

Resistration form for NZ visa health examination

FAX: 06-6393-8342

※Please refer to page 2 if you do not have a FAX machine.

【Notice】 This form is only for those who have already made an appointment with us over the phone.

Exam date and time ※Please write down the date and time of your appointment.			
		(year/month/date/day)	AM· PM :
Surname	Given name	M · F	DOB (year/month/date) (Age:)
Address (〒 -)			
TEL:			
Name of parent/guardian ※For those under 18 years old :			
Relationship to the client <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other ()			
e-mail address:			
Date of departure:		Have you ever visited our hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ID ※If issued <input type="checkbox"/> NZER:		<input type="checkbox"/> NZHR:	
Country of birth:	Passport No.:	Issuing country:	
Date of issue:		Date of expiry:	
Name as in passport			
Surname		Given name	
Visa category and type <input type="checkbox"/> Visitor (other than family visitor) <input type="checkbox"/> Student(other than dependent child) <input type="checkbox"/> Work/Skills ⇒ <input type="checkbox"/> Temporary employment supported <input type="checkbox"/> Resident <input type="checkbox"/> Work to residence <input type="checkbox"/> Working holiday scheme <input type="checkbox"/> Job search <input type="checkbox"/> Business/Investor <input type="checkbox"/> Temporary - other (specify) [] <input type="checkbox"/> Family ⇒ <input type="checkbox"/> Partner(visitor/work/resident visa) <input type="checkbox"/> Child(visitor/student/resident visa) <input type="checkbox"/> Parent/Grandparent multiple entry(visitor visa) <input type="checkbox"/> Family parent(resident visa) <input type="checkbox"/> Parent retirement(visitor/resident visa) <input type="checkbox"/> Guardian(visitor visa) <input type="checkbox"/> Other []			
Occupation in NZ (If your visa type is Work or Skills) []			
Duration of stay: <input type="checkbox"/> Less than 1 year <input type="checkbox"/> 1 to 2 years <input type="checkbox"/> 2 to 3 years <input type="checkbox"/> Over 3 years <input type="checkbox"/> Permanent residence			
Please tick the required examinations.			
<input type="checkbox"/> X-ray certificate <input type="checkbox"/> General medical certificate <input type="checkbox"/> Limited medical certificate <input type="checkbox"/> HIV test <input type="checkbox"/> Other ()			

Note

- Please make sure to fax a registration form alone. (You can fax anytime 24 hours.)
- Send us a registration form ASAP. Your appointment will be confirmed once we receive the form.
- Fill in all required fields.
- Please make an appointment over the phone before sending a registration form. We will not contact you even if you send a form without an appointment.
- **Read page 3 carefully for precautions and belongings for the exam.**
- A client declaration form should be signed by an applicant on the day of examination.
- **The form should be signed by a guardian on the day of examination if an applicant is under 18.**

For those without FAX machine

【Note】 Please make an appointment with us over the phone before emailing us.

Your personal information is needed for making an appointment.

Please fill in all the required fields.

- | | |
|---|--------------------------------------|
| 1. Date and time of examination | ex. 2016/Mar/23 AM 10:30 |
| 2. Name (Surname / Given name) | |
| 3. Sex | |
| 4. DOB | ex. 1999/Feb/20 |
| 5. Name of parent/guardian | ※ Refer to page 1 |
| 6. Relationship to the client | |
| 7. Address | Please include your P.O.B. |
| 8. TEL | |
| 9. email address | |
| 10. Date of departure | |
| 11. Have you ever visited our hospital? | |
| 12. ID (NZER / NZHR) | ※If issued |
| 13. Country of birth | |
| 14. Passport No. | |
| 15. Issuing country | |
| 16. Dates of issue and expiry | |
| 17. Name as in passport | |
| 18. Type of visa | ※Refer to page 1 |
| 19. Occupation in NZ | ※If your visa type is Work or Skills |
| 20. Duration of stay | ※Refer to page 1 |
| 21. Required examinations | ※Refer to page 1 |

Please write "NZ health examination" in the title of an email.

Email address : kensin@kaisei-hp.co.jp

- Send us a registration form ASAP. Your appointment will be confirmed once we receive the form.
- The email address given above is only for a registration of AUS health exams. Should you have any enquiries, please contact us by phone. We don't respond by email.
- **Read page 3 carefully for precautions and belongings for the exam.**

What to bring for the exam

- Passport ※Passport Copy is not acceptable. Beware of the expiry date.
- Documentation in which your health exam ID is written
 - ※Referral Letter or Health Examination List
- Glasses or Contact lenses (if you have medical examination.)
 - ※ Please bring a new pair if you use one-day contact lenses just in case.)
- In some cases, a medical certificate in English from your consulting doctor may be required. if you have a condition or medication to take to AUS.
 - ※We recommend you to prepare in advance and bring it on the day of exam.

<input type="checkbox"/> Price	X-ray certificate	11 years of age and older	13,000yen
	General medical & X-ray certificate	15 years of age and older	34,000yen
		11 to 14	30,000yen
	General medical certificate	5 to 14	22,000yen
		Under 5	21000yen
	Limited medical & X-ray certificate	15 years of age and older	29,000yen
11 to 14		18,000yen	
Limited medical certificate	Under 11	10,000yen	

(Excluding tax)

Notice

◎Exam results

- It takes about 7 to 14 days for your health exam results to be sent to the immigrant office.
- Please be aware that it takes more time if your health results show abnormalities.

◎For female applicants

If you have a urine test, avoid taking it during menstruation or for a few days before and after menstruation. A repeat test will be given another day if the results show any abnormality and it takes longer to complete the exam. Contact us if your appointment may meet menstruation.

If you are pregnant or there is a possibility of pregnancy, please contact us.

◎Restrictions on the exam day

- For those having a General Medical examination, drink enough fluids before the exam for a urine test.
- No blood test required for those under 15 years old. No urine test required for those under 5 years old.
- Time required for the exam is approximately one hour. It takes 2 to 3 hours if blood test is required.

◎Making a change or cancellation of your appointment

For the other applicants sake, please refrain from cancelling or changing your appointment at the last minute.

◎Kenshin Center is located on the first floor, room No.12.

Make sure not to be late for the appointment or forget anything.

You may not be able to have an examination if you are late. Please give us a call in advance.

Should you have any questions, please contact us by phone.



Osaka Kaisei Hospital Kenshin Centre

〒532-0003 1-6-10, Miyahara, Yodogawa-ku

TEL: 06-6393-8069

【Opening hours Weekdays : 9AM ~ 4:30PM

Sat : 9AM ~ 12:30PM

(Closing Sundays and National Holidays)