

March 2021

INZ 1143



# RSE Scheme Supplementary Medical Certificate

HIV test form

## Who should fill out this form

You are only required to have this certificate completed if you are applying for a limited visa to travel to New Zealand to work under the Recognised Seasonal Employer (RSE) scheme where:

- you are a citizen of a country listed in the table below, or
- you are normally resident in a country listed in the table below.

Angola	Congo	Guinea	Myanmar	Swaziland
Bahamas	Côte d'Ivoire (Ivory Coast)	Guinea-Bissau	Namibia	Thailand
Barbados	Democratic Republic of Congo	Guyana	Niger	Togo
Belize	Djibouti	Haiti	Nigeria	Trinidad and Tobago
Benin	Dominican Republic	Honduras	Papua New Guinea	Uganda
Botswana	Equatorial Guinea	Jamaica	Republic of Moldova	Ukraine
Burkina Faso	Eritrea	Kenya	Russian Federation	United Republic of Tanzania
Burundi	Estonia	Lesotho	Rwanda	Zambia
Cambodia	Ethiopia	Liberia	Sierra Leone	Zimbabwe
Cameroon	Gabon	Malawi	South Africa	
Central African Republic	Gambia	Mali	Sudan	
Chad	Ghana	Mozambique	Suriname	

## General instructions for applicants

1. You are required to take this form to a examining physician (see 'Who can complete this form?' below). Complete 'Section A: Personal details' before the examination and 'Section B: Blood tests' in the presence of the examining physician.
2. The examining physician will confirm your identity, remove sections E and F, and refer you to a laboratory to have a blood sample taken. The examining physician will keep sections A, B and C of the form.
3. You must fill out and take sections D and E to the laboratory that the examining physician refers you to.
4. The person taking your blood will confirm your identity, take a blood sample and have the blood tested. Once the test results are received, the laboratory will send sections D and E, and the test results sheet to the examining physician.

If you want to be advised of your blood test result before it is sent to the examining physician, you should arrange this with the testing laboratory.

Refer to the further instructions in each section of this certificate.

## Who can complete this form?

---

In countries where Immigration New Zealand has an approved list of panel physicians this form must be completed by a listed panel physician.

See our website [www.immigration.govt.nz/healthinfo](http://www.immigration.govt.nz/healthinfo) for a list of panel physicians near you. If you are in a country where there are no panel physicians, a registered medical practitioner, preferably your own general practitioner, can complete this form. The panel physician or general practitioner that completes this certificate will be referred to as the 'examining physician' throughout the form.

## What to bring to the medical examination

---

- Your valid passport for identification.
- Two recent passport photos (less than six months old).

## Your responsibilities

---

- You must pay for the examination and the laboratory tests.
- You must tell the truth. Any false statement on this form may result in your limited visa application being declined, or you may become liable for deportation and be required to leave New Zealand.

## What happens next?

---

You should submit this completed form, including the laboratory results, with your application for an RSE limited visa. This form must be submitted with your RSE limited visa application within three months of it being completed by the examining physician. Immigration New Zealand may follow up your submission with a request for further information (for example, specialist reports or further tests).

## Section A Personal details

### Instructions for applicant

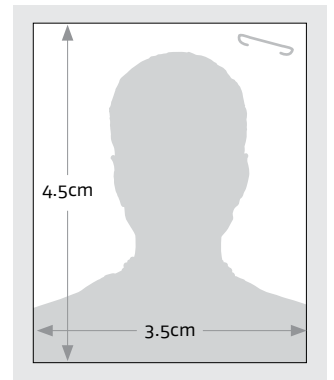
- The person being examined should complete questions **A1** to **A10** before having the medical examination.
- Please use a black pen and write neatly in English using **BLOCK LETTERS**.

### Instructions for examining physician

- Please confirm the identity of the applicant below (see **A11**).
- Once the form is completely filled out, the examining physician must initial the box at the top of each page.
- Immigration New Zealand (INZ) will return illegible forms to you for clarification.
- Please tick or fill in all boxes.

### Applicant

Please attach one passport-size photograph of yourself here.  
The photograph must be less than six months old.  
Write your full name on the back of the photograph.



**A1** Passport number

**A2** Your full name (as it appears in your passport)

Family/last name

Given/first name(s)

Other names you are known by

**A3** Full home address

**A4** Telephone (daytime) *Include country code and area code*

**A5** Email address

**A6** Gender  Male  Female **A7** Date of birth

**A8** Country of birth

**A9** Country of citizenship

**A10** Country of residence

### Examining physician

**A11** Has valid photographic identification been sighted (for example, passport)?

Yes *Examining physician to certify identity by placing signature and date across photograph above without obscuring the likeness of the person.*

No

**Section B** Blood tests**Instructions for examining physician**

- The examining physician should complete this section after receiving the laboratory test results.
- The examining physician must sign and attach all test results.

**B1** Blood test results

Date test results received | D | D | | M | M | | Y | Y | Y | Y |

HIV:  Negative  Positive

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

Date confirmatory test results received | D | D | | M | M | | Y | Y | Y | Y |

Confirmatory test:  Negative  Positive**Summary comments**

Please provide your comments (if any) on the applicant's test results.

---



---



---

**Examining physician's declaration**

This declaration must be signed and dated by the examining physician who referred the applicant for a blood test and who examined the results. This declaration must be signed after the examining physician has sighted and considered the blood test results. Please read carefully before signing.

I certify that:

- prior to referral, the identity of the applicant was confirmed by me in terms of papers, photographs and appearance
- the statements I have made in answer to the questions are true, correct and complete to the best of my knowledge, and
- the test results I have considered are securely attached and signed by me.

Signature of examining physician | \_\_\_\_\_ | Date | D | D | | M | M | | Y | Y | Y | Y |

Full name of examining physician

---

Place of examination (city and country) | \_\_\_\_\_ |

Address | \_\_\_\_\_ |

---

Telephone (daytime) | \_\_\_\_\_ | Telephone (evening) | \_\_\_\_\_ |

Fax | \_\_\_\_\_ | Email | \_\_\_\_\_ |

## Section C Declaration of person having the medical examination

### Instructions for applicant

- You must sign and date the declaration below in the presence of the examining physician.
- Please read carefully before signing.

### Instructions for examining physician

Please witness the applicant's declaration and sign and date the appropriate section below.

### Applicant's declaration

I certify that:

I understand the notes and questions in section A of this certificate and I declare the information given about me is true, correct, and complete.

I understand that this declaration also applies to the laboratory test sections (sections E and F).

I will inform Immigration New Zealand of any relevant fact or any change of circumstance that may affect the decision on my application for a visa due to my health circumstances.

I authorise Immigration New Zealand to make any enquiries it deems necessary in respect of the information provided on this certificate and to share this information with other government agencies (including overseas agencies) to the extent necessary to make decisions about my immigration status.

I authorise Immigration New Zealand to provide information about my state of health to any New Zealand health service agency.

I authorise any New Zealand health service agency to provide information about my state of health to Immigration New Zealand.

I undertake to pay the fees for this medical examination including the laboratory tests.

I agree that the examining physician and the laboratory that complete this certificate may release to Immigration New Zealand, or any medical assessor employed by them, any information acquired with regard to my health.

I understand that if I make any false statements, or provide any false or misleading information or have changed or altered this certificate in any way, my application may be declined, or I may become liable for deportation. I may also be committing an offence and I may be imprisoned.

Signature of person being examined  Date

## Section D Declaration by person assisting the applicant

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Signature of person assisting the applicant

Name of person assisting the applicant  Date

New Zealand Business Number (if applicable)  For help search: [www.nzbn.govt.nz](http://www.nzbn.govt.nz)

Signature of examining physician

Name of examining physician  Date

## About the information you provide

### Deciding whether you are eligible for a visa

Immigration New Zealand collects the information about you on this form to help decide whether you are eligible for an RSE limited visa. We may also use the information to contact you for research purposes or to advise you on immigration matters.

Collecting the information is authorised by the Immigration Act 2009 and the Immigration Regulations made under that Act. You do not have to provide the information, but if you do not we are likely to decline your application.

Immigration New Zealand may also share the information you have provided with other government agencies that are entitled to it by law, or with other agencies (as you have agreed in the declaration).

You are able to ask for the information we hold about you, and request to have any of it corrected if you think it is necessary.

The address of Immigration New Zealand is PO Box 1473, Wellington 6140, New Zealand.  
**This is not where your application should be sent.**

### For more information

If you have questions about completing the form:

- see our website [www.immigration.govt.nz](http://www.immigration.govt.nz)
- telephone our call centre on 0508 558 855  
(within New Zealand)
- contact one of Immigration New Zealand's offices.

March 2021

INZ 1143



# Laboratory Referral Form

## Section E Laboratory referral form

### Instructions for examining physician

- Remove sections E and F from the form.
- Complete the applicant's details below.
- Sign and complete your contact details below.
- Confirm that an HIV test is required for this applicant.

### Instructions for applicant

Please take sections E and F of this form to the blood testing facility that the examining physician refers you to.

### Instructions for laboratory

Please complete the requested test and declaration in section F, and return this form (sections E and F) and the test results to the examining physician.

### Applicant's details

**E1** Applicant's full name

**E2** Applicant's date of birth  **E3** Applicant's gender  Male  Female

**E4** Examining physician's laboratory reference number (if applicable)

#### Laboratory test required

HIV  (examining physician to tick)

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

**E5** Signature of examining physician  **E6** Date

### Examining physician's details

**E7** Full name

**E8** Address

## Section F Confirmation of identity and declaration

### Instructions for applicant

- Please attach **one** recent passport photograph in the space provided.
- Please complete **F1** to **F7** before your blood test.
- Please present this form when having blood taken for testing.
- The declaration below must be completed and signed in front of the person taking blood.

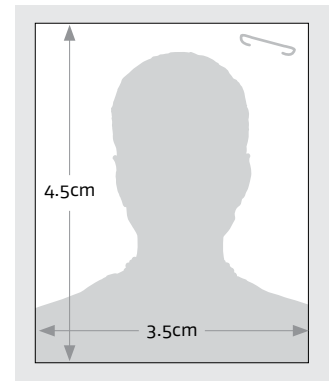
### Instructions for person taking blood

- Please confirm the identity of the applicant.
- Sign and date the declaration below.

### Person taking blood

Has valid photographic identification been sighted (eg passport)?  Yes  No

*Person taking blood to certify identity by placing signature and date across photograph without obscuring the likeness of the person.*



### Applicant

**F1** Passport number

**F2** Your full name (as it appears in your passport)

Family/last name

Given/first name(s)

Other names you are known by or have ever been known by

**F3** Gender  Male  Female

**F4** Date of birth

**F5** Country of birth  **F6** Country of citizenship

**F7** Country of residence

### Applicant's declaration

- I certify that I have read and understood the declaration at section C of this form.
- I understand that the declaration at that section also applies to the laboratory tests on this form.

Signature of applicant  Date

### Declaration of person assisting (if applicable)

I certify that I have assisted in the completion of this form at the request of the applicant and that the applicant understood the content of the form(s) and agreed that the information provided is correct before signing the declaration.

Signature of person assisting

Name of person assisting  Date

### Declaration of person taking blood

I certify I have confirmed the applicant's identity in terms of papers, photographs and appearance.

Signature of person taking blood

Name of person taking blood  Date