



Health case details

Client personal details

Family name: **CHAUDHARY**
Given names: **SHYAM**
Gender: **MALE**
Date of birth: **18 Sep 1993**
Country of birth: **NEPAL**

Client identity details

Identity document presented: **Original Passport**
Identity document number: **09884038**
Issuing country: **NEPAL**
Date of issue: **08 Jul 2016**
Date of expiry: **07 Jul 2026**
Source: **Clinic**

Client visa details

Visa Category: **Temporary**
Visa Type: **Worker without job offer**

Additional Information

How long do you intend to stay in New Zealand? **More than 24 months**
Does the client want to receive an email confirmation when their health case has been completed and if Immigration New Zealand requires more information? **Yes**

Contact channels

Contact type	Contact details	Primary	Comments
E-mail (Personal)	sam.chaudhary615@protonmail.com	Yes	-

Client Declaration

The client stated that they read and understood the department's use of the information they have provided.

Examinations required for this visa application

Exam	Status	Clinic
501 Medical Examination	Completed	Worldwise Travellers Health and Vaccination Centre (Hamilton) Limited
705 Estimated Glomerular Filtration Rate (eGFR)	Completed	Pathlab Associates Limited
707 HIV test	Completed	Pathlab Associates Limited
708 Hepatitis B test	Completed	Pathlab Associates Limited
712 Syphilis Test (VDRL or RPR)	Completed	Pathlab Associates Limited
716 Hepatitis C test	Completed	Pathlab Associates Limited
717 HbA1C	Completed	Pathlab Associates Limited
718 Full blood count	Completed	Pathlab Associates Limited

Health Case attachment

Document Type	Attached
Signed eMedical client declaration	Yes

Health case details

501 Medical Examination

Exam description	Full physical medical examination report required
Exam status	Finalised
Reason requested	Required under policy
Clinic	Worldwise Travellers Health and Vaccination Centre (Hamilton)
	Limited
Exam date	27-Jan-2021

Confirm Identity

Issuing country	NEPAL
Identity document presented	Original Passport
Identity document number	09884038
Date of issue	08 Jul 2016
Date of expiry	07 Jul 2026
Do you have identity concerns?	No

Medical History

Tuberculosis (TB), treatment for tuberculosis?	No
Close household contact with Tuberculosis (TB)?	No
Prolonged medical treatment and/or repeated hospital admissions for any reason, including a major operation or psychiatric illness	No
Psychological/Psychiatric Disorder (including major depression, bipolar disorder or schizophrenia)	No
An abnormal or reactive HIV blood test	No
An abnormal or reactive Hepatitis B or Hepatitis C blood test?	No
Cancer or Malignancy in the last 5 years	No
Diabetes	No
Heart condition including coronary disease, hypertension, valve or congenital disease	No
Blood condition (including thalassemia)	No
Kidney or Bladder Disease	No
An ongoing physical or intellectual disability affecting your current or future ability to function independently or be able to work full-time (including autism or developmental delay)	No
An addiction to drugs or alcohol	No
Are you taking any prescribed pills or medication (excluding oral contraceptives, over-the-counter medication and natural supplements)? Please list	No
Hereditary or auto-immune condition	No
Neurological condition, including a stroke or multiple sclerosis	No
Any significant family health history	Yes
Client's comment:	
Mother has Diabetes	

Client declaration

The client has provided true and correct medical history information.

Doctor declaration

Doctor Kerry LAMB has discussed the client's medical history with the client.

Attachments

Document Type	Attached
-	-

Health case details

Basic questions

Chaperone

Chaperone present?: **No - not required**

Interpreter

Interpreter present?: **No - not required**

Height & Weight

Height : **177**

Height percentile : **-**

Weight : **68**

Weight percentile: **-**

Body Mass Index (BMI) : **21**

Head circumference

Head circumference: **-**

Head circumference percentile: **-**

Blood pressure

Initial blood pressure

Systolic: **130**

Diastolic: **80**

Eyes

Visual acuity with or without correction:

At least one eye is 6/6, 6/9, 6/12 or 6/18

Best distance visual acuity (with or without correction):

Left eye: **-**

Right eye: **-**

Urinalysis

Initial exam

Exam date: **27 Jan 2021**

Type of test: **Dipstick**

Blood: **Negative**

Protein: **Negative**

Glucose: **Negative**

Detailed questions

All systems

Cardiovascular system	Normal
Respiratory system	Normal
Nervous system: Sequelae of stroke or cerebral palsy, other neurological disabilities	Normal
Gastrointestinal system	Normal
Musculoskeletal system (including mobility for all persons 60 or more years of age)	Normal
Endocrine system	Normal

Brain and cognition

Mental and cognitive status	Normal
Intellectual ability	Normal

Ears, nose, throat and mouth

Eyes (including fundoscopy)	Normal
-----------------------------	--------

Health case details

Ear/nose/throat/mouth Normal
Hearing Normal

Miscellaneous

Skin and lymph nodes Normal
Breast examination where clinically indicated N/A
Are there any physical or mental conditions which may prevent this person from attending a mainstream school, gaining full employment or living independently now or in the future? No
Evidence of drug taking (for example venous puncture marks) Absent
Heart Murmur No

Examiner Declaration

I declare that this health examination report is a true and correct record of my findings:
Date of Declaration:

Doctor Kerry LAMB
29 Jan 2021

Provide Grading

Grading: **A Grading**
family history of diabetes

705 Estimated Glomerular Filtration Rate (eGFR)

Exam description Please provide estimated glomerular filtration rate (eGFR) results
Exam status Finalised
Reason requested Required under policy
Clinic Worldwide Travellers Health and Vaccination Centre (Hamilton)
Limited
Exam date 27-Jan-2021

Confirm identity

Confirm Identity **Yes**

Record results

Estimated glomerular filtration rate results (eGFR in mL/ min/1.73m²) **117**

Attachments

Document Type	Attached
eGFR Test Report	Yes

707 HIV test

Exam description HIV testing and laboratory results are required.
Exam status Finalised
Reason requested Required under policy
Clinic Worldwide Travellers Health and Vaccination Centre (Hamilton)
Limited
Exam date 27-Jan-2021

Confirm identity

Was the client's identity confirmed? **Yes**

Record results

Health case details

HIV test result **Non-reactive**
Repeat HIV test result -
Post test counselling provided -

Attachments

Document Type	Attached
HIV test report	Yes

708 Hepatitis B test

Exam description Hepatitis B testing and results are required, including a Hepatitis B surface antigen test. Please provide the laboratory report.
Exam status Finalised
Reason requested Required under policy
Clinic Worldwide Travellers Health and Vaccination Centre (Hamilton) Limited
Exam date 27-Jan-2021

Confirm identity

Was the client's identity confirmed? **Yes**

Record results

Exam result **Non-reactive**
Post Test Counselling Provided -

Attachments

Document Type	Attached
Hepatitis B (HBsAG) Test Report	Yes

712 Syphilis Test (VDRL or RPR)

Exam description Syphilis testing and results are required
Exam status Finalised
Reason requested Required under policy
Clinic Worldwide Travellers Health and Vaccination Centre (Hamilton) Limited
Exam date 27-Jan-2021

Confirm identity

Was the client's identity confirmed? **Yes**

Record results

Syphilis test result **Non-reactive**
Repeat Syphilis test result -

Attachments

Document Type	Attached
Syphilis laboratory report	Yes

716 Hepatitis C test

Health case details

Exam description Hepatitis C testing and results are required, including a Hepatitis C antibody test. Please provide the laboratory report.
Exam status Finalised
Reason requested Required under policy
Clinic Worldwide Travellers Health and Vaccination Centre (Hamilton)
Exam date Limited
27-Jan-2021

Confirm identity

Was the client's identity confirmed? **Yes**

Record results

Exam result **Non-reactive**
Post Test Counselling Provided -

Attachments

Document Type	Attached
Hepatitis C (HepCAB) Test Report	Yes

717 HbA1C

Exam description HbA1C testing and results are required.
Exam status Finalised
Reason requested Required under policy
Clinic Worldwide Travellers Health and Vaccination Centre (Hamilton)
Exam date Limited
27-Jan-2021

Confirm identity

Confirm Identity **Yes**

Record results

Test result (in mmol/mol) **31**

Attachments

Document Type	Attached
HbA1C test report	Yes

718 Full blood count

Exam description Full blood count testing and results are required.
Exam status Finalised
Reason requested Required under policy
Clinic Worldwide Travellers Health and Vaccination Centre (Hamilton)
Exam date Limited
27-Jan-2021

Confirm identity

Confirm Identity **Yes**

Record results

Haemoglobin (HB in g/L) **148**
White Blood Cells (WBC in cells x 10⁹/L) **5.1**

Health case details

White Blood Cells (WBC in cells x 10 ⁹ /L)	5.1
Platelets (PLT in cells x 10 ⁹ /L)	177
Platelets (PLT in cells x 10 ⁹ /L)	177

Attachments

Document Type	Attached
Full blood count report	Yes