

BOOKING FORM

*Full Name: _____

First

Middle

Last

*DOB: _____ *Gender (As stated on passport) _____ *Country of Birth: _____

*Address: _____

*NZ Contact Number: _____ *Email: _____

*Passport Number: _____ *Passport Issuing Country: _____

*Passport date of issue: _____ *Passport expiry date: _____

PAYMENT

- ☐ Online Banking
- ☐ In person (Prior to appointment)

EXAM REQUIRED

- ☐ General Medical with Chest X-Ray
- ☐ General Medical without Chest X-Ray
- ☐ Limited Medical with Chest X-Ray
- ☐ Limited Medical without Chest X-Ray
- ☐ Chest X-Ray only
- ☐ Additional Information/Testing required (Please provide NZER or HR Reference)

*Please choose from **one** of the following options

<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input type="checkbox"/> Temporary </div> <div style="text-align: center; margin-bottom: 10px;">↓</div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Worker with Job offer <input type="checkbox"/> Worker without Job offer </div> <div style="text-align: center; margin-bottom: 10px;">↓</div> <div style="border: 1px solid black; padding: 5px;"> <p>How long do you intend to stay in New Zealand?</p> <input type="checkbox"/> Less than 6 Months <input type="checkbox"/> 6-12 Months <input type="checkbox"/> 12-24 Months <input type="checkbox"/> More than 24 Months </div>	OR	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input type="checkbox"/> Residence </div> <div style="text-align: center; margin-bottom: 10px;">↓</div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Skilled Business <input type="checkbox"/> Pacific Categories <input type="checkbox"/> Family <input type="checkbox"/> Humanitarian UNHCR <input type="checkbox"/> Humanitarian Other <input type="checkbox"/> Christchurch Response (2019) <input type="checkbox"/> 2021 Resident Visa <input type="checkbox"/> Straight to Residence <input type="checkbox"/> Business/Investor </div>
		<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <input type="checkbox"/> Work to Residence </div> <div style="text-align: center; margin-bottom: 10px;">↓</div> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Worker <input type="checkbox"/> Family of Worker </div>

What is your intended occupation in New Zealand? (Only valid if applying for work type visa)

I acknowledge that I have supplied Pukekohe Family Health Care with the correct information and application details in order to create an e-Medical Immigration case and that, should the information I supply be incorrect and occur additional costs or delays, this is my own responsibility, not Pukekohe Family Health Care's.

Date: _____

Name: _____

Signature: _____

Please send this form via email to immigration@pukekohehealth.co.nz or hand to reception

Thank you for choosing Pukekohe Family Health Care for your Immigration Medical Application, we will be in contact with you to make your appointment asap