



## Health Questionnaire

### Health Questionnaire

This information is required by the NZP medical team for the purpose of assessing your medical suitability to join Police.

All health information will be handled in strictest confidence. If you are accepted as a police officer this information will be retained on your medical file and may be used and/or disclosed for the purpose of ensuring you maintain your health while a member of the NZP.

This Health Questionnaire and supportive medical documents are valid for 12 months.

### Instructions To Applicant

- (a) Read each question carefully and answer it accurately.
- (b) False or misleading information or answers, or willful suppression of facts may result in this application being declined, may result in prosecution, and may subsequently result in dismissal from employment with New Zealand Police.
- (c) You may be required to undertake further health assessment - at your own expense.
- (d) You need to inform the medical team of any changes to your health or medical circumstances during the recruitment process.
- (e) You may experience issues submitting this form when working on the Windows8 operating system in combination with the web browser Internet Explorer 11. If this happens please complete the form using Firefox or Google Chrome web browsers.
- (f) When you are ready to submit the form, please use the submit button at the bottom of the form and submit it online. We will only accept online form submissions.



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**New Zealand  
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Ngā Pirihimana O Aotearoa

Candidate Details

Name:

Date of Birth:

Date health questionnaire submitted:

Health Questions

1. What is your weight?

2. What is your height?

3. What is your occupation/profession?



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4. On average, how many times per week do you undertake vigorous exercise lasting longer than 20 minutes? Please describe in full detail and what this involves:


5. What sports teams/clubs are you CURRENTLY involved with and in what capacity?


6. Have you EVER or do you CURRENTLY serve with the New Zealand Defence Force or equivalent International organisation?

- Yes
- No

7. Have you EVER had a medical or psychological condition or used medication that may affect your ability to work, or that may be affected by your intended work, or that may affect the health of others?

- Yes
- No



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8. Are you CURRENTLY receiving treatment (e.g. medication, physiotherapy, counselling, and specialist health care, complimentary health services) for ANY health (medical and psychological) conditions?

- Yes
- No

9. Have you EVER had an illness or injury that has resulted in your being absent from work or education (if applicable) for 3 consecutive days or more?

- Yes
- No

10. Have you EVER been hospitalised or undergone any surgical procedures/operations?

- Yes
- No

11. Have you EVER sustained an injury or become unwell that has led you to see a health professional e.g. doctor, physiotherapist, chiropractor, counsellor?

- Yes
- No

12. Have you EVER suffered from arthritis, shin splints or any bone and joint problems?

- Yes
- No

13. Have you EVER suffered from migraines or persistent headaches?

- Yes
- No

14. Have you EVER had epilepsy, experienced seizures or loss of consciousness?

- Yes



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No

15. Do you have (Type 1 or Type 2) Diabetes Mellitus or raised blood sugar levels?

Yes  
 No

16a. Do you know of ANY other circumstances regarding your health and fitness, symptoms, illness, injury or surgery that might make you unable to carry out the duties of a police officer?

Yes  
 No

Please provide details indicating the diagnosis, when treated (month and year), duration and type of treatment, your rehabilitation programme and whether there is any resulting disability that might affect your ability to perform full operational duties.

16b. Do you know of ANY other circumstances regarding your health and fitness, symptoms, illness, injury or surgery that might make you unable to complete the recruiting physical training competencies (PAT & PCT) programme - during pre-selection recruitment training and testing, and if selected while at the Royal New Zealand Police College without interruption?

Yes  
 No

17. Have you any EVER had any hearing problems, deafness or tinnitus (buzzing or ringing noises in the ear)?

Yes  
 No

18. Have you EVER had any operations on your ears?



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- Yes
- No

19. Do you wear any type of hearing aid or implant?

- Yes
- No

20. Any health problems, related to work with computers, keyboards and/or a computer mouse?

- Yes
- No

21. Any form of occupational overuse syndrome (OOS)?

- Yes
- No

22. Repetitive Strain Injury (RSI) or back pain that is made worse or caused by sitting?

- Yes
- No

23. Do you regularly or intermittently take any prescribed medication (not including the oral contraceptive pill)?

- Yes
- No

24. Have you EVER taken medication to treat a psychiatric, psychological or neuro-behavioural disorder? e.g. Depression, Anxiety, PTSD, Bipolar, ADHD.

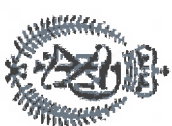
- Yes
- No

25. Have you EVER had a suspected or been diagnosed with ANY of the following?

Psychological disorders of any kind



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- Yes
- No

**Depression and anxiety**

- Yes
- No

**Stress Disorders**

- Yes
- No

**Post traumatic reactions**

- Yes
- No

**Thoughts or expressions of suicide ideation**

- Yes
- No

**Serious substance use disorder (e.g. drug or alcohol)**

- Yes
- No

**Eating Disorders**

- Yes
- No

**Disorders of impulse control**

- Yes



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No

Excessive aggression

Yes  
 No

Psychosomatic disorders (physical manifestations of stress)

Yes  
 No

Emotional problems

Yes  
 No

Phobias

Yes  
 No

Mental breakdown of any kind

Yes  
 No

26a. Have you EVER been involved or exposed to any incident and/or traumatic situation? e.g. been witness to, or attended a motor vehicle accident involving multiple casualties and/or fatalities, suicide, abuse, violence, natural disaster, war zone exposure, assault, sexual abuse, bullying etc.

Yes  
 No

27. Have you EVER had asthma, used an inhaler medication or been troubled by shortness of breath, wheezy tendency or any other respiratory problems?





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- Yes
- No

28. Do you have ANY level of deteriorated vision in either eye?

- Yes
- No

29. Do you wear, or have you EVER worn, glasses or contact lenses?

- Yes
- No

30. Do you suffer from ANY form of colour blindness?

- Yes
- No

31. Have you EVER had an operation on your eyes?

- Yes
- No

## Appendix B



### Recruit Additional Information

#### Instructions To Applicant

- (a) Read each question carefully and answer it accurately.
- (b) Before starting to complete this form, make sure you have your CV. ([How to write your CV](#))
- (c) False or misleading information or answers, or wilful suppression of facts may result in this application being declined, may result in prosecution, and may subsequently result in dismissal from employment with New Zealand Police.
- (d) If you have any questions or require any further information in relation to this application please contact recruitment staff at either [UpperNorthRecruiting@police.govt.nz](mailto:UpperNorthRecruiting@police.govt.nz) or [LowerNorthRecruiting@police.govt.nz](mailto:LowerNorthRecruiting@police.govt.nz).
- (e) You may experience issues submitting this form when working on the Windows8 operating system combined with the web browser Internet Explorer 11. If this happens please complete the form using Firefox or Google Chrome web browsers.
- (f) When you are ready to submit the form, please use the submit button at the bottom of the form and submit it online. We will only accept online form submissions.

Personal Information

Full name (including any other names used; changed by deed poll; maiden name):

Surname:

First Names:

Relationship Status:

Emergency Contact Information

Name of Contact:

Relationship to you:

Phone:

Address:

Education

Highest Education Level:

Institution:

Driver Licence Details

Driver Licence Number:

Expiry Date:

Issue Date:

Classes:

Endorsements/Conditions:

Driving Experience:

Majority of driving was for:

Vehicle size:

Majority of driving is in a:

Approximate kilometres per week:

General



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State whether you board, own a house, rent from employer, or otherwise. Give details of rent or mortgage repayments:

Give details of hire purchase commitments:

Give details of any other debts or amounts of money owing, and the type of debt (e.g. credit card, personal loan, student loan) and to whom it is owed (e.g. bank, department store)

Are you, or have you ever been declared bankrupt?

--	--

Have you had any court action taken against you for any debt?

--	--

Have you had repossession proceedings commenced against you?

--	--

Have you been, or are you currently in receipt of any government funded benefit e.g. unemployment, sickness or other?



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Have you ever incurred a benefit related debt?

Were you ever charged or convicted of benefit fraud?

Have you ever used, tried or been offered any illegal drugs (including cannabis, performance-enhancing drugs/supplements)?

Name and Station of any member of Police to whom you are well known:

Do you have any close relatives in the N.Z. police?

If yes give details of name, station and relationship to you.

Employment

List your COMPLETE work history in chronological order, starting with your current employment. Also list part-time and overseas employment. If you have less than 5 years' work history, please provide education history. We will ask you for your referees contact information after you've successfully completed interview.

Employer 1 - Current or most recent:

1. Organisation Name:

1. Your Position Title:



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Māori Pākehanga O Aotearoa

- |                       |                                 |
|-----------------------|---------------------------------|
| 1. Employed From:     | 1. Employed To:                 |
| 1. Supervisor's Name: | 1. Supervisor's Position Title: |
| Employer 2:           | 2. Your Position Title:         |
| 2. Organisation Name: | 2. Employed To:                 |
| 2. Employed From:     | 2. Supervisor's Position Title: |
| 2. Supervisor's Name: | 3. Your Position Title:         |
| Employer 3:           | 3. Employed To:                 |
| 3. Organisation Name: | 3. Supervisor's Position Title: |
| 3. Employed From:     | 4. Your Position Title:         |
| 3. Supervisor's Name: | 4. Employed To:                 |
| Employer 4:           | 4. Supervisor's Position Title: |
| 4. Organisation Name: | 5. Your Position Title:         |
| 4. Employed From:     | 5. Employed To:                 |
| 4. Supervisor's Name: | 5. Supervisor's Position Title: |
| Employer 5:           |                                 |
| 5. Organisation Name: |                                 |
| 5. Employed From:     |                                 |
| 5. Supervisor's Name: |                                 |

About Your Family



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**YOUR SPOUSE OR PARTNER: (Include maiden name if applicable)**

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

**FATHER:**

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Phone:

**MOTHER:**

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Phone:

**Your Stepfather or Mother's partner: Enter N/A if not applicable**

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

**Your Stepmother or Father's partner: Enter N/A if not applicable**

Name: (Firstnames, Surname)

Date of Birth:



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Address:

Place of Birth:

Gender:

Phone:

Your Brother / Sister: (include full, half and/or step siblings)Enter N/A if not applicable

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

Your Brother / Sister: (include full, half and/or step siblings)Enter N/A if not applicable

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

Your Brother / Sister: (include full, half and/or step siblings)Enter N/A if not applicable

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

Your Brother / Sister: (include full, half and/or step siblings)Enter N/A if not applicable

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:





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Your Brother / Sister: (include full, half and/or step siblings)Enter N/A if not applicable

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

Your Brother / Sister: (include full, half and/or step siblings)Enter N/A if not applicable

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

Your Brother / Sister: (include full, half and/or step siblings)Enter N/A if not applicable

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

Your Spouse's or partner's Father/Stepfather/Partner:

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Phone:

Your Spouse's or partner's Father/Stepfather/Partner:

Name: (Firstnames, Surname)

Date of Birth:



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Address:

Place of Birth:

Phone:

Your Spouse's or partner's Mother/Stepmother/Partner:

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Phone:

Your Spouse's or partner's Mother/Stepmother/Partner:

Name: (Firstnames, Surname)

Date of Birth:

Address:

Place of Birth:

Phone:

Your Child or Child of partner (only if aged 10+):

Name:

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

Your Child or Child of partner (only if aged 10+):

Name:

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:



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Your Child or Child of partner (only if aged 10+):

Name:

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

Your Child  or Child of partner (only if aged 10+):

Name:

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

Your Child or Child of partner (only if aged 10+):

Name:

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

Your Child or Child of partner (only if aged 10+):

Name:

Date of Birth:

Address:

Place of Birth:

Gender:

Phone:

The Mother / Father of your children (if not already recorded):

Name: (Firstnames, Surname)

Date of Birth:



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Address:

Place of Birth:  
Phone:

The Mother / Father of your child/ren (if not already recorded):

Name: (Firstnames, Surname)

Address:

Date of Birth:  
Place of Birth:  
Phone:

The Mother / Father of your child/ren (if not already recorded):

Name: (Firstnames, Surname)

Address:

Date of Birth:  
Place of Birth:  
Phone:

Flatmate, Boarder (Adult living with you):

Name: (Firstnames, Surname)

Address:

Gender:

Date of Birth:  
Place of Birth:  
Phone:

Flatmate, Boarder (Adult living with you):

Name: (Firstnames, Surname)

Address:

Gender:

Date of Birth:  
Place of Birth:  
Phone:



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Mōri Pōhēkena O Aotearoa

Flatmate, Boarder (Adult living with you):

Name: (Firstnames, Surname)

Address:

Gender:

Flatmate, Boarder (Adult living with you):

Name: (Firstnames, Surname)

Address:

Gender:

Date of Birth:

Place of Birth:

Phone:

Date of Birth:

Place of Birth:

Phone:

Military Service

Detail any military service undertaken:

Branch:

Date Service From:

Unit:

Service Number:

Date Service To:

Attachments

Please ensure all attachments are one of the following file types: .pdf .doc .docx .rtf .txt

Upload Resume:



**Initial Telephone Conversation**

**CANDIDATES DETAILS**

Applicant's Name:

Interviewer's Name:

Date:

**QUESTIONS**

Why are you interested in joining NZ Police? What specifically appeals to you about being a Police Officer?

What skills and experience can you bring to NZ Police (e.g. community or voluntary work, language or leadership skills)?

What's your understanding of assessment day? Prior to assessment day, you must receive initial medical clearance. You must be able to attend an initial PAT within 8 weeks of meeting the academic standards at assessment day.

Is there any reason why you couldn't attend an assessment day within 8 weeks of receiving initial medical clearance?

Do you understand the requirements for the water safety training at RNZPC? If you are not confident in the water, head to your local pool.

Do you understand the requirements for the Distance Learning course? After formal interview, you will need to complete and pay \$715 for this part-time 12 week course.

How fast can you type?

Are there any aspects of the RNZPC training, pay, or shift work that you have questions about?

If applicable: As you have lived overseas for three months or more, within three months of assessment day you will need to obtain and pay \$50-\$150 for an overseas clearance.

Have you previously been employed by NZ Defence Force?

Are there any parts of the selection process you have any questions or concerns about?





Next steps if re-assess:

Additional or clarifying questions (from RA)



Request Letter of Explanation



Next steps if proceeding:

1. Please advise us if any of your information or circumstances change.
2. Complete the online Health Questionnaire within two weeks.
3. To prepare for assessment day, we recommend you read the Preparing for Police Selection booklet which you can find on [www.newcops.co.nz](http://www.newcops.co.nz).



Initial Telephone Conversation Summary:

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Further Comments:

A large, empty rectangular box with a thin border, intended for entering further comments.



## XREF Questionnaire | NZ Police Employer Updated

### Note to Referee

This candidate has applied for a role as a New Zealand (NZ) Police Officer and they have indicated that you have given permission to complete this reference request on their behalf.

Please provide as much detail and relevant examples as you can as part of your response. Contact 0800 NEW COPS (0800 639 8677) or email [recruiting@police.govt.nz](mailto:recruiting@police.govt.nz) if you have any questions.

We thank you for your time.

1. Please outline the key responsibilities that the applicant held in the role that they performed for you.

Text area

2. What would you consider to be their key strengths?

Text area

3. Everyone has areas they can improve on. What would you consider they would be for the applicant?

Text area

4. What would you consider to be their key motivators? What do you think drives them?

Text area

5. How would you describe the applicant's interpersonal skills (written and verbal)?

Text area

6. Please rate and describe the applicant's attendance, punctuality and reliability?  
Select:

- Always exceeded expectations
- Often exceeded expectations
- Occasionally exceeded expectations
- Met expectations
- Occasionally fell short of expectations
- Often fell short of expectations
- Never met expectations

Text area

7. During their employment with you did the applicant come in contact with children? Are you aware of any concerns in their behaviour towards children, or in relation to the safety and

16. We consider situations from different perspectives, explore alternatives and assess their consequences before taking action. We take responsibility for our decisions and are prepared

- Exceeds criteria,
- Meets criteria,
- Does not meet criteria

Select:

15. Please score the candidates ability to take into account how their behaviour affects others, as their ability to share knowledge to achieve overall objectives

- Exceeds criteria,
- Meets criteria,
- Does not meet criteria

Select:

14. Please rate the candidate's ability to develop/maintain working relationships, as well as maintain professional boundaries in relationships.

Text area

13. We actively create and maintain relationships that inspire the trust of others. We seek to understand and appreciate our differences, and work cooperatively to share information and achieve desired outcomes. Describe a time when the applicant has developed relationships with others – peers or co-workers?

Text area

12. Are you aware of any associations that would reflect negatively on the applicant's suitability? Including any issues in relation to family and friends?

Text area

11. Are you aware of any issues relating to sobriety/drug use?

Text area

10. Have you observed the applicant engage in any inappropriate behaviour (e.g. display anger or aggression, disrespecting others, derogatory behaviour)? Please provide details of the behaviours observed. Any issues relating to honesty/integrity?

Text area

9. During their employment with you was there any performance or behavioural issues? If so, what were issues? What was the outcome?

Text area

8. Would you have any concerns about the applicant's ability to treat people from different backgrounds or ethnicities with respect?

Text area

welfare of children? Would you trust the applicant in a role of responsibility over children? If not, why not?





to review and change our approach when required. Please describe a situation when the applicant had to make an important decision or solve a problem?

Text area

17. Please explore the candidate's ability to evaluate situations with an open mind, whilst being able to seek others input when considering solutions.

- Exceeds criteria,
- Meets criteria,
- Does not meet criteria

Select:

18. Please rate the candidate's ability to respond quickly and decisively when required and when to recognise when to ask for help.

- Exceeds criteria,
- Meets criteria,
- Does not meet criteria

Select:

19. We are committed to delivering a high standard of service. We take personal responsibility for our performance – setting clear expectations, planning and prioritising our work, and seeking feedback from others in order to achieve our objectives. Please describe a situation which illustrates how the applicant goes about planning and delivering a piece of work/project/task.

Text area

20. Please rate the candidate's ability to demonstrate personal commitment to delivering a high standard of work whilst managing their time effectively.

Text area

21. Please score how the candidate takes responsibility for their own decisions/actions, and how they encourage others to do the same.

- Exceeds criteria,
- Meets criteria,
- Does not meet criteria

Select:

22. Why did they leave? Would you re-employ the applicant? Would you recommend the applicant to NZ Police?

Text area

23. Do you have any additional comments you would like to make? Or anything else you would like to let us know about the applicant?

Text area

24. Is there any part of the information you have provided during this reference check that you wish to be held confidential and not disclosed to the applicant? (If yes, ensure you record details of any comments to be held confidential).

Text area

25. The prospective employer may wish to contact you for further information, are you happy for them to contact you if required? If you are, please feel free to recommend a suitable time.

Text area





## XREF Questionnaire | NZ Police Club

### Note to Referee

This candidate has applied for a role as a New Zealand (NZ) Police Officer and they have indicated that you have given permission to complete this reference request on their behalf.

Please provide as much detail and relevant examples as you can as part of your response. Contact 0800 NEW COPS (0800 639 8677) or email [recruiting@police.govt.nz](mailto:recruiting@police.govt.nz) if you have any questions.

We thank you for your time.

1. What is your relationship with the applicant?

Text area

2. How long has the applicant been a member at the club? Is their membership currently active?

Text area

Select:

- Yes
- No

3. Does the applicant hold an official position with the club? Please describe their responsibilities.

Text area

4. Are there costs associated with the membership? If so, how responsible have they been with managing their financial obligations to the club?

Select:

- Yes
- No

Text area

5. What do you consider as their key personal strengths?

Text area

6. What would you consider as their key motivators?

Text area

7. Everyone has areas they can improve on. What would you consider they would be for the applicant?

Text area

8. Is the applicant a regular attendee at club activities? How would you describe their commitment? Are you aware of any issues relating to reliability or punctuality?

Text area

9. Please rate and describe the applicant's communication skills?  
Select:

- Always exceeded expectations
- Often exceeded expectations
- Occasionally exceeded expectations
- Met expectations
- Occasionally fell short of expectations
- Often fell short of expectations
- Never met expectations
- N/A

10. Have there been any problems with regard to the applicant abiding by club rules?

Text area

11. Have you observed the applicant engage in any inappropriate behaviours (e.g. display anger or aggression, disrespecting others derogatory behaviour, binge drinking)? Please provide details of the behaviours observed?

Text area

12. Are you aware of any issues relating to sobriety/drug use?

Text area

13. Would you have any concerns about the applicant's ability to treat people from different backgrounds or ethnicities with respect?

Text area

14. Are you aware of any concerns in the applicant's behaviour towards children, or in relation to the safety and welfare of children? Would you trust the applicant in roles of responsibility over children? If no, why not?

Text area

15. Do you have any additional comments you would like to make? Or anything else you would like to let us know about the applicant?

Text area

16. Would you recommend the applicant to NZ Police?

Text area



Text area

18. The prospective employer may wish to contact you for further information, are you happy for them to contact you if required? If you are, please feel free to recommend a suitable time.

Text area

17. Is there any part of the information you have provided during this reference check that you wish to be held confidential and not disclosed to the applicant? (If yes, ensure you record details of any comments to be held confidential).





# Initial Medical Visual Examination Report

## Information for Applicants

This report is to be completed by a NZ Police approved optometrist. Any costs incurred for this examination will be at your expense (applicant). Please then return this questionnaire (page 1-3) either by scanning and emailing to: [recruitment.medicals@police.govt.nz](mailto:recruitment.medicals@police.govt.nz), or sending the report to:

Medical Recruitment Team  
 Royal New Zealand Police College  
 Private Bag 50906  
 Porirua 5240

The information collected from you on this Visual Examination Report is required by NZ Police for the purpose of assessing your suitability to join NZ Police as a recruit. If you are selected as a recruit, this information will be retained on your medical file and may be used and/or disclosed for the purpose of ensuring you maintain your health while an employee of NZ Police. In accordance with that purpose it may be necessary to disclose information to an instructor or supervisor. Your medical file will be provided to NZ Police National Headquarters and will be held by Wellness and Safety and at the Royal New Zealand Police College during your training.

## PERSONAL DETAILS

Family name	First names
Address	Home phone
Date of birth	Mobile phone
	Email address

## MEDICAL INFORMATION

### 1. Are any of the following ocular conditions present:

1.1	Keratotomy - Radial (R,K), or Astigmatic (A,K), Keratoconus or Keratoplasty	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>
1.1.1	Keratotomy (R,K, or A,K)	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>
1.1.2	Keratoconus	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>
1.1.3	Keratoplasty	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>
<b>PASS</b> <input type="checkbox"/>			
1.2	PRK, LASEK, LASIK, or alternative corneal refractive procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2.1	Any corneal refractive procedure	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2.2	Has at least 3 months elapsed from a PRK, LASEK, LASIK treatment or re-	Yes <input type="checkbox"/>	No <input type="checkbox"/>
1.2.3	Glaucoma	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>

1.4	Defects in the Optical media	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>
1.5	Aphakia	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>
Note: IOLs must be implanted in both eyes to pass.		Go to 1.5.1	
1.5.1	Any corneal refractive procedure	R.E. <input type="checkbox"/>	L.E. <input type="checkbox"/>
		IOL <input type="checkbox"/>	IOL <input type="checkbox"/>

### LEVEL 1 ASSESSMENT

#### 2. Vision and visual acuity

2.1	Uncorrected vision	R.E. 6/ _____	L.E. 6/ _____	+/- _____ letters	+/- _____ letters
2.2	Uncorrected binocular vision	_____			
2.2	Fail if worse than 6/12 (logMAR 0.3) - 2 letters = VAR < 83 in either eye.				
2.3	Corrected vision	R.E. 6/ _____	L.E. 6/ _____	+/- _____ letters	+/- _____ letters
2.3	Fail if worse than 6/6 (logMAR 0.0) - 2 letters, CAR < 98 in either eye.				
				<b>PASS</b> <input type="checkbox"/>	

#### 3. Visual fields

3.1	Monocular vision	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>
3.2	Abnormal fields to confrontation	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>
3.3	Bitemporal or homonymous hemianopia	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>
3.4	<140° horizontal & +/- 45° vertical field	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>

#### 4. Colour perceptions

4.1	Ishihara	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>
4.2	Other diagnostic colour perception test e.g. D15, D15 saturated, CAD	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>
4.3	Medmont C100 or Oscar colour vision tester	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>
			<b>PASS</b> <input type="checkbox"/>

#### 5. Diplopia and Strabismus

5.1	Diplopia or manifest strabismus present	Yes <input type="checkbox"/> Fail <input type="checkbox"/>	No <input type="checkbox"/> Pass <input type="checkbox"/>
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### LEVEL 2 ASSESSMENT

#### 6. Glare disability

	Fail if worse than 6/7.5 (logMAR = 0.1), VAR < 95 in either eye	R.E. 6/ _____	L.E. 6/ _____	+/- _____ letters	+/- _____ letters
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Applicant's signature

Applicant's name

Date

Medical Recruitment Team  
 Royal New Zealand Police College  
 Private Bag 50906  
 Porirua 5240

I consent to this ocular examination and to the release of the results to:

Examiner's signature

Examiner's name

Date

Address (stamp)

10. Recommendations

7.1	Any history of familial/retinal disease present	Yes <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>	Pass <input type="checkbox"/>
8.	Contrast sensitivity function	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
8.1	Low contrast acuity	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
8.2	Met edge contrast threshold	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>
9.	Outcome of this examination	Fail <input type="checkbox"/>	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>	Pass <input type="checkbox"/>





# Asthma Questionnaire

## Information for Applicants

The information collected about you on this Asthma Questionnaire is required by New Zealand Police for the purpose of assessing your suitability as an applicant to join New Zealand Police as a recruit. In order to assess the effect that your asthma or wheezy tendency may have on your health fitness and safety to be a police officer, and also to your ability to meet the required medical standard the following questionnaire is to be completed at your own expense by your usual doctor (GP).

Personally complete Section 1 "Personal Details". The remainder of the questionnaire is to be completed by your doctor. Please then return this questionnaire either by scanning and emailing to [recruitment.medicals@police.govt.nz](mailto:recruitment.medicals@police.govt.nz) or sending the report to:

Medical Recruitment Team  
 Royal New Zealand Police College  
 Private Bag 50906  
 Porirua 5240

If you are selected as a recruit this information will be retained on your medical file and may be used and/or disclosed for the purpose of ensuring you maintain your health while an employee of NZ Police. In accordance with that purpose it may be necessary to disclose information to an instructor or supervisor. Your medical file will be retained at NZ Police National Headquarters (PNHQ) throughout the recruitment process, held at the Royal New Zealand Police College during your training and then Wellness and Safety, PNHQ.

## PERSONAL DETAILS

Family name	<input type="text"/>
Address	<input type="text"/>
Date of birth	<input type="text"/>
Police district	<input type="text"/>
First name(s)	<input type="text"/>
Home phone	<input type="text"/>
Mobile phone	<input type="text"/>
Email address	<input type="text"/>

## MEDICAL INFORMATION

Please provide further details on a separate page if necessary.

### 1. When did the applicant's asthma or wheezy tendency start?

Childhood	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adolescence	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As an adult	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### 2. Is asthma precipitated by:

Infection	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Exercise	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cold weather	Yes <input type="checkbox"/>	No <input type="checkbox"/>

9. Assessment of pulmonary lung function through spirometry is required for all NZ Police applicants with a history of asthma - please attach results to this document.

	b) Anticipated Peak Flow for height:
	a) Peak Flow today (best of 3)

8. What is the:

If yes, what was prescribed and when was the last time that this occurred?

7. Has the applicant required oral steroids to control his or her asthma?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

	b)
	a)

If yes, please list usual medication, frequency of use and date of last prescription. If a reliever is prescribed please be specific with indication of use e.g. weekly, monthly, every 2-12 months, etc.

6. Is the applicant on medication (either continuous or intermittent)?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

5. Please provide any other relevant information and key features (wheeze, breathlessness with or without a cough) as to how the asthma affects the applicant.

4. Has the applicant had any hospital admissions caused by asthma? When was the last admission?

Does the applicant smoke?

Yes <input type="checkbox"/>	No <input type="checkbox"/>
------------------------------	-----------------------------

	More than 10 days	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	4-10 days	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	1-3 days	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	0 days	Yes <input type="checkbox"/>	No <input type="checkbox"/>

3. Does the applicant lose time from school/work?



	<b>Medical Practitioner's signature</b>
	<b>Date</b>
	<b>Medical Practitioner's name</b>
<b>NZMC Stamp</b>	

Ensure spirometry results are attached before returning document to NZ Police. A challenge test may need to be conducted in order to establish fitness for entry into New Zealand Police, dependant on the information supplied in this form.

10. Please provide a summary detailing asthma history to date and a commentary on this applicant's ability to undertake intensive, sustained physical, and sporting activities.





# Final Medical Form

This form comprises of two parts:

- Part A is a detailed medical history and health risk screen to be completed by you (the applicant).
- Please complete Part A and take to your medical appointment.
- Part B is a record of medical examination to be completed by a medical practitioner.

Your medical practitioner will then return Part A along with Part B (8 pages in total) to the Medical Recruitment Team.

recruitment.medicals@police.govt.nz  
 Medical Recruitment Team  
 Royal New Zealand Police College  
 Private Bag 50906  
 Porirua 5240

NZ Police pay for this medical examination.

IMPORTANT: There is no guarantee of payment for additional tests without NZ Police's authority. Any additional investigations will be at the applicant's expense. Please ensure that the invoice includes the cost centre number 70758, is made out to "NZ Police (New Recruit)", and returned to Shared Services, PO Box 2797, Wellington 6140.

For any invoicing queries please contact the NZ Police accounts team directly at [AccountsProcessing@police.govt.nz](mailto:AccountsProcessing@police.govt.nz).

The information collected on this Final Medical Form is required to assess whether you have any medical condition(s) which may impact on your ability to undergo the physical and psychological demands of NZ Police Recruit training and operational duties. The information recorded on this form will be regarded as confidential and completed forms will be securely stored at Police National Headquarters.

For any questions regarding this medical examination contact Briar Campbell on 04 474 8876.

If NZ Police subsequently become aware that the applicant has provided false or misleading information on Part A, their application may be declined.

## PART A

Family name

Family name

Address

Address

Date of birth

Date of birth

NHI number

NHI number

Email address

Email address

### 1. Family History

Living		Deceased	
Ages	State of health	Year of death	Cause of death
Father			
Mother			
Sisters			
Brothers			
Partner/spouse			
Children			



Condition		Details
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Ashma, breathing problems or lung disease
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heart disease or blood pressure problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Neck and back problems e.g. lumbago, sciatica, degenerative or herniated disc history
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Knee, ankle or other joint problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Broken bones
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hearing or ear problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Epilepsy, migraines, or head injury with concussion
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Gynaecological problems (females only)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Indigestion, abdominal problems or jaundice
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Psychological or emotional problems
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever used, tried, or been offered illegal drugs (incl. cannabis, performance-enhancing drugs or supplements)? If yes, what, when, why, who with, how many times, and when was the last time?
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Any other issues or note not listed above:

4. Do you, or have you EVER suffered from the following: If yes, please give details:


3. Personal History  
Please list in chronological order all NOTABLE illnesses, accidents and operations, including all admissions to hospital.

Month/Year	Illness or injury and outcome

If yes, please provide further details

2. Is there any history of hereditary disease in your family?  Yes  No



Applicant's name

Applicant's signature

Date

Must be signed in front of Medical Practitioner

I declare that the answers in this Final Medical Part A are true and complete and that I have not withheld any relevant information, I realise that if the information is subsequently found to be false or incomplete, this could lead to my application being declined or my dismissal from NZ Police.

If yes, please attach to this document (both anti-HBs & HBsAg required). See also declaration on final page. There is no requirement to request Hepatitis B serology or administer Hepatitis B vaccinations as part of this assessment, as both will be arranged for recruit applicants only when call up to RNZPC has been arranged and confirmed.

9. Do you have a Hepatitis B blood test result showing proof of immunity?

Yes  No

1 <sup>st</sup> vaccine	2 <sup>nd</sup> vaccine	3 <sup>rd</sup> vaccine	Booster vaccine
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If yes, specify dates and attach vaccination record

8. Have you ever been vaccinated against Hepatitis B?

Yes  No

If yes, please specify

7. Have you EVER been reviewed by a specialist, or been in hospital for any health condition?

Yes  No

If yes, please specify

6. Do you have ANY other medical conditions that you have not listed above?

Yes  No

If yes, please specify

5. Do you take ANY medication

Regularly  Yes  No

Intermittently  Yes  No



	<b>Medical Practitioner's signature</b>
	<b>Date</b>
	<b>Medical Practitioner's name</b>
<b>NZMC stamp</b>	

I declare that I have reviewed the information provided by the applicant in this Final Medical Form and the answers to the best of my knowledge are true and complete and that no relevant information has been withheld.



Comment

	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	
		Right			Left
		Abnormal			Right
		Abnormal			Left

ENT: Tympanic Membranes, Throat & Nasal Airway

Hears FW at 3 metres

As a result of this examination, is audiometry necessary?

Comment

	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal <input type="checkbox"/> Normal	
				Skin

Scars or Tattoos

- 1.
- 2.
- 3.

kg	m	cm	(weight/height in metres square)	cm	cm
Weight	Height	Body Mass Index	Abdominal Girth		

If yes, please specify

	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Did Part A identify any clinical concerns?

This examination form is to be completed by your Medical Practitioner. The information collected on this Final Medical Form is required to assess whether this applicant has any medical condition(s) which may impact on their ability to undergo the physical and psychological demands of NZ Police Recruit training and subsequent operational duties of a NZ Police Officer. The information recorded on this form will be regarded as confidential and completed forms will be securely stored at Police National Headquarters. If NZ Police subsequently become aware that the applicant has provided false or misleading information on Part A, their application may be declined.

PART B



Brief description of physical appearance of applicant

Does the applicant smoke? Yes  No

Comment

Genito Urinary	Urine	Glucose	Protein	RBC
	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		

Comment

Abdominal	Liver	Right	Left
	Masses		
	Hernia		

Comment

Cardiovascular	Blood pressure	Heart Rate	Murmurs	Repeat after 5 mins if elevated	Heart Sounds	Any Enlargement
	Normal <input type="checkbox"/>					

Comment

Respiratory	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Peak Flow Rate
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Comment

Musculoskeletal	Spine	Cervical	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Thoracic	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Lumbar	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
		Upper	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>		Lower	Normal <input type="checkbox"/>		Abnormal <input type="checkbox"/>	CNS



Date	Signature

Recommendation by the NZ Police Medical Clearance Team

**FOR POLICE USE ONLY**

Medical Practitioner's signature

Date	Medical Practitioner's name

NZMC stamp

Having reviewed the Recruit Medical Examinations of Police Applicants guidelines, I have not identified any medical condition that may prevent the applicant from fulfilling the operational requirements of a Police Officer, or undergoing Recruit training at the RNZPC.

Medical Practitioner's signature

Date	Applicant's name

Applicant's signature

Date	Applicant's name

I agree to provide documentation of Hepatitis B vaccination and AntiHB (immunity) and HBsAg (disease) serology.

Hepatitis B  
If the applicant is selected for NZ Police training and employment they need to be aware that they will be subjected to an increased risk of exposure to certain infectious diseases, including Hepatitis B.  
Vaccination against Hepatitis B is strongly recommended for all recruits. This is offered for all new recruits at the commencement of their training at the Royal New Zealand Police College (RNZPC) in Porirua.  
If you have documentation of Hepatitis B serology (Anti-Hb and HBsAg) please attach to this document. If not, you do NOT need to request a blood test, or in the instance of nil evidence of immunity provide any vaccinations, this will be done by NZ Police.

If yes, please specify

As a result of the examination and answers to Part A of the Final Medical Form, are additional assessments clinically indicated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Grade suitability as a ratio of 1-4 (comment if necessary)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; text-align: center;">4</td> <td style="width: 50%;">Quite unsuitable</td> <td style="width: 40%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">3</td> <td>Probably unsuitable</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">2</td> <td>Suitable with qualifications</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">1</td> <td>Suitable without qualification</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	4	Quite unsuitable	<input type="checkbox"/>	3	Probably unsuitable	<input type="checkbox"/>	2	Suitable with qualifications	<input type="checkbox"/>	1	Suitable without qualification	<input type="checkbox"/>
4	Quite unsuitable	<input type="checkbox"/>											
3	Probably unsuitable	<input type="checkbox"/>											
2	Suitable with qualifications	<input type="checkbox"/>											
1	Suitable without qualification	<input type="checkbox"/>											



[Empty lined area for notes or documentation]

Any additional comments or supportive documentation





# Final Visual Examination Report

## Information for Applicants

This report is to be completed by a NZ Police approved optometrist. Please then return this questionnaire (pages 1-3) either by scanning and emailing to [recruitment.medicals@police.govt.nz](mailto:recruitment.medicals@police.govt.nz), or sending the report to:

Medical Recruitment Team  
 Royal New Zealand Police College  
 Private Bag 50906  
 Porirua 5024

Police pay for this "Final Visual Examination".

Please get your Optometrist to ensure that the invoice includes the cost centre number 70758, is made out to "NZ Police (New Recruit)", and returned to Shared Services, PO Box 2797, Wellington 6140.

For any invoicing queries please contact the NZ Police accounts team directly at [AccountsProcessing@police.govt.nz](mailto:AccountsProcessing@police.govt.nz).

The information collected from you on this Visual Examination Report is required by NZ Police for the purpose of assessing your suitability to join NZ Police as a recruit. If you are selected as a recruit, this information will be retained on your medical file and may be used and/or disclosed for the purpose of ensuring you maintain your health while an employee of NZ Police. In accordance with that purpose it may be necessary to disclose information to an instructor or supervisor. Your medical file will be provided to NZ Police National Headquarters and will be held by Wellness and Safety and at the Royal New Zealand Police College during your training.

## PERSONAL DETAILS

Family name	<input type="text"/>	First names	<input type="text"/>
Address	<input type="text"/>	Home phone	<input type="text"/>
Date of birth	<input type="text"/>	Mobile phone	<input type="text"/>
		Email address	<input type="text"/>

## 1. Are any of the following ocular conditions present:

1.1	Keratotomy - Radial (R.K.), or Astigmatic (A.K), Keratoconus or Keratoplasty	Yes <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>	Pass <input type="checkbox"/>
1.1.1	Keratotomy (R.K., or A.K)	Yes <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>	Pass <input type="checkbox"/>
1.1.2	Keratoconus	Yes <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>	Pass <input type="checkbox"/>
1.1.3	Keratoplasty	Yes <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>	Pass <input type="checkbox"/>
1.2 PRK, LASEK, LASIK, or alternative corneal refractive procedure					
1.2.1	Any corneal refractive procedure	Yes <input type="checkbox"/>	Go to 1.2.2	No <input type="checkbox"/>	Go to 1.3
1.2.2	Has at least 3 months elapsed from a PRK, LASEK, LASIK treatment or re-treatment?	Yes <input type="checkbox"/>	Date: _____	No <input type="checkbox"/>	Do not proceed
1.3	Glaucoma	Yes <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>	Pass <input type="checkbox"/>



Fail if worse than 6/7.5 (logMAR = 0.1), VAR<95 in either eye	R.E. 6/ <input type="text"/> +/- <input type="text"/> letters	L.E. 6/ <input type="text"/> +/- <input type="text"/> letters
---	---	---

6. Glare disability

LEVEL 2 ASSESSMENT \*only to be completed if history of visual corrective surgery

5.1 Diplopia or manifest strabismus present	Yes <input type="checkbox"/> Fail <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/>
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5. Diplopia and Strabismus

4.3 Medmont C100 or Oscar colour vision tester	Fail <input type="checkbox"/> Pass <input type="checkbox"/>	PASS <input type="checkbox"/>
4.2 Other diagnostic colour perception test e.g. D15, D15 saturated, CAD	Fail <input type="checkbox"/> Pass <input type="checkbox"/>	PASS <input type="checkbox"/>
4.1 Ishihara	Fail <input type="checkbox"/> Pass <input type="checkbox"/>	PASS <input type="checkbox"/>

4. Colour perceptions

3.4 <140° horizontal & +/- 45° vertical field	Yes <input type="checkbox"/> Fail <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/>
3.3 Bitemporal or homonymous hemianopia	Yes <input type="checkbox"/> Fail <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/>
3.2 Abnormal fields to confrontation	Yes <input type="checkbox"/> Fail <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/>
3.1 Monocular vision	Yes <input type="checkbox"/> Fail <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/>

3. Visual fields

2.3 Corrected vision	R.E. 6/ <input type="text"/> +/- <input type="text"/> letters	L.E. 6/ <input type="text"/> +/- <input type="text"/> letters	Fail if worse than 6/6 (logMar 0.0) - 2 letters, CAR<98 in either eye.	PASS <input type="checkbox"/>
2.2 Uncorrected binocular vision			Fail if worse than 6/12 (logMAR 0.3) - 2 letters = VAR< 83 in either eye.	
2.1 Uncorrected vision	R.E. 6/ <input type="text"/> +/- <input type="text"/> letters	L.E. 6/ <input type="text"/> +/- <input type="text"/> letters		

2. Vision and visual acuity

LEVEL 1 ASSESSMENT

1.5.1 Any corneal refractive procedure	R.E. <input type="checkbox"/> L.E. <input type="checkbox"/>	IOL <input type="checkbox"/> IOL <input type="checkbox"/>
Note: IOLs must be implanted in both eyes to pass.	Go to 1.5.1	Go to 2
1.5 Aphakia	Yes <input type="checkbox"/> Fail <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/>	
1.4 Defects in the Optical media	Yes <input type="checkbox"/> Fail <input type="checkbox"/> No <input type="checkbox"/> Pass <input type="checkbox"/>	





**7. Dark adaptation and night vision**

7.1	Any history of familial/retinal disease present	Yes <input type="checkbox"/>	Fail <input type="checkbox"/>	No <input type="checkbox"/>	Pass <input type="checkbox"/>
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**8. Contrast sensitivity function**

8.1	Low contrast acuity	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>
8.2	Met edge contrast threshold Fail if worse than 6/9 (logMAR = 0.2) VAR<90 in either eye.	Fail <input type="checkbox"/>	Pass <input type="checkbox"/>
9.	Outcome of this examination Fail <17.00db = edge contrast sensitivity of 70 in either eye	FAIL <input type="checkbox"/>	PASS <input type="checkbox"/>

**10. Recommendations**

Examiner's name

Address (stamp)

Date

Examiner's signature

I consent to this visual examination and the release of the results to:

Medical Recruitment Team  
Royal New Zealand Police College  
Private Bag 50906  
Porirua 5024

Applicant's name

Date

Applicant's signature



**PNHQ Medical Recruitment**  
Patient to Complete

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_\_ M / F

Address: Street: \_\_\_\_\_ Suburb: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

I have read and understand the terms and conditions listed below.

I wish Wellington SCL (or any NZ community Laboratory) to perform the following tests on samples taken from or supplied by me as part of my employment screening.

Please send a copy of my results to my GP (optional)

My usual doctor is: \_\_\_\_\_ Medical Centre Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Specimen Reception

Tests Required:

<input checked="" type="checkbox"/>	Test	Ultra	
<input checked="" type="checkbox"/>	Hepatitis B Immunity	HEB	
<input checked="" type="checkbox"/>	Hepatitis B surface antigen (diagnosis)	HEG	
<input checked="" type="checkbox"/>	Bleeding Fee	DRW	Charge only if the lab bleeds the patient

Please enter Cost Code 70505 in PO field

Name of Employer/Company:	NZ Police Headquarters	ATT Briar Campbell
Dr code:		MCWBC
Billing code:		NZPOL

**Terms and Conditions**

- Testing must be authorised by the employer (or the person paying for the testing to be carried out.)
- No interpretation of the results will be available from Wellington SCL, other than the clinical comments reported as part of the test result.
- Wellington SCL will send a copy of these results to the nominated Doctor.
- Wellington SCL will send a copy of these results to my employer.



# Physical Appraisal Test (PAT) | Registration Form

## PERSONAL DETAILS

Candidate's last name

Candidate's first name(s)

Date of birth

Age

Gender  Male  Female

District

Identification  Drivers Licence  Passport  Number

PRE-MEDICAL SCREENING

Female candidates that are pregnant are only permitted to undertake the PAT with a medical clearance.

### 1. Indicate if you have been treated/medicated for or experienced any of the following conditions/symptoms:

Have you ever been declined to sit the PCT	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Cardiovascular Disease (CVD) or a diagnosed heart condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Musculoskeletal reconstruction/operation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Currently have physically limiting condition/injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unreasonable chest discomfort with exertion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unreasonable breathlessness with exertion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unexplained burning/crampling legs with exertion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unexplained dizziness, fainting, or blackouts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High Blood Pressure ( $\geq 140/90$ )	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

A full medical clearance must be sighted by a PEO at your PAT assessment if you tick Yes to one or more of the above questions.

### 2. Indicate if any of the following Risks apply to you

Note: A Blood Pressure and/or Cholesterol reading within the last 12 months is considered current.

Male over 45 years or Female over 55 years	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Smoker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unknown Blood Pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unknown Cholesterol, or TC/HCL Ratio $>4.5$ , or Total $>5.0$ mmol/l	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Family History of CVD, Male $<55$ yrs or Female $<65$	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Physically Inactive ( $< 30$ minutes on at least 3 days/week)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
You are $>10$ kg overweight	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High Blood Pressure ( $\geq 140/90$ )	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

- I am aware that supplying false or misleading information on this form could result in either my application being reviewed or declined.
- I am aware that the information on this form may be shared with other Physical Education Officers (PEO) for the purpose of assessing my suitability to attempt the PAT.
- I hereby declare that I have read the above and have indicated No/Yes where appropriate, otherwise I am unaware of any medical or physical reason which would preclude me from undertaking the PAT safely.
- I will have or have had the PAT Safety briefing and will warm-up adequately just prior to testing.

### Accepted for testing by Physical Education Officer PEO

Yes  No

Candidates's signature

Date

PEO's signature

Date

# PAT | Test Results

## PERSONAL DETAILS

Candidate's last name: \_\_\_\_\_  
 Candidate's first name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_  
 Age: \_\_\_\_\_  
 Gender:  Male  Female

District: \_\_\_\_\_  
 Identification:  Drivers Licence  Passport  Wing Number \_\_\_\_\_

Test Date: \_\_\_\_\_  
 PAT Type:  Initial  Resit  Final  \_\_\_\_\_  
 Height (m): \_\_\_\_\_ Weight (kg): \_\_\_\_\_ BMI: \_\_\_\_\_

## 2.4km RUN

Males		Females		Notes	
BMI	Times (min)	BMI	Times	Points	Points
<19	Over 12:00	<19	Over 13:00	0	0
19-30	11:16 - 12:00	19-30	12:16 - 13:00	2	0
>30	10:15 - 11:15	>30	11:15 - 12:15	4	2
	Under 10:15		Under	6	4

Result: \_\_\_\_\_  
 Time: \_\_\_\_\_  
 Score: \_\_\_\_\_

Candidates are required to score:  
 - Min. 3 points if BMI is 19-30  
 - Min. 2 points if BMI is <19 or >30

## VERTICAL JUMP

Reach	Jump (cm)	Points
48 & over	40 & over	3
40-47	33-39	2
32-39	26-32	1
Under 32	Under 26	0

Jump 1: \_\_\_\_\_ 2: \_\_\_\_\_ 3: \_\_\_\_\_  
 Total Score \_\_\_\_\_  
 Candidates are required to score a minimum of 1 point.

## CONTINUOUS PRESS UPS

Number	Points
34 & over	3
25-33	2
Under 25	0

Number \_\_\_\_\_  
 Score \_\_\_\_\_  
 Candidates are required to score a minimum of 2 points.

## COMBINED GRIP STRENGTH

kg	Points
120 & over	3
105-119.9	2
90-104.9	1
Under 90	0

Right 1: \_\_\_\_\_ 2: \_\_\_\_\_  
 Left 1: \_\_\_\_\_ 2: \_\_\_\_\_  
 Total Score \_\_\_\_\_  
 Candidates are required to score a minimum of 1 point.

Final Result  Pass (≥11 points)  Fail (<11 points)

Recommended re-test timeline (weeks): \_\_\_\_\_  
 Total points scored: \_\_\_\_\_

PEO Name: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_



# Physical Competency Test (PCT) | Registration Form

## PERSONAL DETAILS

Candidate's last name: \_\_\_\_\_  
 Candidate's first name(s): \_\_\_\_\_ Age: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Gender:  Male  Female  
 District: \_\_\_\_\_  
 PCT Attempt: \_\_\_\_\_  
 Identification: \_\_\_\_\_  
 Drivers Licence:  Passport:  Number: \_\_\_\_\_  
 PCT 1<sup>st</sup>:  PCT 2<sup>nd</sup>:  PCT 3<sup>rd</sup>:

## PRE-MEDICAL SCREENING

Have you ever been declined to sit the PCT? Yes  No   
 Female candidates that are pregnant are only permitted to undertake the PAT with a medical clearance.  
**1. Indicate if you have been treated/medicated for or experienced any of the following conditions/symptoms:**

Cardiovascular Disease (CVD) or a diagnosed heart condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Musculoskeletal reconstruction/operation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Currently have physically limiting condition/injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unreasonable chest discomfort with exertion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unreasonable breathlessness with exertion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unexplained burning/crampling legs with exertion	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unexplained dizziness, fainting, or blackouts	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
High Blood Pressure ( $\geq 140/90$ )	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

A full medical clearance must be sighted by a PEO at your PCT assessment if you tick Yes to one or more of the above questions.  
**2. Indicate if any of the following Risks apply to you**

*Note: a blood pressure and/or Cholesterol reading within the last 12 months is considered current.*

Male over 45 years or Female over 55 years	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Smoker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Diabetic	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unknown Blood Pressure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unknown Cholesterol, or TC/HDL Ratio >4.5, or Total >5.0 mmol/l	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Family History of CVD, Male <55 yrs or Female <65	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Physically Inactive (< 30 minutes on at least 3 days/week)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
You are > 10kg overweight	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

- I am aware that supplying false or misleading information on this form could result in either my application being reviewed or declined.
- I am aware that the information on this form may be shared with other Physical Education Officers (PEOs) for the purpose of assessing my suitability to attempt the PCT.
- I hereby declare that I have read the above and have indicated Yes/No where appropriate, otherwise I am unaware of any medical or physical reason which would preclude me from undertaking the PCT safely.
- I will have or have had the PCT Safety briefing and will warm-up adequately just prior to testing.

Accepted for testing by Physical Education Officer: Yes  No   
 Current required time: \_\_\_\_\_ Required time for P1: \_\_\_\_\_ Time taken: \_\_\_\_\_ Rating: P1  P2  P3-Fail   
 Post test checks: did you incur any injuries while doing this test? If yes, please provide details: \_\_\_\_\_

Comments: \_\_\_\_\_

Candidate's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Comments: \_\_\_\_\_  
 PEO's Name: \_\_\_\_\_ District: \_\_\_\_\_ Date: \_\_\_\_\_ PEO's signature: \_\_\_\_\_

## PCT REQUIRED TIMES

Age	Male		Age	Female		Age	AOS Female		
	Pass P2	P1		Pass P2	P1		PCT	Laps	PCT
18	02:04	02:00	18	02:25	02:25	18	02:21.0	6.25	2.50
19	02:06	02:00	19	02:25	02:25	19	02:23.0	6.25	2.50
20	02:08	02:00	20	02:25	02:25	20	02:25.0	6.25	2.50
21	02:10	02:00	21	02:25	02:25	21	02:27.0	6.25	2.50
22	02:12	02:00	22	02:25	02:25	22	02:29.0	6.25	2.50
23	02:14	02:00	23	02:25	02:25	23	02:32.0	6.25	2.50
24	02:16	02:00	24	02:25	02:25	24	02:34.0	6.25	2.50
25	02:18	02:00	25	02:25	02:25	25	02:36.0	6.25	2.50
26	02:20	02:00	26	02:25	02:25	26	02:38.0	6.00	2.40
27	02:22	02:00	27	02:25	02:25	27	02:41.0	6.00	2.40
28	02:24	02:00	28	02:28	02:28	28	02:43.0	6.00	2.40
29	02:26	02:00	29	02:30	02:30	29	02:45.0	6.00	2.40
30	02:28	02:00	30	02:33	02:33	30	02:47.0	6.00	2.40
31	02:30	02:00	31	02:35	02:35	31	02:49.0	6.00	2.40
32	02:32	02:02	32	02:37	02:37	32	02:52.0	6.00	2.40
33	02:34	02:04	33	02:40	02:40	33	02:54.0	6.00	2.40
34	02:36	02:06	34	02:42	02:42	34	02:56.0	6.00	2.40
35	02:38	02:08	35	02:45	02:45	35	02:58.0	6.00	2.40
36	02:40	02:10	36	02:47	02:47	36	03:01.0	5.75	2.30
37	02:42	02:12	37	02:49	02:49	37	03:03.0	5.75	2.30
38	02:44	02:14	38	02:52	02:52	38	03:05.0	5.75	2.30
39	02:46	02:16	39	02:55	02:55	39	03:07.0	5.75	2.30
40	02:48	02:18	40	02:57	02:57	40	03:09.0	5.75	2.30
41	02:50	02:20	41	03:01	03:01	41	03:11.0	5.75	2.30
42	02:52	02:22	42	03:04	03:04	42	03:14.0	5.50	2.20
43	02:54	02:24	43	03:06	03:06	43	03:17.0	5.75	2.30
44	02:56	02:26	44	03:09	03:09	44	03:19.0	5.75	2.30
45	02:58	02:28	45	03:11	03:11	45	03:21.0	5.50	2.20
46	03:00	02:30	46	03:13	03:13	46	03:23.0	5.50	2.20
47	03:02	02:32	47	03:15	03:15	47	03:25.0	5.50	2.20
48	03:04	02:34	48	03:17	03:17	48	03:28.0	5.50	2.20
49	03:06	02:36	49	03:19	03:19	49	03:31.0	5.50	2.20
50	03:08	02:38	50	03:21	03:21	50	03:34.0	5.50	2.20
51	03:10	02:40	51	03:23	03:23	51	03:37.0	5.50	2.20
52	03:12	02:42	52	03:25	03:25	52	03:40.0	5.50	2.20
53	03:14	02:44	53	03:27	03:27	53	03:43.0	5.25	2.10
54	03:16	02:46	54	03:29	03:29	54	03:46.0	5.50	2.20
55	03:18	02:48	55	03:31	03:31	55	03:49.0	5.50	2.20
56	03:20	02:50	56	03:33	03:33	56	03:52.0	5.25	2.10
57	03:22	02:52	57	03:35	03:35	57	03:54.0	5.25	2.10
58	03:24	02:54	58	03:37	03:37	58	03:57.0	5.25	2.10
59	03:26	02:56	59	03:39	03:39	59	03:59.0	5.25	2.10
60	03:28	02:58	60	03:41	03:41	60	04:02.0	5.25	2.10
61	03:30	03:00	61	03:43	03:43	61	04:05.0	5.25	2.10
62	03:32	03:02	62	03:45	03:45	62	04:07.1	5.25	2.10
63	03:34	03:04	63	03:47	03:47	63	04:10.0	5.25	2.10
64	03:36	03:06	64	03:49	03:49	64	04:12.0	5.25	2.10
65	03:38	03:08	65	03:51	03:51	65	04:15.0	5.25	2.10

1. Trailer push of 10m
2. Carry tyre of 10m
3. 200m run
4. Right angled beam walk of 5m
5. Long jump 1.8m
6. Vault 1m

7. Agility run 30m
8. Under two hurdles
9. Climb through window
10. Climb over wall 1.8m
11. Drag 74kg body for 7.5m
12. Climb over wire fence 2.2m

**PCT COMPONENTS**



## Self-assessment Form | Swimming Ability

All recruits will be evaluated within the first week of training at the Royal New Zealand Police College. By completing this form you agree that this is a true reflection of your swimming ability.

### BASIC SWIMMING ABILITY

1. Can competently swim 50m of freestyle  

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------
2. Can competently swim 25m of side stroke  

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------
3. Can competently swim 25m of breast stroke  

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------
4. Can competently scull for 10m  

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------
5. Ability to remove clothing while in water  

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------
6. Could confidently tow another person over 15m  

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------
7. On a scale of 1-5 (5 being very comfortable) how comfortable are you submerging (going under the water)  

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have any experience with cold water (e.g. oceans, lakes, rivers)?  

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------
9. On a scale of 1-5 (5 being very confident) please rate your water confidence  

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please list below your previous experience with water (good or bad) to highlight your aquatic ability

Please sign below to confirm that all statements on this form are true and correct, and you understand you will be evaluated during your first week of training at RNZPC.

Applicant's name	Date
------------------	------

Applicant's signature



# POST Issues Report

Please PRINT the details as you entered them into the iPad:

<b>First Name:</b>	<b>Last Name:</b>
<b>Username:</b>	<b>Password:</b>
<b>iPad number:</b> e.g. IN123	<b>Testing Date:</b> (dd/mm/yyyy)
<b>Location of testing:</b>	<b>Time issue occurred:</b> : am/pm

In which section(s) did the issue(s) occur in?

Please describe the issue in detail: (if it helps take a screenshot of the issue on-screen)

e.g. what looked wrong, what seemed to be missing, was there an error message?

Please state what you did before the issue occurred.

i.e. what were the circumstances surrounding the issue? Were there connectivity issues? Were there issues with the iPad itself?

Administrator to complete:

<b>Your Name:</b>	<b>WIFI Type:</b> (Please circle one) Mobile / Landline / Other:
<b>Testing Round/Group:</b>	<b>WIFI Router Name:</b>



# Memorandum

<b>To</b>	Name of Recruitment Manager:
<b>From</b>	Name of Selection Specialist:
<b>Date</b>	
<b>Subject</b>	Recommendation to defer a decision regarding an applicant who has not met POST standards until further evidence of their literacy ability can be gathered.

## PURPOSE

This is to recommend NZ Police Recruitment defer a decision to decline the application of for the position of Recruit until further evidence of their literacy ability can be gathered through the recruitment process.

The applicant scored in , which placed them under the pass threshold of . However the applicant's background described below suggests that despite their scores on the POST they have proven literacy skills.

## APPLICANT

Applicant's name	
Date of birth	
District	

DESCRIPTION OF APPLICANT'S BACKGROUND

<b>RECOMMENDATIONS</b>	
<b>Selection Specialist Recommendation:</b>	
<input type="checkbox"/> I recommend be eligible to continue to the next stage of the recruitment process.	
<b>Date:</b>	<b>Signature:</b>
<b>Hub Manager Approval:</b>	
<input type="checkbox"/> I approve the recommendation above Or <input type="checkbox"/> I do not approve the recommendation above	
<b>Date:</b>	<b>Signature:</b>



