

NZ VISA Chest X-ray registration form

Please fill out this form beforehand and bring it on the date of your medical examination.

Date of leave JPN / / (dd/mm/yy) • undecided			
Name as shown in passport			
Surname		Given name	
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	DOB / / (dd/mm/yy)		Country of birth
Passport no.			Issuing country
Date of issue / / (dd/mm/yy)		Date of expiry / / (dd/mm/yy)	
Contact address (〒 —)			
E-mail address			
Which visa category are you applying for ? (Please choose one of the following 11 kinds)			
Temporary			
<input type="checkbox"/> Visitor			
<input type="checkbox"/> Student			
<input type="checkbox"/> Worker with job offer			
<input type="checkbox"/> Worker without job offer			
Residence			
<input type="checkbox"/> Skilled/Business			
<input type="checkbox"/> Pacific Categories			
<input type="checkbox"/> Family			
<input type="checkbox"/> Humanitarian UNHCR			
<input type="checkbox"/> Humanitarian other			
Work to Residence			
<input type="checkbox"/> Worker			
<input type="checkbox"/> Family of worker			
What is your intended occupation in New Zealand (if you are applying under the work category)?			
How long do you intend to stay in New Zealand?			
<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			