

## General Medical Certificate

## Section A Personal details

Question: A must be completed by the examining physician or delegated staff.

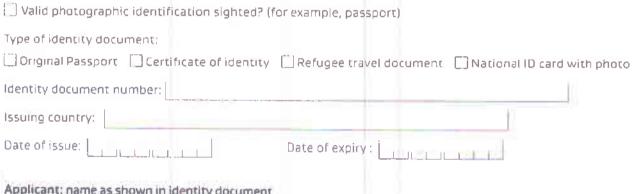
All other questions in this section must be completed by the applicant before the examination\_

Please use a black pen and write neatly in English using CAPITAL LETTERS. Illegible forms will be returned for clarification.

Tick or fill in all boxes.

Attach one recent passport-size colour photograph of yourself in the space provided. The photograph must be no more than six months old. Write your full name on the back of the photograph.





2	Applicant: name as shown in id	lentity document
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Applicant: name as shown in ide	ntity document		
Family name			
Given name:			
Title: Mr Mrs Ms	☐ Miss ☐ Dr	Other (specify)	
Gender Male Female	A4 Date	of birth (	

A5	Country of birth	
A6 .	Contact address	
	and/or personal email address:	

A9 How long do you intend to stay in New Zealand:

☐ Less than 1 year ☐ 1 - 2 years ☐ 2 - 3 years ☐ 3+ years ☐ Permanently