

April 2025

INZ 1216



# New Zealand Immigration Panel Member Instructions

## Information about these Instructions

The New Zealand Immigration Panel Member Instructions (the Instructions) inform physicians and radiologists completing medical examinations on behalf of Immigration New Zealand (INZ).

The instructions **are not** certified Immigration Instructions under section 22 of the Immigration Act 2009.

These Instructions provide:

- an overview of the immigration health screening process for examinations completed in eMedical and paper-based medical forms
- 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 required clinical standard of practice 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:

**INZ-HealthSupport@mbie.govt.nz**

## Introduction

### Background

Migrants must meet New Zealand's health requirements to be granted temporary entry or residence in New Zealand.

To meet the current health requirement, applicants must have an acceptable standard of health. Applicants are considered to have an acceptable standard of health if they are:

- unlikely to be a risk 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.

Some applicants are required to undergo an immigration medical examination (IME) to demonstrate they have an acceptable standard of health. There are three different IMEs that applicants may be required to undergo depending on the visa they are applying for and their intended length of stay:

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

INZ uses specific cost and demand thresholds to determine if an applicant has an acceptable standard of health. If an applicant needs health or special education services above these thresholds, they may not meet the acceptable standard of health criteria.

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

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## Glossary

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**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 visitors, 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 identified by either the applicant or by the Panel Physician from the history, examination and subsequent tests.

**High cost conditions** – Conditions exceeding the high cost threshold.

**High demand conditions** – Conditions needing 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 only 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 sections of the Immigration Act 2009.

**Immigration medical examination (IME)** – The New Zealand medical examination for immigration purposes. It includes eMedical and paper-based forms. The examination consists of an applicant’s medical history, physical and mental examination, radiology, laboratory and diagnostic tests results, and any further specialist reports.

**Incapable person** – An ‘incapable person’ is a person who is incapable of understanding the general nature, effect of, and purpose of the requirement for providing a signature. The term may include people with an intellectual disability.

**Medical assessors** – See page 9

**Ongoing Resourcing Scheme (ORS) 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 paid to schools for every student in New Zealand.

**Panel Physician** – See page 9

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

New Zealand's Panel Physician Network consists of physicians and radiologists who conduct IMEs on behalf of INZ. Panel Physicians play an important role in conducting and submitting high quality IMEs to INZ as part of an applicant's visa application.

The New Zealand Panel Member Instructions INZ 1216 (the Instructions) will help you carry out your role as a Panel Physician. These will also help you understand:

- your role and obligation as a Panel Physician
- the support you can expect to receive from INZ
- the IME requirements
- the standards of service and clinic facilities required.

These Instructions are available in eMedical under the 'eMedical Support Tab' (in the New Zealand Specific documents section) and electronically on the INZ website at: [immigration.govt.nz/clinic-admin](https://immigration.govt.nz/clinic-admin).

INZ will update these Instructions and IME requirements from time to time. The INZ website or eMedical will always carry up to date examination requirements. It is your responsibility as a Panel Physician to keep yourself informed of the latest version of the Instructions and any updates.

### Panel management

INZ is responsible for all parts of the IME process. INZ manages the Panel Network, we will support the Panel Network to meet INZ health screening requirements by:

- providing training
- communicating policy, procedural and clinical changes
- responding to administrative and clinical queries from Panel Physicians
- addressing complaints and feedback
- conducting on-site and virtual audits
- addressing conflicts of interest.

### Members

Membership of the Panel Network is subject to approval from INZ. Clinics must apply and be granted membership. Individual physicians must be nominated by a Panel clinic and apply for approval by INZ.

The Panel Physician is responsible for all information submitted to INZ regardless of who has entered that information. If parts of the IME are delegated to other staff members, the Panel Physician is still responsible for ensuring all information is correct before submitting to INZ.

Panel Physicians must operate within the bounds of these Instructions and protect the privacy of New Zealand visa applicants regarding personal information in accordance with New Zealand's Privacy Act 2020 (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 a Panel Physician 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 [privacy.org.nz/privacy-act-2020/privacy-principles](https://privacy.org.nz/privacy-act-2020/privacy-principles)).

### How to contact INZ about immigration health matters

eMedical system and IME related enquiries can be made through the Panel Physician Enquiry (PPE) form available within eMedical under the 'Contact us' tab.

The PPE form can be used for:

- access to eMedical (for example, administrator assistance to create a new user, password issues or unable to logon to eMedical)
- other problems with eMedical (for example, you cannot find or submit an IME, 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 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 upcoming leave).

For general enquiries or if you cannot access eMedical you can email the Panel Management Team at [INZ-HealthSupport@mbie.govt.nz](mailto:INZ-HealthSupport@mbie.govt.nz). Please ensure you include your official signature block in your email, including your full clinic name and location. Queries relating to specific IME must include the applicant's NZHR/NZER reference number. Additional contact information is as follows:

Telephone: +64 9 914 4100 select option 9 (calling from overseas)  
0508 558 855 select option 9 (calling within New Zealand)

Contact Hours: Monday to Friday 6 am to 10 pm  
(New Zealand Standard Time)

Website: [immigration.govt.nz/panel-network](https://immigration.govt.nz/panel-network).

### How to contact International Organisation for Migration (IOM) about refugee health screening

For IOM physicians with questions about completing INZ examinations for refugees, please contact IOM:

Telephone: +61 2 6267 6600

Email: [IOMCanberra@iom.int](mailto:IOMCanberra@iom.int)

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

### Use of eMedical

#### What is eMedical?

eMedical is an electronic processing system used by Panel Physicians to record and submit the results of IMEs to INZ. eMedical is owned by the Australian Department of Home Affairs, and used by Immigration, Refugees and Citizenship, Canada (IRCC), Department of State, United States of America (DoS) and INZ.

All eMedical enabled clinics must use eMedical where technically possible.

#### 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. The most recent versions of these documents are available via the 'eMedical 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 in the section above.

## New Zealand's immigration medical examination process

### How to determine which examinations are required?

Panel Physicians do not need to determine the examinations needed for applicants. INZ decides the examinations for each applicant based on these factors:

- applicant's visa category and visa type
- intended length of stay and intended occupation
- country of citizenship
- country of residence during the previous five years
- age
- any declared significant medical conditions
- a valid New Zealand IME submitted within the last 36 months.

There are two processes to generate an IME. Which process is used is determined by the type of visa the applicant is applying for and whether they obtain their IME before or after submitting their application. See below for more details on the individual processes.

### Application-first medical process

The application-first medical process is where an applicant applies for a visa first, INZ advises them on their required medical examination and creates the IME in eMedical.

The applicant must provide their NZER or NZHR reference number to the clinic on arrival. If the applicant cannot provide their NZER or NZHR reference number, you can conduct a 'Client Details' search in eMedical to locate any existing IME's and avoid possible duplication.

**Note:** Applicants may choose to complete their IMEs before applying for a visa to accommodate personal circumstances such as shared travel and accommodation costs with family members. They can do so through the up-front medical process.

### Up-front medical process

Applicants must tell the clinic the visa category and visa type they're applying for and what IME they require (eg. general, limited, chest x-ray). If the applicant is unsure of their visa category, type or required IME, please refer them to INZ for more information [immigration.govt.nz](https://immigration.govt.nz).

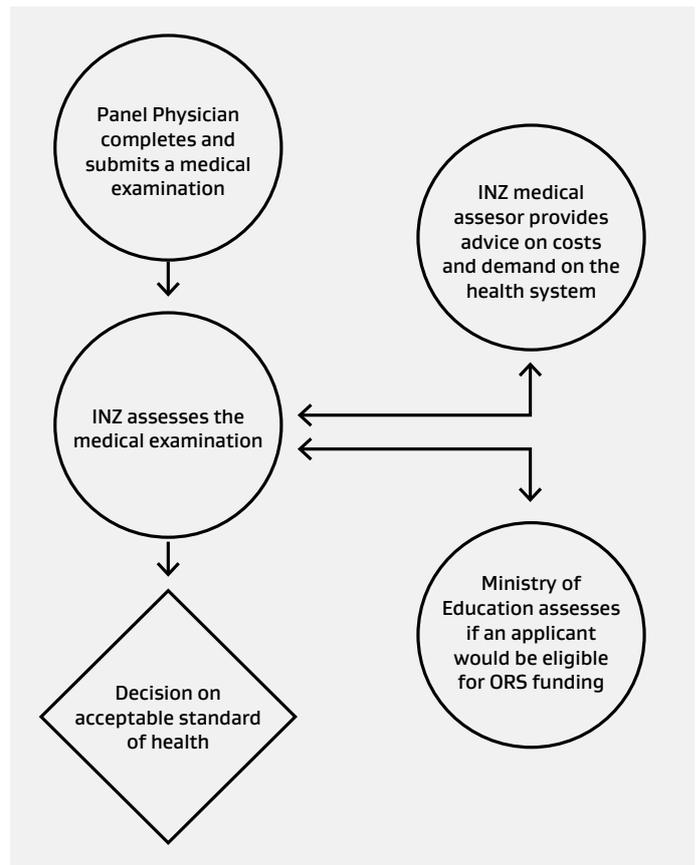
The up-front medical process means there may not be a record of the applicant in eMedical. The Panel Physician will need to create a new IME for the applicant. Before creating an IME, it is important to conduct a 'Client Details' search in eMedical to ensure an IME does not already exist. If a recent IME exists, the applicant will need to confirm if the new IME is still required. When creating a new IME in eMedical, a NZER number will be generated for the applicant. The applicant will require their NZER number as proof that their IME has been initiated. An information sheet with the applicant's IME summary and the NZER number can be printed or emailed to the applicant.

**Note:** To avoid potential issues associated with the provision of incorrect information Panel Physicians must not advise the applicant what type of IME they require.

## Roles and responsibilities in the immigration health screening process

There are three key parties involved in the immigration health screening process. These are the Panel Physicians, INZ's immigration officers and medical assessors. Each has a clear and distinct role that contributes to the health screening 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 INZ's 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 screening of the applicant's current state of health and record this accurately on the IMEs.

This includes:

- personally carry out a complete and thorough medical (physical and mental) examination, impartially grade and submit the reports in accordance with the Instructions ensure the quality and integrity of the entire IME process
- provide accurate and complete reporting on the health of the applicant
- ensure selection of appropriate specialist service providers that meet INZ's requirements
- ensure that specialist service providers, pathology laboratories and TB testing and treatment clinics have access to, and understand these Instructions, particularly the integrity requirements
- advise applicants of any abnormalities of clinical significance found during the examination

- keep applicants updated about the progress of the examinations, particularly when these are delayed for any reason
- 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 IME
- advising INZ of changes to their clinic's contact details, operating hours, working arrangements, clinic closures and their leave arrangements
- use eMedical as per terms and conditions of use
- comply with the New Zealand privacy and confidentiality provisions that apply to applicants' personal (including health) information.

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

Panel Physicians are not:

- authorised to oversee IMEs conducted by non-Panel Physicians and must not outsource their services
- permitted to provide treatment to applicants except in emergencies
- responsible for providing opinions or comments as to whether applicants meet the INZ health requirements (this is the role of the Immigration Officer)
- permitted to undertake an IME where the applicant is a relative, or where the panel physician has a personal or financial interest in the immigration applicant, in such cases the examination shall be declined
- permitted to give their eMedical account logon and password details to any other person
- permitted to engage in business relating to immigration services (such as a Migration Agent).

#### **INZ (the immigration officer and medical assessor)**

The role of the immigration officer is to decide whether an applicant meets the acceptable standard of health. The role of the medical assessor and Ministry of Education ORS assessor is to provide an opinion to an immigration officer.

This includes:

- reviewing the information on the submitted IMEs
- where significant issues are identified, referring the IME to an INZ 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.

#### **Radiologists**

Every clinic that offers radiology services must have a Chief Radiologist as a Panel Member. The Chief Radiologist must be the key contact for communication with INZ and with overall responsibility for 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 approve membership to a single branch of the clinic. This arrangement supports the training of staff in that branch, specifically 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 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
- put into practice and monitor the identity checking procedures of applicants
- circulate INZ communications to Panel Radiologists and staff
- ensure INZ is provided with their clinic's contact details, capabilities and working arrangements, including any changes to these
- ensure INZ is provided with the identity details, for the purposes of enrolment in eMedical, or Panel Radiologists undertaking radiological examinations for applicants

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
- complete and submit the 502 requirements (a chest x-ray examination)
- refer applicants with TB related findings, or where a 603 requirement (a chest clinic investigation) has been requested by INZ, to a Panel Physician to arrange an investigation.

## Locums

Locum Panel Physicians and Radiologists can perform IMEs to provide leave cover or caseload surges. 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. Panel Physicians must contact INZ for further information.

Panel Physicians taking planned leave, especially when they are the sole physician in the clinic, should provide four weeks' notice to INZ. 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 IME (for example, they may have completed their term of engagement), the host Panel Physician can sign the IME and annotate the name of the locum.

## Panel Membership

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

Panel Physicians are required to comply with all conditions issued to them by INZ, including those expressed in these Instructions and the 'Code of Conduct for Panel Members' which is available on the eMedical Support Page in eMedical. These conditions may be amended periodically and Panel Physicians will be advised when this occurs.

Visa applicants attend a Panel clinic of their choice and being part of the Panel network 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.

### Relocation of a Panel clinic

Unless approval is given by INZ, membership automatically ceases upon the relocation of the clinic or the Panel Physician moving their employment to another practice. INZ is to be advised at least four weeks before the relocation. If acceptable, INZ's website will be updated.

Panel Physicians need to ensure their clinic's details are correct on INZ's website and eMedical and any changes are advised to INZ. See clinic location lists here:

**[immigration.govt.nz/paneldoctors](https://immigration.govt.nz/paneldoctors)**.

**Note:** If a Panel Physician 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 Physician intends to retire or withdraw their membership. Panel Physicians 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 membership.

## Suspension from the Panel

INZ will investigate if there's evidence of a breach of procedural integrity or a failure to meet performance standards in the completion of IMEs. The Panel clinic and affected Panel Physicians will be notified in writing and Panel membership may be suspended until a complete investigation is conducted.

Suspension may occur in these situations:

- 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 clinic and reporting Panel Physician 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 Physician or clinic is suspended for misconduct, they will have 14 days from the date of the notification of suspension to respond in writing to INZ before a decision is made as to whether Panel membership may continue. INZ's decision will be final and no further discussion will occur.

INZ may suspend or remove, at its discretion, a Panel clinic or exclude individual physicians 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 Physician 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 Physician may be liable for removal as a result of clinical errors, they will be informed 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.

## Medical registration

Panel Physicians 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 to us immediately. If a Panel Physician becomes unregistered or restricted in their country of practice, they must inform us immediately. Panel Physicians are required to provide evidence of their current registration or licence status during an onsite or virtual audit visit or at INZ's request.

## Conflict of interest

As Panel Physicians provide a service on behalf of INZ, it is important to avoid both actual and perceived conflict of interest. Conflicts of interest have been defined as a situation with 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.

When conducting IMEs for INZ, Panel Physicians 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 Panel Physicians
- advise INZ of the relationship and potential conflict of interest when the interests of the members of their immediate family are involved
- not use information obtained during 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, the applicant should be referred to another 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 Physicians must advise us of any instances where others may perceive that the Panel Physician has a conflict of interest in performing New Zealand IMEs. Examples might include performing IMEs for friends, relatives or work colleagues. This information must be recorded in the 'General Supporting Comments' box in the grading section of the IMEs.
- INZ expects the IME 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, INZ strongly recommends that enrolment is only considered by a Panel clinic following the completion of the IME process.

## Professional development and continuing medical education

All Panel Physicians are expected to maintain currency of knowledge and undertake ongoing professional development and continuing medical education. At a minimum, this must

meet their country's registration requirements, as well as the expectation that Panel Physicians will regularly avail themselves of the opportunity to attend migration health specific training sessions and summits run by INZ and our intergovernmental partners (Australia, USA, UK and Canada). Panel Physicians must complete any training instructed by INZ.

See upcoming training sessions and summits here: [immigration.govt.nz/panel-training](https://immigration.govt.nz/panel-training).

## Disclosure of health information to applicants (Duty of Care)

Panel Physicians have a duty of care to all applicants in relation to their health information. Panel clinics should have a process for recording, tracking, and informing applicants of health information, including examinations, laboratory results, imaging reports and other clinical reports.

Panel Physicians must advise the applicant of any abnormal findings. If the applicant is seriously ill and in need of urgent treatment, you must refer them to their usual physician, or to an appropriate specialist or medical facility. Any counselling and referral action taken must be recorded in the examination grading comments field. It is not appropriate for Panel Physicians to give any form of treatment to applicants unless in an emergency. Panel Physicians are independent examiners who provide INZ with impartial assessments of their findings.

## Communication with INZ

Panel Physicians 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.

Panel Physicians must be able to communicate effectively in English. Panel Physicians must ensure 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 to the applicant

Please remind applicants that they are required to provide an acceptable form of identification when they book their appointment (preferably their passport). See '*Confirming the identity of applicants*' for a list of acceptable identity documents. Panel clinics must provide or display 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 or virtual audit.

Panel Physicians wanting to assist applicants with New Zealand immigration information should refer them to the INZ website to ensure that they receive accurate information.

**Note:** Panel Physicians 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 Physician is an employee of the New Zealand Government or INZ.

## Record keeping

eMedical creates an electronic archive of all IMEs submitted, including attachments. INZ IMEs may be purged from eMedical after a three-year period.

Panel Physicians can view IME records after submission by entering the applicant's electronic ID (NZER or NZHR) in the eMedical search field. If 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 Physicians 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 monitoring quality assurance, clinics are advised to maintain monthly internal data on:

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

## Quality assurance

Panel Physicians are responsible for ensuring effective quality assurance practices are implemented across all aspects of the IME processes and are monitored and reviewed to identify areas for improvement.

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

- remote clinical audit of submitted IMEs
- onsite audit visits to clinics
- virtual panel performance reviews (PPRs)
- investigations of feedback and identified issues.

In accepting membership to the Panel, you agree to participate in such audits and reviews and be present at onsite audit visits.

## Remote clinical audits

INZ conducts regular quality assurance activities on submitted IMEs. This is in the form of clinical and administrative audits. The purpose of these audits is to maintain the integrity of the IME's and ensure continuous improvement of the process.

The audit framework is based on a three-tier model that covers critical, moderate and minor error severity levels. Where issues are identified, INZ will engage with Panel Physicians to provide constructive feedback in a continuous improvement program. Errors categorised as 'critical' – that is, where there is evidence of failure to maintain integrity and quality of the examination process will result in closer monitoring of the reporting Panel Physician and possible removal from the Panel. Refer to sections '*Suspension from the Panel*' and '*Removal from the Panel*'.

## Onsite audits

An onsite audit will generally include:

- a review of information and instructions issued to applicants
- discussions with 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

- observation of process including the physical examination of an applicant
- review of TB management arrangements, including sputum collection arrangements and discussions with specialist chest physicians and treatment providers.

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

It is expected that all Panel Physicians will be present during the onsite visit and INZ must receive prior notification if key personnel cannot attend. We appreciate Panel Physicians' flexibility when scheduling onsite visits in consideration of our auditor's availability and itinerary considerations.

Onsite visits may also be performed by INZ's intergovernmental partners in conjunction with or on behalf of INZ.

## Panel Performance Review (PPR)

A PPR will include a scheduled live video conferencing during which the following will occur:

- a test video conferencing call scheduled and carried out two to three weeks prior to the actual PPR session
- a review of information and instructions given to applicants
- discussion with the Panel Physicians (including case specified discussions)
- introduction to delegated nurses or administrative staff involved in IME work
- a virtual tour of the clinic and X-ray facilities if onsite
- a virtual tour of associated onsite or offsite laboratories and chest clinics
- review of TB management arrangements, including sputum collection arrangements and discussions with specialist chest physicians and treatment providers.

It is expected that all Panel Physicians will participate in a PPR and INZ is notified of absence of key personnel prior to the videoconference. We appreciate Panel Physicians' flexibility in attending PPRs; individual Panel Physicians may log in to the videoconference from another location if not onsite on the day.

## 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 Physicians should be aware information collected by INZ about the Panel network is usually shared with the intergovernmental partners. This may include information about clinic performance, audit findings, and contact details of shared Panel clinics. We do not share applicant information between countries.

Applicants must be advised to contact INZ in relation to using their IME completed for other M5 partners for the purposes of a New Zealand IME. Panel Physicians must be mindful that IMEs for intergovernmental partner countries may differ. If clients have recently completed an IME for another intergovernmental partner country and request that exam components are reused for their New Zealand IME, Panel Physicians who are empanelled to partner countries must exercise judgement in considering the request.

eMedical does not have the functionality to transfer IME data between intergovernmental partner countries. Hence, all IME data must be manually entered into the relevant intergovernmental partner country's IME and graded accordingly.

## Applicant feedback

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

### How can applicants provide feedback to INZ?

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

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

Panel clinics and Panel Physicians are also encouraged to implement an individual applicant feedback process through a survey, suggestion box or other mechanism to elicit such feedback.

## Managing complaints

The following is a suggested approach to resolving any complaints that may arise in relation to an IME:

- seek information regarding the applicant's concerns by asking questions politely, and listen to what they have to say
- if the applicant is upset about any action you have taken, explain the reasons for your actions
- apologise if it is clear that the applicant has received or perceived to have had sub-standard service
- address the concerns and resolve the problem if you can.

If the applicant is still concerned, refer them to the INZ complaint resolution process that can be found on our website at: [immigration.govt.nz/inz-complaints](https://immigration.govt.nz/inz-complaints).

Keep a detailed record of the event and advise INZ of any incidents, particularly if any threats were made against the clinic or clinic staff.

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

INZ will investigate all complaints and provide the clinic or Panel Physician with an opportunity to comment.

The clinic or Panel Physician must respond within five business days; however, an extension of time may be requested, if required. INZ will write to the clinic and Panel Physician 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, if any, against the Panel Physician.

If the complaint is upheld, INZ will seek the Panel clinic's cooperation in addressing the issue. If the issue is determined to be significant, INZ may consider suspension or removal from the Panel Network.

INZ may be approached by third party organisations asking for information about current and former Panel Physicians, including information on their performance.

Such organisations may include local medical councils and police departments. Panel Physicians are advised that INZ may disclose such information, on request, to these and to other statutory or regulatory bodies with an interest in medical professional activities. INZ may 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 10 working days.

Panel clinics 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 these requirements:

- obvious street sign/s to identify the clinic's entrance
- access for applicants with restricted mobility
- provide hand sanitiser in waiting room, clinical and consultation rooms
- a reception or waiting area large enough to accommodate the usual number of applicants and other people waiting with sufficient seatings available
- toilets located within the clinic with hand cleaning facilities, 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
- routinely clean frequently touched surfaces, including clinical equipment.

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 Physician and delegated nurse if used. Each consultation room or area must have 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
- display of the Appendix 1: Undressing for a Medical Examination poster in A4+
- a register for regular calibration and maintenance of medical equipment in accordance with relevant clinical guidelines and manufacturer instructions.

## 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, gown and privacy sheets
- preferably a facility for safe-keeping of applicant's possessions
- display of the '*Appendix 1: Undressing for a Medical Examination*' poster in A4 or larger size paper.

## 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 in eMedical or on paper medical certificates.

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.

The entire IME, including the CXR, blood collection, history and physical examination must be conducted without significant delay and can be expected to be completed within one visit. 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.

## Cultural and gender aspects of examinations

Panel Physicians should be aware of cultural and gender-based expectations in relation to IMEs and history-taking.

IMEs must be allocated to Panel Physicians with due consideration of the applicants' cultural and gender related preferences. For this reason, Panel clinics are encouraged to ensure gender balanced staff at the site. Panel clinics may use locum Panel Physicians of a specific gender if required.

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 are encouraged to include when giving applicant's information about the IME and/or to display in your clinic waiting room, change and examination room.

## Interpreters

If applicants do not speak the language of the Panel Physician, 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.

The Panel Physician 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. Details of any interpreter used must be recorded in IME.

## Chaperones

A chaperone must be offered and available during the x-ray or physical examination to all applicants. A parent or guardian must be present when a person under the age of 18 is examined or x-rayed.

Particular attention should be taken with minors and applicants of the opposite sex. It is advisable to have another clinic staff member present throughout all parts of the IME, and this person should be the same gender as the applicant.

**Discussions and details of the offer and the name of the chaperone must be accurately recorded in the IME.**

## Setting fees for New Zealand IMEs

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

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

| Item  | eMedical requirement code(s)   | Fee |
|---|--|-----|
| 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> | \$  |
| Chest x-ray examination   | 502  | \$  |
| General Medical Examination + Chest x-ray examination   | 501+502  | \$  |
| 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>  | \$  |
| Limited Medical Examination + Chest x-ray   | 512+502  | \$  |

Fees should be all inclusive without any extra charges such as 'administration fees'.

An extra cost should not be charged for the Mini mental and ADL assessments, these should be factored into the pricing of the 501 requirement and therefore covered by the initial fee.

INZ may request further medical information to determine an applicant's health status after the initial submission of the IME. Any charge for providing the applicant with this information should be factored into the pricing of the further medical information if the information is to be provided by your clinic. If the further medical information is not to be provided by your clinic, any additional administrative charge for providing the information must be minimal and justifiable.

Applicants must be advised of standard examination fees in advance. Fees schedules must be displayed in the Panel clinic's reception area and website, if applicable, and be advised to applicants when arranging their appointment. Applicants must be advised in advance of accepted methods of payment, such as use of credit card facilities, which is preferred.

Panel clinics are encouraged to liaise with TB laboratories regarding 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.

Panel clinics must provide their fee schedules to INZ when requested through regular surveys and/or email requests.

### Pregnant women and x-ray examinations

All women of reproductive age should be asked about the date of their last menstrual period. Pregnant applicants should be advised that they do not need to proceed with a chest x-ray examination while pregnant. eMedical functionality enables the chest x-ray examination to be set aside if the applicant is pregnant and the IME can be submitted.

### Maintaining the integrity of the medical examination

Panel Physicians are accountable for the integrity of all parts of the IME and must ensure aspects of the IME conducted outside the Panel clinic, such as specimen collection at an offsite pathology centre or during specialist consultation, meet quality and integrity standards. This is a key consideration when considering the selection of these services and Panel Physicians must work with these services to ensure they maintain suitable integrity and quality assurance processes to conduct aspects of the IME.

If a Panel Physician delegates minor parts of the IME (for example height, weight, blood pressure, or visual acuity measurements), the Panel Physician remains responsible for the quality of the assessment and ensuring the correct specialist reports and documents are uploaded into eMedical.

Radiologists are accountable for the integrity of all parts of the CXR examination (except in circumstances where mobile x-ray services are used) including uploading the correct applicant's CXR image to eMedical. Where elements are performed by a qualified radiographer, the radiologist must retain overall responsibility for this delegation. The Chief Radiologist is responsible for the integrity of all the work performed by the radiologists and radiographers.

Any incidents involving attempted and/or actual breach of process or practice integrity must immediately be reported to INZ with details and available supporting evidence.

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

### Informed consent

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

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 Physician must ensure the applicant has read and understood the declaration and the applicant must sign the declaration in the presence of the Panel Physician. For eMedical IMEs, the consent and declaration must be printed, signed by the applicant and the Panel Physician, then scanned and attached to the IME.

A parent or guardian must sign on behalf of an applicant who is under 18 years of age or who is an 'incapable person'.

## Confirming the identity of applicants

Panel Physicians 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 all identity questions.

An original passport is INZ's primary and preferred form of identity documentation. However, INZ accepts other forms of identification including:

- 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 these 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  |

Only original documents are to be accepted. If you are unsure about an identity document presented, please contact INZ.

**Note:** Panel clinics must also ensure the appropriate identity-control mechanisms are in place at all specialist clinics and testing laboratories to which the applicant is referred.

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

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 coloured digital facial image of each client at the time of their appointment and then upload the image to their IME in eMedical.

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.

More information on eMedical and reference materials can be found in the eMedical *Capturing Facial Images tipsheet*.

## Automated email option for applicants

Applicants will be asked at the pre-exam stage of their examination if they want to receive automated email updates confirming the submission of their IME. Applicants can decline or confirm and provide a personal email address for this purpose. Upon submission of the applicant's IME an automated email will be sent to the address provided.

If applicants opt out to receiving the automated email updates during the pre-exam stage, they cannot opt in at a later stage once the IME is submitted to INZ.

If an applicant has any queries in relation to their visa application or to change the nominated personal email address, Panel Physicians should advise applicants to contact INZ.

## 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)* [immigration.govt.nz/inz1160](https://immigration.govt.nz/inz1160) and ask that a copy of the form be attached to their IME records.

## When should I record an identity concern?

If there are concerns about the person and/or authenticity of any/all the identity documents provided, identity concerns should be raised in eMedical 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. Panel Physicians must refer to the table below for guidance on when identity concerns must be raised in eMedical.

| Identity concern MUST be raised if:   | Identity concern does not need to be raised if:   |
|---|---|
| Name/surname do not match (that is, the names are significantly different)  | Minor name/spelling differences (for example: hyphen present/absent; middle name not entered; variations in how name is entered such as name and surname all in one line)   |
| The applicant's personal or identity details in eMedical are 'substantially different' to the identity documentation the applicant has provided you |   |
| Gender is different in passport/reality   | Gender is not recorded in eMedical (listed as unknown)  |
| The applicant who is presenting for the IME does not appear to be the person in the photo(s) of the identity documents provided                     | If the appearance has changed purely due to age or because of medical procedures or accidents   |
| The applicant provides a number of identity documents that appear inconsistent  | The passport number and/or issuing country are not appearing in eMedical  |
| Passport number and/or other details are substantially different  | There are very minor differences in how the passport number is recorded on the document as opposed to eMedical (for example, eMedical has a 'space' in the field and the passport does not, such as AC123456 vs AC123456) |

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

### Imposters and identity fraud

Panel Physicians must be satisfied that the client's face, or images of the client's face, match any officially recorded images of the client. If there is any doubt an identity concern should be raised.

INZ must be notified immediately if:

- You reasonably suspect that the person presenting for the IME is not the client; for example, the person presenting does not appear to be the person in the photo(s) of the identity documents provided
- The person who is presenting for a different stage of the IME does not match the client photo in eMedical; for example, the person who is presenting for the CXR does not appear to be the same person in the photo recorded in eMedical.

Panel Physicians are advised to raise an 'identity concern' and note suspected imposter in the 'provide details' comment section. Any evidence (for example, presenting person's digital photo, a copy of the biodata page of the passport) that supports your suspicion of an imposter must be attached to the IME with any further comments on the Grading comment section. Submit the completed IME in eMedical. CCTV footage or any other evidence that cannot be uploaded to eMedical must be attached in an email and sent to:

**INZ-HealthSupport@mbie.govt.nz.**

### 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.

Further detail about sputum collection can be found in '*Part 5: Tuberculosis Screening and Management*'.

### Further tests and specialist referrals

In limited circumstances Panel Physicians may refer an applicant for a specialist report because it is clear that INZ will likely require extra information. These circumstances are identified in these Instructions. In some cases, eMedical will autogenerate a request for additional information based on the findings entered.

In general, medical conditions that are not significant public health risks or do not need acute medical care will not need initiation of specialist referral by the Panel Physician as part of the IME. In such cases, the IME must be submitted for assessment by INZ. INZ will advise if any additional investigation is needed.

When making external referrals, Panel Physicians must explain to applicants why further investigation is needed. Panel Physicians 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 and printed or emailed to the applicant. Specialists are not part of the Panel Network, therefore, they cannot access the eMedical system.

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 to specialists they have confidence in their clinical skill and reporting.

Panel Physicians must advise the specialist to:

- confirm the identity of the applicant
- provide detailed reports in English (reports in other languages should be translated into English by an accredited translator or by the Panel Physician themselves), including results of all necessary investigations and
- a description of the recommended management and likely prognosis of the condition.

If the requested specialist is not available in-country, the Panel Physician, or any other suitable specialist, must review the applicant and provide a report to the best of their ability. For example, if there are no geriatricians or cardiologists available, a report from a specialist physician may be appropriate. A comment must be made on the applicant's IME noting there is no requested specialist located in country.

If the applicant submits a report from their own treating doctor, this can be submitted as a supplementary document with a comment stating it is from the applicant's treating doctor.

## Gradings

Panel Physicians 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 the applicant will not meet the health requirement or will be refused a visa.

When an abnormality is detected or declared, Panel Physicians 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.

**Note:** 'A' graded IMEs with no significant medical conditions declared do not require any comments. Do not include unnecessary comments such as "Normal Chest study" or "Normal Examination".

## Submitting Immigration Medical Examination results

### Submitting in eMedical

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

IMEs should be submitted as soon as possible when all exams and results are received by the clinic and no later than five working days of the examination being completed.

### 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 they leave the clinic or send a copy to their nominated email address. This information sheet will be used by the client as proof that their IME has been initiated. Panel Physicians should provide the applicant with a copy of their IME by using the 'Print Health Case' function in eMedical and either print or send to the applicant's nominated email address for their reference.

## 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 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 contacted 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 Physician 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 IME includes a 501 requirement, this will need to be submitted with a B-grading due to the other requirement(s) being incomplete.

**Note:** The 501 requirements cannot be completed or finalised as incomplete until all other examinations (eg. a 502 Chest x-ray examination) on the IME have been finalised.

## Part 2: Completing a 501 Medical examination

This part of the Instructions provides advice to Panel Physicians on how to complete a:

- 501 Medical examination in eMedical, or
- General Medical Certificate (INZ 1007) in paper format for clinics that are not eMedical enabled.

Applicants may not be aware of the significance or relevance of parts of their medical history. In some cases, there may be concealment due to concern that their visa may be delayed or denied.

It is the Panel Physician's responsibility to ensure that all relevant findings are identified and recorded accurately.

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

#### Identity

See *'Confirming the identity of applicants'* on page 17 in Part 1 of these Instructions.

#### Applicant's visa category and intended occupation

The applicant will need to know what visa type they are applying under.

See the *'New Zealand's immigration medical examination process'* on page 9 in Part 1 of these Instructions.

If the applicant is intending to come to New Zealand as a skilled worker their intended occupation must be declared. 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 must confirm their intended length of stay in New Zealand.

### Medical history

The medical history questions can only be answered during the IME appointment. Panel Physicians must discuss the applicant's medical history with them. **Do not assume the applicant has understood the questions.**

A comprehensive medical history must be taken. The medical history questions help assess aspects of the applicant's health that are important to the New Zealand Government's health requirements. The questions do not replace the need for Panel Physicians to ask other relevant questions to obtain comprehensive histories and/or verify the applicant's declaration. If there is no medical history declared, the Panel Physician must verify this with the applicant.

For a child who is younger than 18 years of age, this section must be completed by the Panel Physician with the parent or guardian present. Panel Physicians must engage with children directly and not simply rely on advice provided by carers or parents. If a child attends with a parent or guardian who is not familiar with details of the child's history, this must be

recorded. School reports can also be useful in the assessment of children.

Panel Physicians must review the applicant's declaration and ask all questions, including;

- TB symptoms and TB history
- prolonged medical treatment and/or hospitalisations,
- history of HIV, Hepatitis B or Hepatitis C,
- cancer or malignancy in the last 5 years,
- current medication list (excluding oral contraceptives, over-the-counter medication and natural supplements),
- 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 condition/s, date of diagnosis, progress, current problems, complications, and treatment so far. Attach any reports, tests, and other information available to the Panel Physician at the time of the IME.

The Panel Physician undertaking the IME must declare 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 a person needing support).

### Completing the medical history section

Specific sections of the medical history questions will require further clarification for Panel Physicians. These sections and their explanations are listed below in the order that they appear in the 501 medical examination and paper form (INZ 1007) IMEs.

#### Tuberculosis (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.

See *'Part 5: Tuberculosis Screening and Management'* for further technical instructions.

#### Prolonged medical treatment

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.

#### Major operation

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?

#### Examples of procedures that are not considered significant

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

#### 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.

#### Diabetes

Note any evidence of diabetes such as:

- history of diabetes and management
- 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.

#### Heart condition

Note any evidence of heart disease (including coronary disease, hypertension, valve or congenital 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.

#### Blood condition

Note any evidence of a blood condition (including thalassaemia) 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.

#### Bladder or kidney conditions

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.

#### Physical, intellectual, or developmental conditions

Note any evidence of physical, intellectual or developmental conditions (ongoing physical or intellectual disability affecting the applicant's current or future ability to function independently or be able to work full-time (including autism or developmental delay)), 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 wants to establish where there may be a funding requirement under the Ministry of Education's 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.

#### 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 history of alcohol/drug abuse, note:

- 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.

#### 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.

#### Neurological condition

Note any evidence of neurological, hearing or vision problems (including having had a stroke or multiple sclerosis) such as:

- any dementia including Alzheimer’s disease
- Rowland Universal Dementia Assessment Scale (RUDAS) screening test (score 25 or less) or equivalent mini-mental status examination (score less than 25) download [immigration.govt.nz/rudas-dementia-screening](http://immigration.govt.nz/rudas-dementia-screening) download [immigration.govt.nz/rudas-guide/](http://immigration.govt.nz/rudas-guide/)
- poorly controlled epilepsy or complex seizure disorder
- cerebrovascular disease such as transient ischaemic attacks or strokesw
- 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.

#### 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 (e.g. 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.

#### Pregnancy

If the applicant declares that they are pregnant, confirm if the pregnancy is progressing normally, add comments if there are any complications. The applicant can either have a BHCG test added to the standard blood tests required or provide a letter from their doctor or lead maternity carer (obstetrician) to confirm pregnancy and the expected date of delivery (EDD).

#### Physical examination

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, apart from underwear (females must keep underwear and brassiere on). ‘Appendix 1: Undressing for a Medical Examination’ provides a diagram that must be displayed at the clinic waiting room, changing and examination room.

All applicants must be offered a ‘Chaperones’ on page 15 and their details recorded if one was present. This section must be completed in full. The Panel Physician is accountable for the integrity of all aspects of the IME.

#### Delegating responsibility

If the Panel Physician delegates any history or measurement part of the examination (e.g. 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 listed measurements may be performed by staff supervised by the Panel Physician. Supervised staff must use equivalent skills the Panel Physician would use to achieve the same 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 IME. Where INZ requires referral to an appropriate physician, a recent report less than six months is acceptable.

## 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 IME.
- 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 [tewhatauora.govt.nz/for-the-health-sector/specific-life-stage-health-information/child-health/well-child-tamariki-programme/growth-charts](https://www.tewhatauora.govt.nz/for-the-health-sector/specific-life-stage-health-information/child-health/well-child-tamariki-programme/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 Weight in Kg divided by Height x Height in metres squared, i.e Weight Kgs / (Height in metres X Height in metres)
- BMI calculators are available online, for example: [healthify.nz/tools/b/bmi-calculator](https://healthify.nz/tools/b/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: [adoptmed.org/topics/growth-charts.html](https://adoptmed.org/topics/growth-charts.html) (this includes links to country specific growth charts) or
- CDC: [cdc.gov/growthcharts/charts.htm](https://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: Child Development Milestone Guidelines'), 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.

## Blood pressure

Blood pressure must be measured in all applicants 15 years and over 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.

## 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 Note:** 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.

## 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 a 501 Medical examination or paper form (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. If the dipstick urinalysis is positive for albumin, protein, red cells, AND the female applicant does not have her period (menstruation), add mid-stream urine sample.

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.

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 in eMedical until all results are received from the testing laboratory.

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

\*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.

### 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 'Part 5: Tuberculosis Screening and Management' for further TB instructions)

- 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.

**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 70 years of age and over, 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 (for paper forms the ADL assessment is available at 'Appendix 3: Activities of Daily Living (ADL) Assessment (903)' of this instructions) and RUDAS or an equivalent mini mental status exam.

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

- significant hypertonia or hypotonia
- any dementia including Alzheimer's disease
- RUDAS (with score less than 25) or an equivalent mini mental status examination (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.

**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.

**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. The ADL assessment can be found in 'Appendix 3: Activities of Daily Living (ADL) Assessment (903)'.

## 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.

## 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).

**Note:** If a mini mental assessment is not appropriate, for example for young children / babies, please finalise incomplete the mini mental examination in eMedical and include an explanation for why this is being done.

## Dementia

If an abnormal mental and cognitive state is recorded in eMedical, additional examinations will be generated for you to complete. You must also assess the mental state of the client with a RUDAS test or an equivalent mini mental status examination. For paper forms, you must perform an ADL Assessment available at *'Appendix 3: Activities of Daily Living (ADL) Assessment (903)'* of these instructions.

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 RUDAS test or the equivalent mini mental examination is a screening tool. If it suggests a problem, a psychiatrist's or geriatrician's opinion should usually be sought. These IMEs will be automatically 'B' graded in eMedical.

## 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.

This 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:** eMedical will automatically grade as 'B' for an abnormal mental and cognitive status or intellectual ability.

## Eyes (including fundoscopy)

See also *'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.

## 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.

## 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.

## 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. *'Appendix 2: Child Development Milestone Guidelines'* 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.

#### **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 with no further comments.
- 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 '*Respiratory system*' and '*Part 5: Tuberculosis Screening and Management*' for TB instructions).

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.

#### **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.

#### **Conditions preventing attendance at mainstream school, full employment or living independently**

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 forms the ADL Assessment can be found at '*Appendix 3: Activities of Daily Living (ADL) Assessment (903)*'.

Where there is concern about capacity for full employment, the following details are required:

- full details of the applicant's work history for the previous five years
- details of any anticipated employment restrictions
- any pensions or government assistance currently being received, and
- any required rehabilitation services currently being received, or which will be needed in the future.

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. If an ADL assessment is not appropriate e.g. for young children / babies, finalise incomplete the ADL in eMedical and include an explanation for why this is being done.

## 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.

## Instructions for standard tests

| Test  | Instructions   |
|---|--|
| <p><b>Note:</b> 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. See <a href="https://www.immigration.govt.nz/test-guide">immigration.govt.nz/test-guide</a> for Blood test conversion calculators</p> |  |
| 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>  |
| 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, for example:</p> <ul style="list-style-type: none"> <li>• treponema pallidum particle agglutination test (TP-PA)</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 The following tests are required:</p> <p>Haemoglobin (HB in g/L)</p> <p>White Blood Cells (WBC in cells x 10<sup>9</sup>/L)</p> <p>Platelets (PLT in cells x 10<sup>9</sup>/L)</p>  | <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. 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 except for the White Blood Cells which should be recorded to one decimal place.</li> </ul>  |

## Blood tests

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

For a 501 Medical examination or paper form (INZ 1007) the following standard blood tests and instructions are required for all applicants 15 years of age and over. 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. This section cannot be completed until all results are received from the testing laboratory.

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.

## Abnormal tests

If an applicant's blood tests are significantly abnormal 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 and
- 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 significantly abnormal 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.

## Additional 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). 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).

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
- creatinine Microalbumin ratio
- *Trypanosoma cruzi* antibody
- faeces culture
- any other tests deemed necessary by the Panel Physician.

Where tests are indicated, but not requested, INZ may subsequently request these tests, possibly without assessing the IME. The Panel Physician is to bear in mind and can discuss with the applicant, where clinically indicated tests are not provided, additional time may be required to complete the application and possible delays in processing their visa application. However, it is the applicant's choice whether to proceed with additional test/s or wait for INZ to initiate the request.

## Instructions for additional tests

| Test                   | Instructions  |
|------------------------|---|
| 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> |
| 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: <ul style="list-style-type: none"><li>• Total cholesterol</li><li>• LDL</li><li>• HDL</li><li>• Triglycerides</li><li>• Chol:HDL ratio.</li></ul>   |
| 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 neck mass e.g. goitre: <ul style="list-style-type: none"><li>• add a Thyroid Ultrasound.</li></ul> Thyroid Cancer: <ul style="list-style-type: none"><li>• A Specialist assessment is required.</li></ul>   |

## Examination Grading

The 'A'/'B' grading system is designed to allow 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 or paper form (INZ 1007) at the time of grading even if other staff have performed data entry in some aspects of the IME. Panel Physicians should ensure they have reviewed the applicant's:

- medical history,
- examination results,
- Chest X-ray (if one is required), and
- laboratory tests before grading and submitting the IME.

Where a 502 Chest x-ray examination or paper form (INZ 1096) is required, this must be completed by the Panel Radiologist before the IME 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 or paper form (INZ 1096) grading should reflect the 501 examination. For instructions on completing the 502 Chest x-ray examination or paper form (INZ 1096) refer to '*Part 4: Completing a 502 Chest x-ray examination*' and '*Part 6: Completing paper medical forms*'.

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 NOT required unless it is relevant 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 they want 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 INZ 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 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 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: [INZ-HealthSupport@mbie.govt.nz](mailto:INZ-HealthSupport@mbie.govt.nz)

### Panel Physician's declaration

The Panel Physician responsible for the examination completes the declaration after they receive and consider all mandatory tests and reports, and all 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.

### Request for further information by INZ

Following submission of an IME, INZ may want more medical information to establish if an applicant has an acceptable standard of health.

Applicants needing further investigations will be given a letter from INZ asking them to return to the Panel Physician. The applicant should return to the original Panel clinic; however eMedical allows them to 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 IME will then be locked to the new clinic's inbox in eMedical. For this reason clinics should not search for IMEs unless the applicant has made contact with the intention of the further investigation being completed through the clinic.

Further investigations or reports 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 reasonably be obtained from any equivalent medical specialist. Within New Zealand, additional tests and specialist reports are not available through publicly funded health services. 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, and
- 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.

**Note:** 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.

### Timeframe 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 and submit the IME.

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.

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 requirements in eMedical so that the case can be submitted. See *'Part 5: Tuberculosis Screening and Management'* for further instructions.

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 512 Limited medical examination

These instructions advise about the completion of the:

- 512 Limited medical examination in eMedical, or
- Limited Medical Certificate (INZ 1201) in paper format for clinics that are not eMedical enabled.

Applicants will tell the Panel Physician if they need a 512 Limited medical examination or paper form (INZ 1201) for non-eMedical enabled clinics.

### eMedical Pre-exam stage

Please refer to 'eMedical Pre-exam stage' on page 20 in part 2: Completing a 501 Medical examination, for further information, as this requirement is applicable to both examination types.

### 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.

Applicants may not be aware of the significance or relevance of parts of their medical history. In some cases, there may be concealment due to concern their visa may be delayed or denied.

It is the Panel Physician's responsibility to ensure all relevant findings are identified and recorded accurately.

The medical history questions can only be answered during the IME appointment. Panel Physicians must discuss the applicant's medical history with them. **Do not assume the applicant has understood the questions.**

The medical history questions help the Panel Physician assess aspects of the applicant's health that are important to the New Zealand Government's health requirements. The questions should be discussed with the applicant to determine whether there is a history of medical conditions which are relevant to these specific questions.

For a child who is younger than 18 years of age, this section must be completed by the Panel Physician with the parent or guardian present. Panel Physicians must engage with children directly and not rely on advice provided by carers or parents. If a child attends with a parent or guardian who is not familiar with details of the child's history, this must be recorded. School reports can also be useful in the assessment of children.

If the applicant answers 'Yes' to any question, note relevant details such as condition/s, date of diagnosis, progress, current problems, complications, and treatment so far. Attach any reports, tests, and other information available to the Panel Physician at the time of the IME.

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 a person that needs support).

### Pregnancy

This question is asked in order to establish whether a chest x-ray can be undertaken. If the applicant is pregnant they can either have a BHCG test added to the standard blood tests required or provide a letter from their doctor or lead maternity carer (obstetrician) to confirm pregnancy and the expected date of delivery (EDD).

### Physical examination

For a Limited Medical IME, applicants may need to be examined in order to enable the Panel Physician to assess the health of the applicant in relation to the questions in this section. Specifically, applicants may require a brief physical examination if there is a reason to do so after the Panel Physician has taken the applicant's medical history – for example if they have outlined that they have chronic kidney disease – an examination for peripheral oedema, or an examination of the cardiovascular system assessment would be justified and appropriate. For any physical examination 'Appendix 1: Undressing for a Medical Examination' provides a diagram that must be displayed at the clinic waiting room, change and examination room.

All applicants must be offered a chaperone and their details recorded if one was present. This section must be completed in full. Illegible paper-based medical certificates will be returned for clarification. The Panel Physician is accountable for the integrity of all facets of the IME.

### 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.

### Dialysis

Are there any indications the 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, eMedical will automatically add a 115 Nephrologist's Report.

## Haemophilia

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.

## Full-time care

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, eMedical will automatically add a 112 Neurological Report.

## Tuberculosis

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, review and follow the information provided under 'Part 5: Tuberculosis Screening and Management'.

## 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 or paper form (INZ 1201) the following blood tests are required for all applicants 15 years and over:

- Estimated glomerular filtration rate (eGFR – exam code 705 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 blood count and creatinine examinations
- that the results will be provided to INZ.

The Panel Physician must discuss the nature of testing with the applicant or their parent or guardian if the person is under 18 years of age. eGFR and full blood count tests require a value response by the Panel Physician.

## Instructions for standard tests

| Test  | Instructions   |
|---|--|
| <b>Note:</b> The laboratory reference standard ranges for each test must be included in the results attached to the IME.<br>See <a href="https://immigration.govt.nz/test-guide">immigration.govt.nz/test-guide</a> for Blood test conversion calculators |  |
| 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 the laboratory report</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> |
| Full blood count – the following tests are required: <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. 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 except for the White Blood Cells which should be recorded to one decimal place.</li></ul>  |

When reviewing the laboratory tests, ensure the person collecting the blood, and/or receiving the laboratory specimens has confirmed the applicant's identity and 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.

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

See the table 'Instructions for standard tests' on page 28 and 'Abnormal tests' on page 29 for further instructions about abnormal results 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).

## Examination grading

Panel Physicians take responsibility for the 512 Limited medical examination or paper form (INZ 1201) at the time of grading even if other staff have performed data entry for some aspects of the IME. Panel Physicians should ensure that they have reviewed the:

- applicant's history (where applicable),
- examination results,
- Chest x-ray (if required)
- and laboratory tests before grading and submitting the IME.

Where a 502 Chest x-ray examination or paper form INZ 1096 is needed, this must be completed by the Panel Radiologist before the IME can be submitted by the Panel Physician.

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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 or paper form (INZ 1201) grading should reflect the 512 examination.

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.

If a B-grade is given, comments are a mandatory requirement under 'General Supporting Comments'. If an A-grade is given, comments are NOT required unless it is relevant to the applicant's medical conditions and explain why they are or are not a concern. Do not write comments such as "healthy person" or "normal examination".

If in doubt contact INZ at: [INZ-HealthSupport@mbie.govt.nz](mailto:INZ-HealthSupport@mbie.govt.nz)

**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.

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

Please refer to '*Panel Physician's declaration*' on page 31 in part 2: Completing a 501 Medical examination for further information as this requirement is applicable to both examination types.

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

Please refer to '*Submitting Immigration Medical Examination results*' on page 19 in '*Part 1: Requirements for Panel Physicians and INZ immigration medical examinations*' for further information as this requirement is applicable to all examination types.

### **Requests for further information by INZ**

Please refer to '*Request for further information by INZ*' on page 31 in '*Part 2: Completing a 501 Medical examination*' for further information, as this requirement is applicable to both examination types.

## Part 4: Completing a 502 Chest x-ray examination

This part of the Instructions advises Panel Radiologists and Radiographers how to complete a:

- 502 Chest x-ray examination in eMedical, or
- Chest X-ray Certificate (INZ 1096) in paper format for clinics that are not eMedical enabled.

### Taking the chest x-ray

#### X-ray images

eMedical images should be submitted as DICOM files with a file size of approximately 5mb. Refer to **Tip sheet – Installing and Using DICOM Compression Software** in the eMedical Support page for further support. The type of chest x-ray (CXR) 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 requested by INZ.

#### Radiographic technique

- All CXR taken should use digital technology (either computerised radiography (CR) or digital radiography (DR))
- All adult CXRs should be taken in the postero-anterior (PA) projection to reduce cardiac magnification
- In a correctly exposed film, the penetration should be such that one should be able to see all the thoracic intervertebral spaces
- In an over-penetrated film, faint soft tissue lesions can easily be missed
- In an under-penetrated film, pulmonary infiltrations can be over-diagnosed
- Routine CXRs should be taken in full inspiration. This lowers the diaphragm to the level of the 10th or 11th rib posteriorly
- The position of the patient should be such that the medial ends of the clavicles are equidistant from the spinous processes of the thoracic vertebrae
- Rotation of the chest can make the side nearer to the film appear less translucent
- The scapulae should be clear of the lung fields
- The CXR beam should be centred at T5 or T6 vertebral body
- The distance of the CXR tube to the film should be 180 cm (6 feet)
- All CXRs should include costophrenic angles
- Apices should be clearly seen (without overlying clavicles)
- If the lungs are of different translucencies one should consider:
  - Rotation
  - Poor screen / film contact in the cassette
  - Absent breast
- Ensure the following artefacts are excluded:
  - Braided hair overlying the apices, which can mimic a lesion
  - Static marks
  - Dirty screens
  - Nail marks
  - Foreign bodies in cassettes

If a radiologist identifies that an X-ray image has an artefact, the IME must be graded 'B'. INZ can determine whether a repeat X-ray image is required or whether an assessment can be made despite the artefact being present.

#### 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.

Computerised Tomography (CT) scans must 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 wrap around lead shielding for all applicants. Double lead wrap around shielding for all female applicants of child bearing age.
- Hang lead shields – do not fold as this may crack the lead and allow radiation leakage
- Test the integrity of lead shields annually by exposing them on film or using fluoroscopy
- Select correct plate size
- Conduct x-ray beam collimation
- Ensure correct radiography procedures and machine settings are used to minimise repeat exposures being required for technical reasons
- Avoid unnecessary additional x-rays or scans, in particular CT scans
- Minimise radiographer exposure
- Ensure all staff in the radiography working area wear dosimeters (radiation badges)
- The use of a red light indicator or an illuminated radiation warning sign at the time of exposure
- Displaying a visible radiation hazard warning sign

#### 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
- name of the x-ray clinic in English
- anatomical side markers.

The NZER ID may be included. eMedical enabled Panel clinics should refer to the agreed naming conventions for mandatory attachments in **User Guides – Module 8 – Manage case** found in eMedical, in relation to CXR images.

#### Women

Female applicants 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.

Radiographers must ask female applicants of child-bearing age about pregnancy and the date of their last menstrual period. Evidence of pregnancy must be provided, for example, a certificate from the applicant's own doctor.

Panel Radiologists have an ethical obligation to ensure 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 INZ does not require a chest x-ray examination and 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 specifically requested to do so by INZ.

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.

## Reporting TB findings

Radiologists must take particular concern when reporting findings which could be consistent with TB disease.

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 IME once prepared for grading.

Question 7 must not be answered 'yes' where TB is merely suspected, or if active disease cannot be excluded. Please note that this field should only be marked 'yes' when the findings are convincing for active disease for example, extensive infiltration or cavitation. High suspicion must exist, such as occurs in findings consistent with new, infectious lesions.

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 'B' grade of the IME once prepared for grading.

For IME where there is a high suspicion of active TB, the Panel Radiologist or Panel Physician must immediately refer the applicant for sputum testing.

Panel Radiologists must immediately refer applicants needing TB investigation to a Panel Physician.

More information is provided under 'Part 5: Tuberculosis Screening and Management' on page 37 for further TB investigation.

## Grading 'A' or 'B'

eMedical assists Panel Members by automatically grading IME 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 or paper form (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  $\leq$  55%)
- 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 IME where evidence exists of previous significant surgery, the Panel Radiologist should provide details and grade the IME '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 55 per cent (0.55) 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 all information is accurate before submitting the IME in eMedical.

Panel Radiologists are responsible for recording findings, grade and submit the IME in eMedical.

In submitting the IME in eMedical, 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.

## Part 5: Tuberculosis Screening and Management

### Screening

The IME places particular emphasis on the diagnosis and management of TB. This section provides technical advice and specific instructions to Panel Physicians on this topic.

#### Why we screen for TB

The aims of TB screening are to ensure active TB is diagnosed and treated, to minimise public health risks, to limit further transmission of the disease, and minimise the risks of poor outcomes to individuals and communities.

To meet the New Zealand acceptable standard of health requirement, an applicant must be free from active TB. The IME aims to identify those applicants who need treatment for active TB.

Active case detection or screening for TB can include the following:

- medical history
- physical examination
- chest radiography (CXR)
- testing for previous exposure to tuberculous antigens
- sputum tests
- other tests including specialist referral and assessments.

#### Medical history

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 important to INZ to confirm the presence of multidrug-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.

The Panel Physician must make particular note of:

- symptoms suggestive of TB
- previous history of TB
- previous chronic illness requiring inpatient care or chest surgery
- previous or current illness suggestive of TB (such as persistent cough, dyspnoea, weight loss, fatigue, anorexia, fever, night sweats and/or sputum production or haemoptysis)
- prior diagnostic evaluation suggestive of TB (such as sputum testing)
- close household contact of a person suspected of or diagnosed with active TB (pulmonary or extrapulmonary)
- previous vaccination with Bacillus Calmette-Guérin (BCG)
- previous history of abnormal CXR findings
- travel to or residence in a high incident TB country.

#### Symptoms

Classic symptomatology may include chronic cough, haemoptysis, fever or night sweats, chest pain, unexplained weight loss, close contacts with TB, abnormal chest X-ray, abnormal sputum, skin or blood tests and feeling generally tired and unwell.

In children, the clinical picture of TB may be different from adults and could be subtle. It might only include generalised

findings such as growth delay (failure to thrive) or weight loss, fever and night sweats. In children younger than two years of age, there can be a different presentation and this can overlap with other conditions such as pneumonia.

#### Previous treatment

Maintaining high suspicion for TB is vital to the diagnosis. Where applicants give a history of previous TB treatment, full treatment records must be requested.

These records must be comprehensive and include clinical findings, results of CXRs and any laboratory testing, drug regimens (including dosages) in generic form, comment about whether Directly Observed Therapy (DOT) was provided, duration and response to treatment, including any adverse effects, as well as any disruption to the treatment regimen, ongoing follow-up and/or the final outcome.

These records must be uploaded into eMedical. If it is not in English, an accredited translation must be provided by the Panel Physician or qualified external third party.

Important details about previously treated TB must include clinical signs, diagnostic tests such as drug susceptibility testing, drug regimens, duration of treatment and response.

It is particularly important to identify the possibility of drug resistant TB (either multi-drug resistant (MDR), or extensively drug resistant (XDR)) in all applicants.

Provision of as much information as possible will be of assistance to INZ in determining what, if any, additional testing might be required. It is particularly important to identify any possibility of drug resistant TB.

If records are unavailable, or if the records do not contain the level of detail outlined here, for example if the treatment was undertaken many years previously, the Panel Physician must make a clear note of this on any records uploaded and, in the IME and summarise as much as possible from the medical history provided by the applicant.

#### Prolonged hospitalisation

Long periods of hospitalisation or illness for lung disorders or any chronic illness might be suggestive of pulmonary or extrapulmonary TB as a diagnosis. Panel Physicians must seek as much information as possible when such a medical history is provided, particularly in countries where significant stigma still applies to a diagnosis of TB.

#### Previous abnormal CXR

If previous CXR images are available, these must be uploaded if they are in digital format. If they are not in digital format, the CXR report or a comment on the previous CXR image must be made by either the Panel Physician or the radiologist. Uploading a digitally scanned image or a high quality photograph of previous analogue images can help.

If previous CXR images are made available by the applicant, a comment about the comparison should be added to the report. The original films, if they are in hardcopy format, must be returned to the applicant. It is important other conditions that may mimic the appearance of TB be excluded (for example, sarcoidosis or lung cancer).

## Household contacts

Any history of close household contact of a person diagnosed with active TB (pulmonary or extrapulmonary) is significant and must be recorded. Recent close contact is defined as prolonged or repeated direct contact (such as occurs with family or household members) in the past two years.

The nature of the relationship is also important as well as how long ago the contact was and whether it had been investigated by local authorities.

Occupational contact with TB is not, in the absence of immunocompromise, considered to be a significant risk in the context of the IME and is not required to be recorded in the history.

## Risk factors for reactivation of TB

Panel Physicians must be aware of other factors which may be associated with increased probability of developing the disease after infection (risk factors) or for reactivation of latent TB disease. These include:

- recent TB infection (within the past five years)
- untreated or inadequately treated TB disease, including fibrotic changes on CXRs
- younger age (less than 35 years of age)
- malnutrition (body mass index less than 18.5)
- diabetes mellitus
- immunosuppressive medications (corticosteroids, cytotoxic chemotherapy, TNF alpha inhibitors, post solid organ transplant)
- chronic renal failure/haemodialysis
- silicosis
- post solid organ transplantation
- HIV infection
- gastrectomy/jejunoileal bypass surgery
- carcinoma of head or neck
- refugee background
- country of last residence.

Any abnormal findings or suspicion of previous or current disease must be recorded and 'B' graded (in most instances, eMedical will automatically 'B' grade the IME).

## Latent TB Infection (LTBI)

Latent TB Infection or LTBI is a condition where a person is infected with Mycobacterium tuberculosis organisms are sequestered in the tissues but does not have active TB disease.

INZ does not currently screen specifically for LTBI except in special circumstances (eg UNHCR quota refugees during the Settlement Health screening).

In LTBI the chest X-ray (CXR) is normal or shows trivial and stable evidence of past TB. 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 IME 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.

## Further information request for TB

If active TB is suspected from the medical examination or CXR findings, and INZ has requested a 603 Respiratory Specialist Investigation on Current Status of Tuberculosis exam in eMedical, the following requirements are needed for completion:

- A Chest Specialist (or Chest Clinic) assessment is required for further assessment of the applicant's current status regarding tuberculosis (TB).
- Clinical examination findings; Old chest x-rays for comparison (if available);
- Repeat PA Chest x-ray image taken at the completion of the sputum cultures;
- Any reports regarding previous treatment of tuberculosis;
- Results of 3x current sputum samples taken on 3 consecutive mornings, with smear results for AFB and culture results for Mycobacterium tuberculosis (please culture for 6-8 weeks and provide Drug Sensitivities (DST) if any cultures are positive).
- Please exclude other pathology that could cause the abnormal x-ray findings.

If an applicant indicates they do not want to undergo further investigation relating to the 603 requirements, this requirement can be marked as incomplete and the IME submitted without it.

When submitting IMEs with incomplete requirements, a comment must be made that the applicant declined further investigation.

## Sputum collection

If a 603 exam is requested by INZ, three sputum samples must be obtained, preferably early in the morning. Sputum collection must be supervised in a clinic or laboratory. It must not be collected at home. The applicant should be advised to fast before collection and not to brush their teeth that morning.

Panel members must 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 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.

## TB treatment

If TB is diagnosed, INZ requires the applicant to be treated according to the Guidelines for Tuberculosis Control in New Zealand 2019 ([tewhātuora.govt.nz/publications/guidelines-for-tuberculosis-control-in-new-zealand-2019/](https://www.tewhātuora.govt.nz/publications/guidelines-for-tuberculosis-control-in-new-zealand-2019/))

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## **Notification to local public health authorities for applicants in New Zealand**

If the applicant is in New Zealand, the Panel Physician and/or Panel Radiologist must notify their regional Medical Officer of Health (MOoH) or notify their regional public health service **AND** arrange referral to Respiratory or Infectious Disease specialist services (as per their regional protocols).

Under the New Zealand Health (Protection) Amendment Act 2016, section 74 and 74AA, every medical practitioner and medical laboratory is required to notify the MOoH if they have reason to believe a person consulting them may have (or has been confirmed to have) active TB.

In New Zealand, when active TB is identified during the IME, Panel Physicians must communicate with the local public health authority as directed by their jurisdiction. This will ensure you:

- comply with local health requirements and that contact tracing (and any other public health related activities) can be initiated for applicants that are not under your care
- engage early and work collaboratively to optimise care
- ensure there is close follow-up and adherence to treatment/treatment failure
- enhance the communication between all parties so that failure to treat or adherence failure can be communicated sooner to INZ
- improve notification and reporting rates within the National TB Program.

## **Notification to local public health authorities for applicants outside of New Zealand**

For IMEs conducted by Panel Physicians and Panel Radiologists outside of New Zealand, please follow your country's public health protocols for notification and referral when active TB is identified or suspected at the time of the IME.

## Part 6: Completing paper medical forms

Part 1, 2, 3, 4 and 5 are core instructions for completing New Zealand IMEs by Panel Physicians or locally registered physicians (in countries with no Panel Physicians) including paper medical forms.

These additional circumstances are specific to completing and submitting paper medical forms for clinics that are not eMedical enabled.

The paper medical forms are:

- General Medical Certificate (INZ 1007)
- Chest X-ray Certificate (INZ 1096)
- Limited Medical Certificate (INZ 1201)

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

**Note:** A paper medical form can only be accepted by INZ if there is no Panel clinic in the originating country or the Panel clinic is not eMedical enabled.

### Informed consent

Part 1: Requirements for Panel Physicians and INZ immigration medical examinations – *'Informed consent'*.

The consent and declaration document are included within the medical forms. 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 Physician or registered doctor. When signing the declaration, the Panel Physician or registered doctor must also stamp the document with their name and address, or print those details legibly.

### Photograph requirements

Likeness of the person presenting:

- Applicants 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 (INZ1096).
- 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 done.

### Panel Physician's declaration

Registered doctors must state their current New Zealand equivalent Medical Council unique registration identifier and show the name of the registering authority that granted the registration.

### Additional fees for paper medical forms

Part 1: *'Setting fees for New Zealand IMEs'*.

For paper medical forms, clinics may charge posting/courier costs. Applicants should be told of additional charges in advance. Any charges for delivery must be itemised on the applicant's invoice and provide a courier reference number so the applicant can track the delivery of their documents.

### Consequences of providing false or misleading information

The Panel Physician must be aware the consequences for the person being examined (or their parent or guardian) providing false or misleading information, or altering or changing a paper medical form may include:

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

### Submitting paper-based medical forms

Panel Physicians or registered doctors must ensure all requested sections of the paper forms are completed. All answers must be in **English**.

The X-ray examination forms and films must be forwarded to the Panel Physician or locally registered physicians if the client must also complete an INZ medical examination form and they are to be submitted together.

All paper forms are to be submitted no more than **five working days** after they are completed.

### Legibility of paper medical certificates

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 (for example, 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

The Panel Physician is to initial:

- every separate sheet submitted as a part of the examination assessment,
- every separate sheet of any specialist report submitted as 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 necessary to ensure individual pages have not been substituted after the Panel Physician has completed them and before they are received by INZ.

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

Following grading and signing of the paper form/s, the Panel Physician or registered physician must send the certificate directly to INZ, preferably by email, or to the physical address if the Chest X-ray image/s cannot be sent electronically.

Email: [INZ\\_Health@mbie.govt.nz](mailto:INZ_Health@mbie.govt.nz)

The address to send paper medical form/s to can be found at [immigration.govt.nz/medical-address](https://immigration.govt.nz/medical-address).

### **Incomplete paper medical IMEs**

Incomplete paper medical forms must not be submitted to INZ. 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.

### **Completing paper medical forms**

#### **General Medical Certificate (INZ 1007), Limited Medical Certificate (INZ 1201)**

*'Part 2: Completing a 501 Medical examination'.*

*'Part 3: Completing a 512 Limited medical examination'.*

#### **Blood tests**

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 paper medical form for the applicant to take to the laboratory for completion. The Panel Physician must 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 and attached for submission to INZ.

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

It is acceptable for Panel Physicians to use their own laboratory forms/process, provided 'Section I: Confirmation of identity and declaration' is 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, must be initialled for authenticity and securely attached.

#### **Paper – Chest X-ray Certificate (INZ 1096)**

*'Part 4: Completing a 502 Chest x-ray examination'.*

### **Film size for paper 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.

### **Reporting TB findings**

*'Part 5: Tuberculosis Screening and Management'.*

For paper medical forms where there is a high suspicion of active TB (Question C8), the Panel Radiologist or registered physician must immediately refer the applicant for sputum testing and a chest physician referral and follow local protocols to manage TB.

### **Declaration by examining radiologist**

In making the declaration, Panel Radiologists must ensure the date, place of examination and the Panel Radiologist's name are clearly stated on the paper medical form.

Panel Radiologists should 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 signing the paper form declaration, the Panel Radiologist is acknowledging responsibility for the integrity and quality of the radiological examination process.



## 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, 3<sup>rd</sup> 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



**Te Kāwanatanga o Aotearoa**  
New Zealand Government