



Government of Niue

Health Department - Niue Foo Hospital

Box 33, Kaimiti, Alofi, Niue Island, email: immigration.niue@gov.nu ph:683 4100

NIUE IMMIGRATION MEDICAL CERTIFICATE.

WISHING TO ENTER AND RESIDE IN NIUE FOR GREATER THAN 60 DAYS

Demographics:

First Name (as shown on passport):.....

Family Name (as shown on passport):.....

Date of birth:.....(DD/MM/YYYY) Gender: Male Female

Nationality:..... Citizenship:.....
(place of birth)

Current Occupation:.....

Address:.....

Niue Sponsor.

- Name.....
- Address.....
- Contact:

Medical history:

List of current medical conditions e.g. Asthma, Diabetes, Hep B carrier, **Allergies?**

- | | |
|---------|---------|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Past Medical History

.....
.....
.....

Medications list

- | | |
|---------|---------|
| 1. | 4. |
| 2. | 5. |
| 3. | 6. |

Physical examination

- Weight (Kg).....
- Height(cm).....
- Heart rate (b/min):
- Blood pressure(mmHg) ____ / ____
- Spo2.....
- Respiratory rate(b/min)

Head:

- Eyes.....
- Ears.....
- Nose.....
- Throat.....

Chest:

1. Lungs,
 - air entry.....
 - Expansion.....
 - added sounds.....
2. Heart sounds (s1, s2 and added sounds)

Chest X Ray (report from radiologist to be attached or signed)

.....
.....
.....
.....

Radiologist signature.....

*(Note*Children 12 years old or younger and pregnant women do not need a chest Xray unless a special report is needed.)*

Abdomen/Genitourinary systems:

.....
.....

Limbs:

Skin:

Neuropsychiatry:

Mandatory Laboratory tests

(Note Children 15 years and younger do not need to take bloods unless we ask for one)*

Full blood count:

- Haemoglobin:_____.
- White blood cell:_____.
- Platelets:_____.

Renal functions test

- Creatinine Urea

Urinalysis:

- Albumin.....Positive, Negative
- Protein.....Positive, Negative
- Red blood cells.....Positive, Negative
- Glucose.....Positive, Negative

Serology

- HIV.....reactive, non-reactive
- VDRL.....reactive, non-reactive
- Hep B.....reactive, non-reactive

Fasting blood glucose/ Random blood glucose_____.

Further Laboratory tests (if suspected by the examiner or requested from Niue Immigration Medical Officer)

Stool analysis.

Filariasis

- Positive Negative

LFT

- Total Bilirubin AST ALT ALP

Dengue (IgM)

- IgM Positive Negative

Gonorrhoea/Chlamydia

- Positive Negative

Any other investigations done:

Immunization records (compulsory for children under 12 years of age)

Diphtheria	<input type="checkbox"/> yes <input type="checkbox"/> no	BCG	<input type="checkbox"/> yes <input type="checkbox"/> no
Tetanus	<input type="checkbox"/> yes <input type="checkbox"/> no	HepB	<input type="checkbox"/> yes <input type="checkbox"/> no
Pertussis	<input type="checkbox"/> yes <input type="checkbox"/> no	HIB	<input type="checkbox"/> yes <input type="checkbox"/> no
Polio	<input type="checkbox"/> yes <input type="checkbox"/> no	Flu vaccine	<input type="checkbox"/> yes <input type="checkbox"/> no
Measles	<input type="checkbox"/> yes <input type="checkbox"/> no	Human papilloma virus	<input type="checkbox"/> yes <input type="checkbox"/> no
Mumps	<input type="checkbox"/> yes <input type="checkbox"/> no	Covid	<input type="checkbox"/> yes <input type="checkbox"/> no
Rubella	<input type="checkbox"/> yes <input type="checkbox"/> no		

Any other immunizations:

Dental Oral health

Completed yes no

Last dental care follow up _____(DD/MM/YYYY)

Recommendation/ Comments

Signature of examining medical officer.

Name _____

Official stamp



Note:

- *This medical report is only valid for 3 months from the date of examination.
- *This form must be submitted to Niue health for assessment at least 2 months prior to arrival.
- *Under Public Health Ordinance 1965 Part IV, 14. (1a)
- *Must produce passport copy for name verification.
- *Must produce health document from own country when feasible.

15th May 2024