Client Declaration

I, ... declare that the information that I have provided, including in terms of my medical history and during my immigration health examinations as recorded in the eMedical system is true, complete and correct.
I understand that:

- my personal details and health information are being collected in the eMedical system to enable Immigration New Zealand ("INZ"), a department within the Ministry of Business, Innovation and Employment ("MBIE"), to determine whether or not they are satisfied that I meet the health criteria for a New Zealand visa(s) and to undertake client identification processes in addition to the health examination process;
- INZ is authorised to collect and use the personal information entered into the eMedical system under the Immigration Act 2009 (the Act), regulations made under that Act and in accordance with the Privacy Act 2020 and Biometric Processing Privacy Code of Practice 2025;
- INZ collects biometric information, including a photograph of an individual's head and shoulders, for biometric identification and verification purposes, in order to establish and verify the identity of clients
- provision of biometric information, specifically a photograph of my head and shoulders, is a mandatory part of the immigration health examination process, and that there is no alternative option to provision of this biometric information;
- if I do not allow biometric information to be collected as part of the health examination process, there may be delays in processing my visa application(s) and/or my visa application(s) may be declined;
- INZ also uses biometric information to detect and respond to immigration-related offending, and to improve INZ processes and systems;
- further information about INZ's handling of biometric and other personal information including INZ's biometric information privacy impact assessment and details of how to contact INZ including regarding handling of biometric information can be found on the INZ website at www.immigration.govt.nz;
- INZ will securely store my data and only authorised staff and service providers will have access to my information;
- as required health examinations must be completed and assessed prior to a visa decision being made, if I fail to complete the required health examinations or provide any required information including biometric information, the processing of my visa application will be delayed, and my visa application may not be accepted;
- if I have provided any false or misleading information as part of my immigration health examination, my visa application(s) may be declined and I may become liable for deportation including under sections 157 and 158 of the Act. I may also be committing an offence and I may be imprisoned including under sections 342 and 355 of the Act;
- I must inform INZ of any relevant fact or any change of circumstance that may affect the decision on my application for a visa, including changes in my health circumstances under • the information collected and stored relating to my New Zealand immigration medical examination will be electronically processed by the panel clinic I have selected in the eMedical system;
- the eMedical system is an electronic system hosted, operated and maintained by the Australian Department of Home Affairs ("Home Affairs");
- the information collected related to my immigration medical examination will be temporarily stored in the eMedical system , held on behalf of INZ by Home Affairs, and electronically transferred to INZ;

• Home Affairs will keep confidential any information stored temporarily within eMedical in relation to my immigration medical examination and is only authorised by INZ to use or disclose the information for the following purposes: where Home Affairs is required by law to do so, or for technical purposes related to the operation and maintenance of the eMedical system;
• the Government of New Zealand becomes the owner of the information entered about me into the eMedical system;
• if I confirm at the pre-exam stage of my health examination that I want to receive confirmation by email that my health examination has been completed:
• this confirmation will be emailed to the email address I have provided for this purpose; and
• if I later decide to use a different email address to the one I provided for this purpose, it is my responsibility to inform INZ; and
• if I provide the email address of an immigration adviser for this purpose, I am consenting to the release of information about my health examination to them; and
• if I provide the email address of an immigration adviser I will complete the INZ form Immigration Adviser Details *(INZ 1160)* and give it to the panel clinic to attach to my health examination, otherwise I will provide it directly to INZ as soon as I am able;
• I have the right to access and request correction to personal information held by INZ. I can make a request for personal information held by INZ or correction to this information to:
• the panel clinic during the examination; and
• from INZ once my health examination has been completed and submitted to INZ. The INZ website at www.immigration.govt.nz contains INZ's contact information;
• I have the right to complain to the Privacy Commissioner about INZ's processing of my biometric information, via the website at: [www.privacy.org.nz]
• INZ will retain my personal information in accordance with the Public Records Act 2005 and use this information in assessing my health in the future as necessary, for identity validation and verification purposes, and for audit purposes.

I also understand that my personal information (including my sensitive information) stored in eMedical and INZ systems (including medical results, bio details and digital photographs) may be disclosed to:

• New Zealand Government health agencies (including the Ministry of Health and Health New Zealand/Te Whatu Ora), health and settlement service providers and examining physician(s);
• New Zealand Government agencies entitled to receive this information by law, to the extent necessary to make decisions about my immigration status; and
• New Zealand law enforcement, health agencies and international agencies, including overseas recipients in the United Kingdom, the United States of America, Canada and Australia. [Note: if I am applying for a visa as a refugee or protected person, INZ will only disclose this information to another country, if it is satisfied that this information will not be disclosed to the country from which I have sought refugee or protection status and the disclosure is otherwise permitted under the Act].

I authorise:

• my medical information being submitted to INZ for the purposes of assessing my health for current or future New Zealand visa applications;
• my medical information being temporarily stored on the eMedical system owned and operated by Home Affairs;
• INZ to retain my medical information, including any x-ray images uploaded to the eMedical system, beyond the determination of my visa application, for the purposes of considering future applications I may make for a visa to New Zealand;

• INZ to store my biometric information, including digital photograph(s) of my head and shoulders, and to use this information for biometric identification and verification purposes, in addition to the health examination process. This may involve an INZ staff member/INZ system accessing and processing the biometric information I provide for identification or verification purposes, including to compare the biometric information I provide with information of other individuals held in INZ systems.
• INZ to disclose my personal information, including information about my health, to the radiologists or panel physicians who have examined me. The reason(s) for this disclosure will be to investigate inconsistencies between the radiologist and/or panel physician's examination and a previous/subsequent health assessment, to investigate any complaint against the radiologist or panel physician, or to follow up adverse results with the radiologist or panel physician to ensure the quality of the work undertaken by New Zealand's panel physician network;
• INZ to make any enquiries it deems reasonably necessary in respect of health information I have provided and to share this information with other Government agencies, in particular the Ministry of Health and/or Health New Zealand/Te Whatu Ora for public health purposes including a public health response to any communicable disease, and for these agencies to provide information about my health to INZ, to the extent necessary to make decisions about my immigration status;
• any New Zealand health service agency providing information about my state of health to INZ; and
• INZ disclosing my medical information in accordance with the provisions above.

I consent to myself, my partner and my children undertaking a full medical examination as requested by the medical agency assigned by the Refugee Quota Branch of INZ, if I have been selected under New Zealand's Refugee Quota Programme.

I undertake to pay the fees for the medical examination including laboratory tests and I also agree that I or my child will undergo, at my expense, any further medical examination(s) that may be required by INZ in respect of the immigration application.

.....

NAME: _____

DATE: _____/_____/_____

SIGNATURE: _____