



# NEW ZEALAND APPOINTMENT FORM

To schedule an appointment, via email, please fill out the details needed below and send to [mhc.nz@iom.int](mailto:mhc.nz@iom.int).  
(Please fill out one form for each applicant and include all forms in one email if you are requesting an appointment for more than one person.)

Total number of applicants:		Preferred Appointment Date: <i>(Monday-Friday only)</i>	
<b>INZ health case reference number (NZHR)</b> for Visitor Visa or AEWV <i>*Found in the email/medical instruction sent by INZ, please check your Immigration Online account</i>		Which medical process will you use for this appointment?	
Do you have a previous health assessment for New Zealand taken within 12 months? <i>*Required if YES</i> <i>NOTE: A remedial can only be performed if previous medical exam is already expired (12 months after the initial medical exam.)</i>		*Panel Clinic:	*Date:
Are you the principal applicant?		Relationship to Principal Applicant:	
Family Name:	First Name:	Middle Name:	
Country of Birth:		Date of Birth:	Age:
Sex (as indicated in the Passport):		Citizenship:	
Email Address:		Contact Number:	
Current Permanent Address in the Philippines:			
Passport Number:			
Passport Issue Date:		Passport Expiry Date:	
Is this your first time in IOM?		Do you have family member/s who had medical exams in IOM?	
<ol style="list-style-type: none"> <li>Do you want to receive an automated email update on the submission of your immigration medical exam by IOM to INZ?</li> <li>If yes, please provide a personal/active email address for this purpose.  <i>*Receiving this email is no longer possible at a later stage when the IME has been submitted.</i>            Same as above email</li> </ol>			

Visa Category:	Visa Type:	Medical Examination Required	Length of Stay in New Zealand
If you are applying for Work/Skills Category, kindly indicate your intended occupation in New Zealand.			