes medical certificates – CXR, GMC or LMC – and other supporting information provided by the applicant or requested by the Medical Assessor, such as reports, tests, investigations, opinions from specialists and results from additional diagnostic procedures.

### General advice about opinions

Medical Assessors can only provide an opinion about the health of the applicant for the duration of the visa they have applied for. They cannot say they are likely to meet ASH requirements if the length of the visa was shorter, and they cannot comment on the applicant's eligibility for a visa.

Opinions entered in the IHS are discoverable. This means that they can be seen by anyone:

- with access to the system, or
- who makes an official request for all the information relating to a case, for example the applicant or their lawyer or their Licenced Immigration Advisor.

Opinions are clearer to readers if they do not use medical abbreviations. They may also include the details of other Medical Assessors or INZ staff, such as the Chief Medical Officer, if they were consulted.

### Conflict of interest

If the Medical Assessor believes they may have a conflict of interest, for example they know or are related to the applicant, they do not undertake the assessment.

### Preparing for an assessment

Before doing an assessment the Medical Assessor opens every document relating to the assessment and assures themselves that they have all the necessary documentation, including relevant test reports, and translations of documents provided in other languages. They also check that the documents are current and valid.

In preparing to make an assessment, Medical Assessors consider the following information:

- whether the applicant is applying for a temporary entry or resident visa – this determines the criteria they apply for the assessment
- if the applicant is intending to work or study so that they can assess the medical information according to the visa's purpose or conditions
- their age, in case it has a bearing on whether they might qualify for ORS funding – if they might, then the HAT IO must refer the medical certificate to the Ministry of Education for assessment
- how long they will be in New Zealand as this may affect their need to access New Zealand's health services.

### Writing ASH opinions

If an applicant is likely to meet ASH requirements, there is normally no need for any other information, although the Medical Assessor may provide commentary to support their opinion.

### Writing AWC opinions

AWC comments are passed back to the applicant so need to be clear and easy to understand. The Medical Assessor notes that the applicant is likely to meet ASH requirements for the duration of this visa, and include details of the tests or reports the applicant needs to submit when they apply for their next visa.

## Recording a deferral

Applicants for residence visas can be offered a deferral in the following circumstances.

1. They have active pulmonary or non-pulmonary tuberculosis. In this case the deferral is for six months.
2. They have a history of, diagnostic findings of, or had treatment for Multidrug-Resistant-TB or Extensively Drug-Resistant-TB. In this case the deferral is up to six months.
3. They have a health condition which, if not successfully treated, would mean the applicant is likely NOT ASH. If the Medical Assessor believes that a short-term course of treatment for three months, may enable the applicant to meet ASH requirements they can suggest a deferral for three months only.

In the case of a deferral for three months, treatment could include:

- definitive treatment, such as surgery, intervention or medication
- time to recover – for example, recovery from major surgery
- surveillance and monitoring to check on the success of treatment, recovery, a cure or relapse

## Operational Manual – A4.55

In giving their opinion, the Medical Assessor notes:

- why the application is being deferred
- the length of the deferral, and
- specific details of tests and reports the applicant needs to submit at the end of that time.

## Writing NOT ASH opinions

After considering all the submitted information, the Medical Assessor provides reasons why there is a high probability the applicant has not met ASH requirements. These opinions are often the most detailed as they can become the subject of a review. They include:

- the health criteria for a temporary entry or resident visa that the applicant has not met
- all medical conditions or disabilities that support the Medical Assessor's opinion and why they are a concern
- the probable health or special education services the applicant may need, and the average cost if it is relevant
- the probable frequency of treatments
- whether the opinion is affected by the length of the applicant's intended stay.

They cannot take into account the financial status of the applicant, their ability to pay for treatment, or any health insurances they have.

## Medical waivers

After a Medical Assessor has given an opinion of likely NOT ASH, the IO assessing the applicant's visa application can, in some cases, approve the visa application by giving a medical waiver. They consider whether the applicant's benefits to New Zealand outweigh the risks of their potential medical costs and demands on New Zealand's health services.

The INZ Operational Manual has full details of when a medical waiver can or cannot be granted.

## Medical waivers (applicants for residence class visas) – A4.60

## Medical waivers (applicants for temporary entry class visas) – A4.65

## Requesting further information

If a Medical Assessor cannot form an opinion from the information submitted by an applicant, they can request further information including tests and specialist reports. This is called a Further Information Request (FIR).

They may also make a FIR if the medical information is not complete or they believe the medical certificate shows evidence of tampering or unauthorised alterations.

The request should contain clear details of:

- all the information, including tests the Medical Assessor needs, and
- the kind of doctors or specialists who can provide each piece of information.

## Referrals to the Ministry of Education

Applicants for student visas or resident visas under the age of 21 may, in a few cases, impose significant costs on New Zealand's special education services because of their ongoing extreme or severe difficulty with learning, hearing, vision, physical movement, or language use and social communication. For such an applicant, the Medical Assessor must refer the applicant's case to the Ministry of Education for an Ongoing Resourcing Scheme (ORS) funding assessment. ORS funding supports students with high needs and if the applicant is assessed as being eligible for ORS funding they will not meet ASH requirements.

## Requesting a respiratory physician's opinion

Requests to INZ RPs include:

- information about the applicant
- their medical history
- relevant test results, and
- specific information the Medical Assessor needs from the INZ RP to complete their assessment.



### **If an applicant disputes a Medical Assessor's opinion**

If an applicant disagrees with the opinion of a Medical Assessor they can submit information from a medical practitioner, or suitably qualified health or education professional to support their case.

The process used by the Medical Assessor to review the information differs depending on the type of visa an applicant is applying for.

For temporary visas, the Medical Assessor considers the new information and provides a final opinion.

For residence visas, the Medical Assessor confirms or changes their original opinion based on the new information. If they confirm their original opinion, the application is referred for a second opinion to a different Medical Assessor who has

had no previous contact with the application. They act as a medical referee and their opinion is considered final.

The Medical Assessor provides information to the applicant about the reasons for the opinion.

### **Second opinion assessments by INZ medical assessors (residence applications) – A4.45**

If the dispute over a residence visa application relates to a Ministry of Education assessment, the new information is referred to another Ministry of Education assessor for a new opinion. Their opinion is final.

### **Second opinion assessments by Ministry of Education (residence class visa applications) – A4.50**

## **Guidelines for specific medical conditions**

---

The INZ Operational Manual provides a list of medical conditions that are likely to impose significant costs or demands on New Zealand's health or education systems. All applicants for residence who have any of these conditions are considered NOT ASH.

### **Operational Manual – A4.10**

Guidelines have been developed for Medical Assessors to use when assessing some of these health conditions including:

- Cardiovascular diseases
- Cochlear implants
- Diabetes
- Haemophilia
- Hepatitis B
- Hepatitis C
- HIV
- Non Tuberculous Mycobacterium
- Renal failure and dialysis treatment
- Syphilis, and
- TB.

There are also guidelines to help with assessing:

- an applicant who may have special education needs
- an applicant who may need full-time care
- urinalysis results
- blood test results, and
- chest X-rays.

### **Requesting the guidelines**

Medical Assessors can request the guidelines in PDF format by emailing: **INZ-xxxxxxxxxxxxx@xxxx.xxxx.xx**

---

## Online references

---

This list comprises INZ and other resources which can support the work of Medical Assessors.

### INZ guides and forms

#### Health Requirements for entry to New Zealand (INZ 1121)

#### New Zealand Immigration Panel Member Instructions (INZ 1216)

These downloadable certificates are only used in countries that do not have Panel Physicians:

- Chest X-ray Certificate (INZ 1096)
- General Medical Certificate (INZ 1007)
- Limited Medical Certificate (INZ 1201)
- RSE Scheme Supplementary Medical Certificate (INZ 1143)

### INZ website

#### Operational Manual – A4 Health requirements

**Panel physician network** – includes testing requirements, tools and instructions

**Health** – information for visa applicants

### Other health and education references

#### Ongoing Resourcing Scheme (ORS) – Ministry of Education

**Pharmaceutical Schedule – PHARMAC** - contains some information on pharmaceutical costs

**The economic cost of serious mental illness and comorbidities in Australia and New Zealand – The Royal Australian & New Zealand College of Psychiatrists**

**Guidelines for Tuberculosis Control in New Zealand, 2019 – Ministry of Health**

### Online medical tools and calculators

**HbA1c Conversion Chart – New Zealand Society for the Study of Diabetes**

**Cholesterol Unit Conversion – Endmemo**

**eGFR calculator – Kidney Health Australia**

**CVD risk assessment calculator for people with Type 2 diabetes in New Zealand – New Zealand Society for the Study of Diabetes**

**Radiology Assistant – Radiology Society of the Netherlands** – online learning tool for interpreting chest X-rays

Other endorsed generic online cardiovascular disease risk assessment calculators may be referenced.

---

Released under the Official Information Act

---

Released under the Official Information Act



**Te Kāwanatanga o Aotearoa**  
New Zealand Government

## Single Failure Points:

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

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

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

GMC			
Condition	Range	Recommended Outcome	Comments
Renal/Kidney stones (=Renal Calculi/Calculus)	No symptoms, stable and no haematuria	ASH with Conditions	Renal/Kidney stones - Please provide an updated report from a treating doctor regarding renal/kidney stones
		ASH for Residence	
BMI Normal range: 18≤BMI≤35	BMI≤14	Discuss with onsite MO <sup>1</sup>	
	15≤BMI≤17	ASH	If nil concern with client's photo
	36≤BMI≤50	ASH	
Eye	One blind eye but acceptable vision on the other eye	ASH	Acceptable Vision is ' <b>6/6, 6/9, 6/12, 6/18 or 6/24</b> ' regardless corrected or uncorrected.  *if the intended work activity is truck driving or operating heavy machinery – Discuss with onsite MO
Hypertension (Normal Blood Pressure range is ≤ 140/90)	BP≤160/90 whether or not on hypertension medication <sup>2</sup> (Two or less)  *Choose the lowest value for Systolic and Diastolic from Initial BP and Repeat BP	ASH with Conditions	Hypertension/Raised BP - Please provide the following updates: repeat BP, medication list, creatinine, lipids, protein: Creatinine ratio, smoking history. Please include a reported ECG if the client is above the age of 40
		ASH for Residence	
Hyperlipidemia Dyslipidemia Hypercholesterolemia (=High cholesterol)	Whether or not on hyperlipidemia medication <sup>3</sup> (Two or less)	ASH with Conditions	Hyperlipidemia - Please provide lipids and medication update.
		ASH for Residence	
	If Lipids provided	Discuss with onsite MO	

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

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

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

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

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

Hba1c			
Range	Diabetes YES/NO	Recommended Outcome	Comments
41 - 60 mmol/mol (5.9 - 7.6%)  Normal range: Hba1c ≤40	YES  *whether or not on Diabetes medication(s)	ASH with Conditions	Diabetes - this requires the following tests: repeat HbA1c, medication list, Smoking status and BP. Please include a reported ECG if the client is above the age of 40
		FIR for residence application	Please refer to FIR 10.0.
	NO	ASH with conditions	Elevated Hba1c - this requires the following tests: repeat Hba1c, medication list, smoking status and BP. Please include a reported ECG if the client is above the age of 40  <b>Note: For ≤45 years old, Hba1c ≤45 can be ASH</b>
≤40	YES  *whether or not on Diabetes medication(s)	ASH for Residence	
		ASH with Conditions	Diabetes - this requires the following tests: repeat HbA1c, medication list, Smoking status and BP. Please include a reported ECG if the client is above the age of 40
>50	Don't Check	Refer to MA	
>80	Please refer to FIR 10.0 to request Endocrinologist report and then refer the health case to MA		



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

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

## Multiple Failure Points:

This guide is to assist Immigration Officers in determining cases in which there are TWO or MORE failures on the medical. The conditions highlighted in **dark blue** and **yellow** on SFP and FIR guidelines are used in conjunction with Multiple Failure Points. This guideline can be used for initial or subsequent health assessments. Please apply the Recommended Outcome and Comments [Age limits and Future conditions] from the SFP and FIR guidelines when applying MFP.

Codes	Combinations
<b>MA05-M2</b> (example: MA05-M2 = FBC + Hba1c)	<p>M2 combines 2 failure points where any <b>ONE</b> of the 8 conditions from the SFP or FIR guidelines get combined with any <b>ONE</b> of the other SFP conditions; even the ones not listed here. For over 40, please refer to CVD Risk before proceeding.</p> <ol style="list-style-type: none"> <li>1. BMI</li> <li>2. FBC</li> <li>3. Eye</li> <li>4. Kidney Stones</li> <li>5. Hep C</li> <li>6. Murmur</li> <li>7. CXR</li> <li>8. Syphilis</li> </ol>
<b>MA05-M3</b> (example MA05- M3 = BMI + FBC + Hba1c)	<p>M3 has a specific list of 3 conditions that can be combined together. For over 40, please refer to CVD Risk before proceeding.</p> <ol style="list-style-type: none"> <li>1. BMI + FBC + Hba1c</li> <li>2. BMI + FBC + HTN</li> <li>3. FBC + BMI + Eye</li> <li>4. MA05-M2 + CXR</li> </ol>
<p>Calculate CVD Risk (Age: Over 40)</p> <p>Combining two or more of:</p> <ul style="list-style-type: none"> <li>➤ BMI</li> <li>➤ HTN</li> <li>➤ Hba1c (≥50 mmol/mol)</li> </ul> <p>Request: “Cardiologists Report” from the Dropdown</p>	<p>A CVD risk assessment is required for applicants who are <b>over 40</b> years old and have a combination of 2 or more of these conditions: BMI/HTN/Hba1c.</p> <p>Request a <b>Cardiologists report</b>:            The applicant has [high BMI/HTN/elevated HbA1c (delete as appropriate)]. This requires the following information from the applicant’s treating physician: A reported ECG, smoking history, lipids, family history of heart disease, Protein:creatinine ratio and their cardiovascular risk assessment using the qRISK tool:  <a href="https://qrisk.org/three/">https://qrisk.org/three/</a>. If the CVD risk is over 10%, then the applicant would need to be reviewed by a cardiologist.</p> <p><b>HAT</b>: Once you have the CVD risk, 10% and over can be referred to an MA.            Cases with less than 10% CVD risk can either be discussed with onsite MA or finalised:</p> <ul style="list-style-type: none"> <li>• TEMP – AWC for the CVD risk [turn the above requirement to conditional info and include repeats of the tests you normally make AWC]</li> <li>• RESI – ASH</li> </ul> <p>If GP <b>has provided everything in the further requirement but not the CVD risk</b> then please calculate it yourself.</p>
<b>MA05-FIR</b> (MA05-FIR = HTN + Hba1c) Age: Over 40  Request: “Specialist Report” from the Dropdown	<p>Request a <b>Specialist report</b>:            The applicant has Hypertension and elevated HbA1c. This requires the following tests: microalbumin:creatinine ratio, smoking history, lipids, repeat blood pressure measurements, medication list and reported ECG.</p> <p><b>HbA1C range</b> must be between 40-49mmol/mol to request a FIR            Please refer the case once you have this information.            Applicants under 40 can be referred to the MA without this FIR.</p>

Note: Please only record the **CVD risk** and **MA05-FIR** health cases under the “MFP Record 2021” spreadsheet in the HAT folder and include the codes for these in your initial assessment notes.