



Standard for Visa Screening Program

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1. Standard Scope

This standard outlines the requirements for visa screening applicants, screening tests and the visa screening process specifications in the Emirate of Abu Dhabi to ensure high-quality, reliability, consistency, and the integrity of the screening services. This is in accordance with the laws to protect the community from communicable diseases imported from other countries. A medical examination is conducted for expatriates over the age of 18 years, which is a necessary certificate to obtain or renew residency within the country.

The scope of this standard applies to DoH licensed healthcare facilities who have been contractually approved to deliver visa screening services.

2. Definitions and Abbreviations

No.	Term / Abbreviation	Definition
2.1	ADPHC	Abu Dhabi Public Health Center
2.2	AED	Automated External Defibrillator
2.3	AFB	Acid Fast Bacillus
2.4	ATT	Anti-Tuberculosis Treatment
2.5	CDD	Communicable Disease Department
2.6	CCTV	Closed Circuit Television
2.7	CXR	Chest X-Ray
2.8	DICOM	Digital Imaging and Communications in Medicine
2.9	DoH	Department of Health
2.10	DoH IT system	Department of Health Information Technology system
2.11	DOT	Directed Observed Therapy
2.12	DST	Drug Sensitivity Testing
2.13	EID	Emirates Identification Card
2.14	HBV	Hepatitis B Virus
2.15	Hbs Ab or anti-Hbs	Hepatitis B Surface Antibody

2.16	HCV	Hepatitis C Virus
2.17	hCG	Human Chorionic Gonadotropin
2.18	HCP	Healthcare Provider
2.19	HIV	Human Immunodeficiency Virus
2.20	IGRA	Interferon-Gamma Release Assays
2.21	KPI	Key Performance Indicator
2.22	LTBI	Latent Tuberculosis Infection
2.23	MOHAP	Ministry of Health and Prevention
2.24	MOI	Ministry of Interior
2.25	PACS	Picture Archiving and Communication System
2.26	PCR	Polymerase Chain reaction
2.27	POCT	Point of Care Testing
2.28	PTB	Pulmonary Tuberculosis
2.29	RN	Registered Nurse
2.30	TB	Tuberculosis
2.31	VS	Visa screening
2.32	UPT	Urine Pregnancy Test

3. Standard Requirements and Specifications

3. Applicants Case Mix and Identification

- 3.1 All visa applicants wishing to enter the Emirate of Abu Dhabi for residency purposes (for work, study, or residence) are required to undertake medical visa screening. To do so, applicants must either have a residence visa or entry permit issued from the United Arab Emirates.
- 3.2 All applicants with an entry permit for periodical short business or work missions must also be screened.
- 3.3 Applicants with a visit visa are excluded from visa screening requirements.
- 3.4 All visa applicants are required to conduct the visa screening tests in an ADPHC/ DoH approved visa screening healthcare provider, except in the following cases:
 - 3.4.1 Visa screening applicants are admitted to a public or private hospital and are unable to attend visa screening facilities. In such cases, the blood tests result and CXR film may be provided by the admitting hospital with verified documents and must be entered into the DoH visa screening reporting system with indication of the investigating source, and review of the CXR film by the visa screening provider radiologists.
 - 3.4.2 Visa screening applicants who are immobile, but not admitted to a hospital and unable to attend the screening facility; such applicants are required to provide a medical report in support of their health status. A specialized home care team may be arranged to facilitate the screening investigations required for the fitness certificate and collection of blood samples. The chest x-ray maybe replaced with IGRA test as mentioned in ([Appendix 3](#)). This is considered as enhanced visa screening service.
 - 3.4.3 Where a visa applicant is identified to be at risk from repeated exposures to chest x-ray, the visa screening provider is required to follow the directions provided in ([Appendix3](#)).
 - 3.4.4 Where either 3.4.1 or 3.4.2 applies, the approved visa screening provider must retain copies of all external investigated cases on their records.
- 3.5 Approved visa screening providers must ensure that applicants present their original passport and residence visa/EID (for residents seeking to renew their residency within the Emirate of Abu Dhabi), or entry permit for work, residence or study, and where relevant sponsor change document from the authorized entity. A copy of these documents must also be submitted as part of the registration process.
- 3.6 For all applicants who present a valid work or residency visa issued from other emirates, a valid health insurance is required as part of the visa screening requirements ([Appendix 4](#)).
- 3.7 Healthcare providers approved to provide visa screening services must ensure that applicants undergoing visa screening are:
 - 3.7.1 Registered as either 'new' for applicants with an entry permit or 'renew' for applicants with a valid residence visa.
 - 3.7.2 Uniquely identified using at least two identifiers: unified number (appointed by immigration) for new visa applicants and Emirates ID for renew visa applicants, with at least one of the following: full name, date of birth and nationality.

4. Key stakeholder Roles and Responsibilities

4.1 Duties of Healthcare Providers

All licensed healthcare providers (facilities and healthcare professionals) involved in providing visa screening services must:

- 4.1.1 Comply with the requirements and adhere to the processes as specified in this standard.
- 4.1.2 Obtain prior consent from applicants for visa screening ([Appendix 1](#)).
- 4.1.3 Educate patients on visa screening tests ([Appendix 2](#)) and related health topics in a culturally appropriate manner and in easy-to-understand language.
- 4.1.4 Report and submit complete, and accurate data for all individual screening observations to DoH/ADPHC via the visa screening reporting system in accordance with the specified format and timeframe, and in compliance with the DoH Reporting of Health Statistics Policy and as set out in the DoH Data Standards and Procedures (available online [Standards – resources – Department of Health \(doh.gov.ae\)](#)). Reported data must include all clinical findings, radiologists' findings, blood tests observations and sputum smear results, including negative, reactive, and repeatedly reactive test results.
- 4.1.5 Comply and cooperate with DoH/ADPHC requests for information on case investigations and follow-up, as and when requested by DoH authorized personnel.

- 4.1.6** Comply with ADPHC/ DoH policies and standards on health information retention, disposal, and managing patient medical records requirements. This includes but is not limited to developing effective recording systems, maintaining patient records, and maintaining confidentiality, privacy, and security of patient information.
- 4.1.7** Maintain records and files pertaining to the visa screening services, including but not limited to policies and procedures and patient records, and ensure their availability for ADPHC/ DoH audit.
- 4.1.8** Comply and cooperate with DoH/ADPHC delegated third party, if authorized by DoH/ADPHC for evaluation or auditing process.
- 4.1.9** Adherence to strict infection control measures at all times, and to follow instructions in situations of outbreak from ADPHC, DoH, and or MOHAP.
- 4.1.10** To grant the service of visa screening within the Emirates of Abu Dhabi, healthcare providers must provide proof of offering holistic visa screening services in terms of the investigation and follow-up for the cases when needed.
- 4.1.11** There must be a one-way flow entrance door, and separate exit door at any visa screening center.
- 4.1.12** All licensed visa screening providers must have crash cart on site that contains adult emergency drugs and shall be used in case of life saving emergency, to be placed in high-risk locations such as in vaccination room. Crash cart checking should be maintained by licensed RN and /or pharmacist monthly for the emergency medications, and daily for the automated external defibrillator (AED) and other consumables.
- 4.1.13** Non-applicants such as visitors, companions, and family members (adult/children) must not enter the visa screening centers. Only visa screening applicants, sponsor and close contacts for testing or vaccination are allowed to enter the screening centers.
- 4.1.14** Aside from visa screening services follow-up and contact tracing, no additional services will be allowed in the visa screening center unless aligned and approved by the DoH licensing department and ADPHC.
- 4.1.15** In visa screening centers that utilize urinary pregnancy test, female toilet must be within the provider vicinity. If outside the vicinity, Closed-Circuit Television (CCTV) camera must be evident at toilets entrance.
- 4.1.16** Adherence to safety measures among applicants, and staff are mandatory in all visa screening centers.

4.2 ADPHC/ DoH Role

- 4.2.1** Establish the requirements for visa screening program in the Emirate of Abu Dhabi, including the:
 - 4.2.1.1** Core screening tests as defined by the Federal Law no. (14) for the year 2014, the General Secretariat of the Cabinet no. (7) for the year 2008 and their subsequent amendments.
 - 4.2.1.2** Additional screening tests that may be determined, and mandated by ADPHC/ DoH, whenever found necessary.
- 4.2.2** Develop and mandate standards to ensure the quality and integrity of screening services in support of the visa screening program in the Emirate of Abu Dhabi
- 4.2.3** Provide guidance and training for healthcare providers involved in the provision of visa screening services, to support the effective implementation of the standards and services.
- 4.2.4** Oversee and manage the visa screening process through site visits, continuous monitoring, audits of services, analysis, review, and assessment of data submitted by visa screening providers.
- 4.2.5** Audit and inspect visa screening providers.
- 4.2.6** Control and authorize the issuance of fitness certificates.
- 4.2.7** Perform contact identification, tracing and referral for investigation, vaccination, prophylaxis, and follow-up as applicable.
- 4.2.8** ADPHC/ DoH has the eligibility to terminate the visa screening services under any provider within the Emirate of Abu Dhabi if not complying with visa screening stated laws and standards.

5. Processes and operations

5.1 Visa Screening Tests According to Occupational Categories and Visa Status

Visa screening tests are classified into occupational categories determined by the Federal Law and Cabinet Law.

- **Group A:** Includes all occupational categories except those mentioned in group Bi, Bii & C.
- **Group Bi:** Domestic workers including Housemaids, Servants, Nannies, Private Drivers. Nursery and Kindergarten caretakers.
- **Group Bii:** Barbers, Beauticians, Health club employees.
- **Group C:** Healthcare workers.

Visa screening providers must perform the batch of screening tests specified for each occupational category in accordance with the visa screening process as described below at Section 5.2 and 5.3 of this Standard.

5.2 New Visa Applicants

5.2.1 Screening for new visa applicants *Category A* includes screening for:

- Leprosy
- Pulmonary tuberculosis
- HIV

5.2.2 Screening for new visa applicants in *Category Bi* includes screening for:

- Leprosy
- Pulmonary tuberculosis
- HIV
- Hepatitis B
- Syphilis
- Pregnancy test for females
- Vaccination for hepatitis B, applicants can be exempted if they provide attested HBV vaccine proof or positive anti-HBs Ab report reviewed by the visa screening physician.

5.2.3 Screening for new visa applicants *Category Bii* includes screening for:

- Leprosy
- Pulmonary Tuberculosis
- HIV
- Hepatitis B & C
- Syphilis
- Vaccination for Hepatitis B, applicants can be exempted if they provide attested HBV vaccine proof or positive anti-HBs Ab report reviewed by the visa screening physician.

5.2.4 Screening for new visa applicants *Category C* includes screening for:

- Leprosy
- Pulmonary Tuberculosis
- HIV
- Hepatitis B & C
- Syphilis
- Vaccination for Hepatitis B, applicants can be exempted if they provide attested HBV vaccine proof or positive anti-HBs Ab report reviewed by the visa screening physician.

5.3 Renewal Visa Applicants

5.3.1 Screening for all renewal visa applicants *Category A* includes screening for:

- Leprosy
- Pulmonary Tuberculosis
- HIV

5.3.2 Screening for renewal visa applicants *Category Bi* includes screening for:

- Leprosy
- Pulmonary Tuberculosis
- HIV
- Hepatitis B
- Syphilis
- Pregnancy test for females aged below 55 years old
- Hepatitis B vaccination status (verify the doses taken), start the course of vaccination if not completed. Applicants can be exempted if they provide attested HBV vaccine proof or positive anti-HBs Ab report reviewed by the visa screening physician.

5.3.3 Screening for Renewal visa applicants *Category Bii* includes screening for:

- Leprosy
- Pulmonary tuberculosis
- HIV
- Hepatitis B & C
- Syphilis
- Hepatitis B vaccination status (verify the doses taken), start the course of vaccination if not completed. Applicants can be exempted if they provide attested HBV vaccine proof or positive anti-HBs Ab report reviewed by the visa screening physician

5.3.4 Screening for renewal visa applicants *Category C* includes screening for:

- Leprosy
- Pulmonary tuberculosis
- HIV
- Hepatitis B & C
- Syphilis
- Hepatitis B vaccination status (verify the doses taken), start the course of vaccination if not completed. Applicants can be exempted if they provide attested HBV vaccine proof or positive anti-HBs Ab report reviewed by the visa screening physician.

5.4 Visa Screening Process Specifications

The visa screening process comprises of the following components and the screening tests differs from one occupational visa category to other (refer to Section 5.2 & 5.3 of this Standard):

- Physical examination
- Blood tests for HIV, Hepatitis B & C, Syphilis
- Pregnancy test
- Chest X- ray
- Confirmation
- Vaccination
- Treatment
- Referral
- Follow-up of positive cases identified will be managed as in section 5.8.

Approved visa screening providers must perform all components in accordance with this standard and the process specifications described in Appendices 4-11 and as detailed in the following sub-sections.

5.5 Physical examination to detect leprosy or any notifiable communicable diseases must fulfil the following requirements:

5.5.1 The process follows what is outlined in physical examination in ([Appendix 5](#)).

5.5.2 The initial screening can be done by a physician or a trained registered nurse using a defined checklist.

5.5.3 If the healthcare provider is suspecting leprosy or any other notifiable communicable diseases, the case should be referred for further evaluation by a licensed physician within the same visit. For Nurse-led centers,

refer the client for licensed physician within 24 hours from the visit.

5.5.4 The facility must have a written procedure on how to investigate possible cases of leprosy.

5.5.5 The procedure is available and known by the medical staff investigating the applicants.

5.5.6 The procedure follows '[Essentials of Leprosy Diagnosis & Treatment](#)' (AIFO), as applicable.

5.5.7 Applicants who have a history of leprosy or present with skin patches require a comprehensive history taking, aimed at assessing the likelihood of leprosy.

5.5.8 Testing of skin sensation is part of the investigation of suspected cases of leprosy.

5.5.9 Suspected cases of leprosy must be referred to a dermatologist for confirmation.

5.5.10 Where cases of TB (suspicion of extra-pulmonary TB) or of notifiable communicable disease other than PTB are suspected during the leprosy physical examination, they must be notified to DoH in accordance with the DoH standards for reporting public health statistics (<https://bpmweb.doh.gov.ae/UserManagement/MainPage.html>), and referred to an appropriately qualified DoH licensed healthcare professional for diagnosis and treatment.

5.5.11 If a lesion is suspected, it must be reflected and reported in the visa screening electronic system, where the certificate will be withheld until leprosy is ruled out.

5.6 Blood tests to detect HIV, Hepatitis B & C and Syphilis:

5.6.1 The process of screening for HIV, Hepatitis B & C and syphilis follows what is outlined in the process chart in ([Appendix 6](#)).

5.6.2 The blood collection, storage and transportation should be in accordance with the DoH Clinical Laboratory Standards.

5.6.3 Reactive screening test will need a second sample within 7-10 days for confirmation (Section 5.8), then action is taken accordingly.

5.6.4 If the initial test is reactive and patient didn't show up to provide a second sample, then the confirmation should be carried out on the first sample, thereafter the action is taken accordingly.

5.7 Chest x-ray screening to detect pulmonary tuberculosis using digital chest x-ray must fulfil the following requirements:

5.7.1 The process follows what is outlined in ([Appendix 7](#)) for chest x-ray – Screening for pulmonary tuberculosis.

5.7.2 All individuals must be considered for screening using digital chest x-ray. Any exclusion must follow DoH and UAE regulations, as provided below and must be documented.

- Individuals under 18 years of age are excluded.
- Cancer patients who are regularly exposed to x-rays.
- Applicants who have 1-month gap or less between both exposures
- The chest x-ray should not be performed for pregnant women whether the pregnancy is obvious, or if a pregnancy test is positive (qualitative detection of human chorionic gonadotropin [hCG] in blood (CPT 84703) or blood POCT or urine pregnancy test.

5.7.3 Female applicants must be informed verbally and/or through posted signs at the facility in relevant languages that chest x-ray may be postponed until two months after the expected date of delivery. Where postponement is required, the visa screening provider must ensure that:

- Excluded women are given an appointment for a chest x-ray at two months after the expected date of delivery and it must be documented in the consent form. The visa screening provider must arrange an appointment for the visa applicant.
- The sponsor must be informed about the visa applicant pregnancy status and must sign the consent form to release the certificate ([Appendix 8](#)),

5.7.4 The visa screening provider must establish a process to monitor, recall and track deferred chest x-ray appointments, and must report to ADPHC- Communicable Diseases Department on all "No Show" cases within no more than two weeks from the date of the re-scheduled appointment.

5.7.5 Digital Chest X-ray, DICOM-HL7 compliant PACS system, and T2 Internet connection must be used.

- 5.7.6** DoH Hospital Standards for facility and for staff safety must be followed as applicable.
- 5.7.7** All chest x-ray images are evaluated and documented following DoH 'Visa Screening for Pulmonary Tuberculosis with Digital Chest X-ray Radiologist Reading and Reporting Format in accordance with the DoH recognized international practices, as highlighted in ([Appendix 9](#))
- 5.7.8** All digital chest x-ray images must be read by a DoH licensed radiologist.
- 5.7.9** The DoH format and forms specified at ([Appendix 9](#)) must be used for interpretation and reporting of all x-ray images.
- 5.7.10** The digital chest x-ray is presented to the reader only with information of age and gender. Other identifiers such as new or renewal visa, 1st, 2nd or 3rd radiologist's reading, serial number, nationality, and name must be kept confidential in the database, and not visible during chest x-ray evaluations.
- 5.7.11** All images evaluated as 'Abnormal' (Not PTB, Old PTB, or Suspicion of Active PTB, Extra pulmonary PTB) by the first reader, must be evaluated by a second reader and third reader ([Appendix 9](#)). The second reader should not be made aware of the documented findings of the first reader. Similarly, the same requirements apply to the third reader. Each radiologist must independently interpret and record their findings from the chest x-ray, and there should be no discussion or exchange of information between them regarding their observation.
- 5.7.12** All results from visa screening chest x-ray must be processed and completed within 24 hours of an applicant's attendance at a visa screening center.
- 5.7.13** All initially negative x-ray readings must be reported via the DoH electronic system within 24 hours.
- 5.7.14** All excluded chest x-ray tests postponed due to pregnancy must be reported via the DoH electronic system within 24 hours of performing the test.
- 5.7.15** All readings requiring a second reading must be reported via the DoH electronic system within 24 hours from first reading, and the third reading must be reported within 48 hours of the first reading.
- 5.7.16** The TB PCR and TB culture must be performed in accordance with section 5.7.18.
- 5.7.17** Pregnancy test must be performed for all female new and renew residence visa applicants Category Bi and must be documented prior to chest x-ray testing. The process must follow that as outlined in [Appendix 10](#).
- 5.7.18** Sputum collection for detection of *Mycobacterium Tuberculosis* must comply with the following requirements:
- All procedures are carefully designed to minimize the risk of infection and to maximize the detection of *Mycobacterium Tuberculosis*, if present, through optimal retrieval methods and following the WHO guidelines on TB infection prevention and control. [9789241550512-eng.pdf \(who.int\)](#).
 - Sputum samples must be collected and investigated with TB PCR, culture, and drug sensitivity testing for all suspected PTB cases as outlined in [Appendix 11](#).
 - A sputum microscopy will be done for all positive TB PCR to determine the infectivity of the patient and for the in-charge physician to decide the need for admission and isolation.
 - The sputum sample must be collected as soon as possible (maximum within 3 working days) after the chest x-ray evaluation for cases reported as 'Suspicion of PTB'; the applicant and sponsor must be contacted by the screening provider to arrange for sputum testing and required education for precautions needed at applicant residence and work.
 - All activities to contact and schedule the applicant for sputum collection must be documented in accordance with [Appendix 12](#).
 - The visa screening provider must report to DoH/ADPHC if the applicant failed to continue the follow-up investigation for more than 2 weeks after a case has been registered as 'TB suspected'.
 - Sputum is collected in a sputum induction booth or in an airborne infection isolation room under supervision of a nurse or physician. A minimum volume of 3 mL sputum needs to be collected.
 - Sputum production is induced by inhalation of an aerosol of warm, hypertonic saline, when needed sputum samples are stored, refrigerated, and transported to the laboratory so the risk for spread of infection is minimized and for the optimal retrieval of *Mycobacterium Tuberculosis*.
 - Exempted categories from being reported to MOI as unfit, after being diagnosed with old/active PTB include (will only be processed after providing the supportive documents to an DoH/ADPHC employee in the Communicable Disease Department):
 - First degree relative of Resident/Local (parent, spouse, child). As well as students of resident parents sponsored by educational institutes inside the country.

- Member of diplomatic/consulate sector with nomination from Minister of Foreign Affairs & International Cooperation or their delegate.
- Big investors with nomination from Abu Dhabi Department of Economic Development.

5.8 Follow-up of Positive Cases Detected Through Visa Screening

5.8.1 Pulmonary Tuberculosis cases

5.8.1.1 ADPHC/ DoH -Communicable Diseases personnel will:

- Send feedback to the visa screening provider with the final recommended action.
- Initiate contact tracing if required and inform the infectious diseases clinic for contact investigations.
- Notify the Ministry of Interior if the case is unfit or applicant fails to comply with DOT treatment course.
- Further communication of data to MOHAP or others is arranged by DoH/ADPHC
- Details of final actions of visa screening are listed in [Appendix 13](#) with the definition of the role of DoH/ADPHC and Visa Screening Provider.

5.8.1.2 Visa screening provider will:

- Perform screening investigations and follow DoH/ADPHC visa screening standards.
- Report any suspected chest X-ray to DoH/ADPHC by filling the chest x-ray report for Tuberculosis for visa screening ([Appendix 9](#))
- Send results of investigations of suspected cases via electronic communication with DoH IT system consequently according to the time frame recommended by DoH/ADPHC Standards for each test.
- The applicant is called for investigations and the first sputum sample shall be collected within 3 working days after x-ray evaluation (TB suspicion). The patient and his/her sponsor must be given the proper education about the patient's status and infection control measures that must be taken until the results are finalized ([Appendix 14](#))
- Meanwhile, the applicant may complete remaining screening activities including physical examination, HIV, Hepatitis B & C and Syphilis according to the occupation category.
- The results of TB PCR, TB culture and AFB smear and IGRA must be sent to DoH within 24 working hours for further evaluation from its release.
- If the results of sputum smear for AFB are positive (in accordance with the DoH [DOT Standard](#)), visa screening provider has to arrange immediate admission for isolation and further management of the cases within 24 hours.
- VS provider will receive the final recommended action, and will act accordingly on certificate issuance, follow-up of the patient, treatment, or referral to hospitals.
- VS provider should keep registry of all patients with follow-up and schedule a follow-up visit after 3 months.
- In the follow-up visits, chest x-ray should be performed, and compared with previous chest x-ray films to detect any changes.
- If there is no change in the chest x-ray, the patient is reassured and given an appointment every 6 months for the next 2 years. If there is change in the chest x-ray or the patient is symptomatic, then further investigations are required to rule out active PTB.
- If the patient failed to attend follow-up visits, the visa screening provider must call and ensure to reschedule another visit and fill the call log investigation form. ([Appendix 12](#)).
- Monthly reporting of follow-up of patients with inactive PTB is required by filling the template for follow-up visits. ([Appendix 12](#)).
- Renewal applicants with old pulmonary tuberculosis will be given fitness certificates only if the patient and sponsor sign the consent forms.
- Renewal of Active PTB will be given fitness certificate after initially AFB positive smear converts to negative or a culture positive sputum initiates Anti-Tuberculosis Treatment for at least 1 week and upon approval from the DOT team at DoH/ADPHC team.
- VS provider will provide education to both the patient and the sponsor regarding the risk of transmission and the necessary precautions that should be taken to prevent infection transmission until the confirmation process is complete.

5.8.2 HIV, or Hepatitis B & C Cases

5.8.2.1 ADPHC/ DoH -Communicable Diseases employee will:

- Send feedback to visa screening provider with the final recommended action.
- Initiate contact tracing and inform the infectious diseases clinic for contact investigations.
- Review the case according to the laws and policies of deportation and decide on action accordingly.
- Deportation procedures are managed by DoH/ADPHC in coordination with the sponsor and MOI.

- Evaluate the process on monthly basis.

5.8.2.2 Visa Screening Provider will:

- Perform screening investigations and follow DoH/ADPHC visa screening standards.
- Call the patient for a second blood sample if the initial sample is reactive.
- Collect the second sample and perform the confirmatory test.
- Send the confirmation results to DoH IT system and report the case on the DoH- IDN notification system.
- HIV positive cases for new/renew visa are to be reported to MOI as unfit to reside in the country. An exemption may be made by a decision of the Chairman of the DoH or Minister of MOHAP for cases deemed appropriate.
- If applicants do not present a UAE government attested proof of HBV vaccination card, which is verified by the nurse, then HBV vaccination course needs to be restarted. Confirmed HBV applicants must be notified that they have the option to switch to a different occupation category that does not require HBV clearance within 30 days of receiving the test results. Applicants must get retested to enable their eligibility to be evaluated for fitness.
- HCV confirmed cases for Bii category need to change their occupation within 30 days from receiving the result.
- HCV confirmed cases for category C; new visa applicants have 30 days after being informed of the result to change their occupation before being reported as unfit to MOI. Applicants must get retested to enable their eligibility to be evaluated for fitness. Renew visa applicants are referred to medical board to determine their fitness in accordance with their job responsibilities; if applicant found unfit, they have 30 days after being informed of the medical board decision to change their occupation.

5.8.3 Syphilis Cases

5.8.3.1 ADPHC/ DoH -Communicable Diseases employee will:

- Send feedback to visa screening provider with the final recommended action.
- Initiate contact tracing and inform the infectious diseases clinic for contact investigations.
- Evaluate, monitor, and follow-up syphilis cases detected through visa screening.

5.8.3.2 Visa Screening Provider will:

- Perform screening investigations and follow DoH/ADPHC Visa screening standards.
- Call the patient for second blood sample if the initial sample is reactive.
- Collect the second sample and perform the confirmatory test.
- Send the confirmation results to DoH IT system and report the case on DoH- IDN notification system.
- Ensure that the patient is treated either in the same health care facility or refer the patient for treatment.
- Inform the sponsor about the status of the applicant for treatment and follow-up. Sponsor consent form should be signed.
- Arrange a follow-up visit after 3 months and 6 months to review the patient status, with documentation of follow-up and results.

5.9 Vaccination

5.9.1 Only applicants eligible for Hepatitis B vaccination (Category Bi, Bii and C) with no contraindications and in line with DoH vaccine standards, are to be vaccinated.

5.9.2 The vaccination process must follow that as outlined in Appendix 15.

5.9.3 Each dose contains 1.0 ml vaccine (or as indicated) given as an intramuscular injection.

5.9.4 The first hepatitis B vaccine dose is given at the first visit for an applicant with a new visa. The second hepatitis B vaccine dose is given one month after the first dose. The third hepatitis B vaccine dose is given six months after the first dose.

5.9.5 The visa screening provider is required to arrange an appointment for the second and third vaccination.

5.9.6 The visa screening provider takes responsibility for further communications with the applicant and/or sponsor if the applicant has failed to return within 2 months for the second vaccination or within 8 months for the third vaccination.

5.9.7 Proof of vaccination will be required on visa renewal, the course of vaccination will be restarted for non-compliance.

6. Enforcement and Sanctions

6.1 Requirements for Laboratory Services

6.1.1 All laboratory services provided in support of the visa screening process must be conducted in accordance with the DoH Clinical Laboratory Standards.

6.1.2 In situation where the processing laboratories are not located within the visa screening center:

6.1.2.1 All specimens must be handled with care and transported to the laboratory in insulated cool boxes.

6.1.2.2 All laboratory services provided in support of the visa screening process must be conducted in accordance with the DoH Clinical Laboratory Standards.

6.2 Use of Identifiers

6.2.1 Applicants must be checked for previous visa screening encounters during registration in the VS center. The unique identifiers of each applicant to be sent to DoH via the web portal.

6.2.2 For new applicants if there is an existing record of a positive or pending result, the system will generate action 11 and the process must be temporarily stopped.

6.2.3 When processing renewal applications, the unique identifiers must be utilized to verify the presence of any existing records with positive or pending results. If such record is found, the system will generate action 11 and the process must be temporarily halted.

6.2.4 Any visa screening application that has action 11 will be handled and reviewed by DoH/ADPHC and the final action will depend on the pre-existing information database.

6.3 Sanctions

DoH may impose sanctions in relation to any breach of requirements under this standard in accordance with the disciplinary regulation of the healthcare sector.

7. Monitoring and Evaluation

7.1 All visa screening providers must conduct a satisfaction survey for each center quarterly and report the results to DoH/ADPHC.

7.2 All visa screening providers must report the visa screening Key Performance Indicators (KPIs) on quarterly basis to ADPHC/ Communicable Diseases Department ([Appendix 16](#)). Performance KPIs will be reviewed by ADPHC staff and action plans for improvement will be required for facilities that are performing below the targets.

7.3 All visa screening providers are required to report non-compliance to DoH/ADPHC in accordance with this standard quarterly and develop action plans to reduce non-compliance.

7.4 All visa screening providers must report to DoH/ADPHC for cases of fraud or manipulation noticed from applicants or if fraud is committed by the employees.

8. Appendices

Appendix 1 General consent form

Applicant General consent form for Visa Screening	ADMN: _____
	Name: _____
	Age: _____
	Nationality: _____
	Occupation: _____
	Unified No.: _____
(Patient Information Label)	

- DISCLAIMER: Visa screening test is a method of identifying individuals with certain diseases/conditions early in their course. Depending on the diseases tested, if your tests have abnormal results; you will be advised to have an appointment with a specialized doctor for further medical investigations and treatment.
- إخلاء المسؤولية: اختبار فحص الإقامة هو وسيلة لتحديد الأفراد الذين يعانون من أمراض / حالات معينة في مراحل مبكرة إذا كانت نتائجك غير طبيعية بعد الفحوصات؛ سوف ننصح بأخذ موعد مع طبيب متخصص لمزيد من الفحوصات الطبية والعلاج.
- GENERAL CONSENT: I give permission to the Visa Screening Center, their designated staff, and other medical personnel providing services under their sponsorship to perform physical assessments or examinations, conduct laboratory or other tests, give vaccinations where applicable.
- الموافقة العامة: أعطي الإذن لمركز فحص الإقامة ، والموظفين المعنيين ، وغيرهم من العاملين الذين يقدمون الخدمات لإجراء الفحوصات السريرية، وإجراء الفحوصات المخبرية أو غيرها ، وإعطاء اللقاحات إذا استلزم.
- RELEASE OF INFORMATION: I further understand that all Medical Records may be released to concerned Visa Screening Centers' staff, Department of Health – Abu Dhabi and Abu Dhabi Public Health Center.
- إصدار المعلومات: أفهم أيضًا أن جميع السجلات الطبية قد يتم إصدارها لموظفي مراكز فحص الإقامة المعنيين، دائرة الصحة – أبوظبي ومركز أبوظبي للصحة العامة

I, hereby undersigned agree that the details of the medical tests are explained well to me.


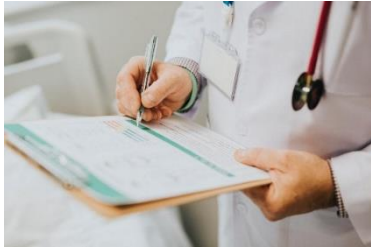


أنا، الموقع أدناه، أوافق على أن تفاصيل الفحوصات الطبية قد تم شرحها لي

Applicant's Name
اسم المتقدم للفحص

Signature
التوقيع

Date
التاريخ

Appendix 2: Visa screening general procedures for applicants

<p>All applicants at the age of 18 years and above are required to undergo medical screening to obtain a residence visa in the Emirate of Abu Dhabi.</p> <p>يتعين على جميع الوافدين الذين تبلغ أعمارهم 18 عامًا فما فوق الخضوع لفحص طبي للحصول على الإقامة في إمارة أبو ظبي.</p>		
<p>The screening process is divided into four steps:</p> <ol style="list-style-type: none"> 1. Registration 2. Physical Examination 3. Blood withdrawal 4. Chest X-ray 		<p>خطوات الفحص الطبي:</p> <ol style="list-style-type: none"> 1. التسجيل 2. الفحص السريري 3. سحب الدم 4. الأشعة السينية للصدر
<p>Registration</p> <ul style="list-style-type: none"> • The documents required: <ul style="list-style-type: none"> - Original Passport - Entry Permit/ Resident Visa/ EID - Health insurance if Visa from outside the Emirate of Abu Dhabi • Take a picture • Sign general consent form 		<p>التسجيل</p> <ul style="list-style-type: none"> • الوثائق المطلوبة: <ul style="list-style-type: none"> - جواز السفر الأصلي - تأشيرة الدخول / إقامة صادرة / بطاقة الهوية - التأمين الصحي إذا كانت التأشيرة من خارج إمارة أبوظبي • التقاط صورة • توقيع نموذج الموافقة العامة
<p>Physical Examination</p> <p>A doctor \ nurse will:</p> <ul style="list-style-type: none"> - Ask you questions about your Past Medical History - Ask you to expose parts of your body for a skin examination 		<p>الفحص السريري</p> <p>سيقوم الطبيب / الممرض بما يلي:</p> <ul style="list-style-type: none"> - يسألك عن تاريخك الطبي السابق - يطلب منك الكشف عن أجزاء من جسمك لفحص الجلد
<p>Blood withdrawal</p> <p>Blood will be tested based on your occupation:</p> <ul style="list-style-type: none"> • HIV • Hepatitis B / C for certain job categories • Syphilis for certain job categories • Pregnancy <p>3 doses of Hepatitis B Vaccination will be provided to certain categories</p>		<p>اختبار الدم</p> <p>سيتم سحب واختبار الدم بناءً على مهنتك:</p> <ul style="list-style-type: none"> • فيروس نقص المناعة البشري • التهاب الكبد ب / ج لبعض الفئات • مرض الزهري لبعض الفئات • فحص الحمل <p>سيتم توفير 3 جرعات من تطعيم التهاب الكبد البائي لفئات معينة</p>
<p>Chest X-Ray</p> <ul style="list-style-type: none"> -To rule out Pulmonary Tuberculosis -You are required to expose the upper part of your body and remove all accessories 		<p>أشعة الصدر السينية</p> <ul style="list-style-type: none"> - لاستبعاد الدرن الرئوي -يجب الكشف عن الجزء العلوي من الجسم وإزالة المجوهرات

Fitness Certificate is released once applicant is free of the infectious diseases tested and will be sent to Federal Authority for Identity & Citizenship, Customs & Port Security automatically.

يتم إصدار شهادة اللياقة الصحية بعد التأكد من خلو المتعامل من الأمراض المعدية التي تم إجراء فحوصات لها، وسيتم إرسالها إلى الهيئة الاتحادية للهوية والجنسية والجمارك وأمن المنافذ من خلال الربط الإلكتروني

Appendix 3 – Acceptance of an IGRA test as a substitute for Chest X-Ray

DoH/ADPHC, at its sole discretion, may consider accepting an IGRA test as a substitute for a chest x-ray only in the following cases and where substantiated with documentary evidence.

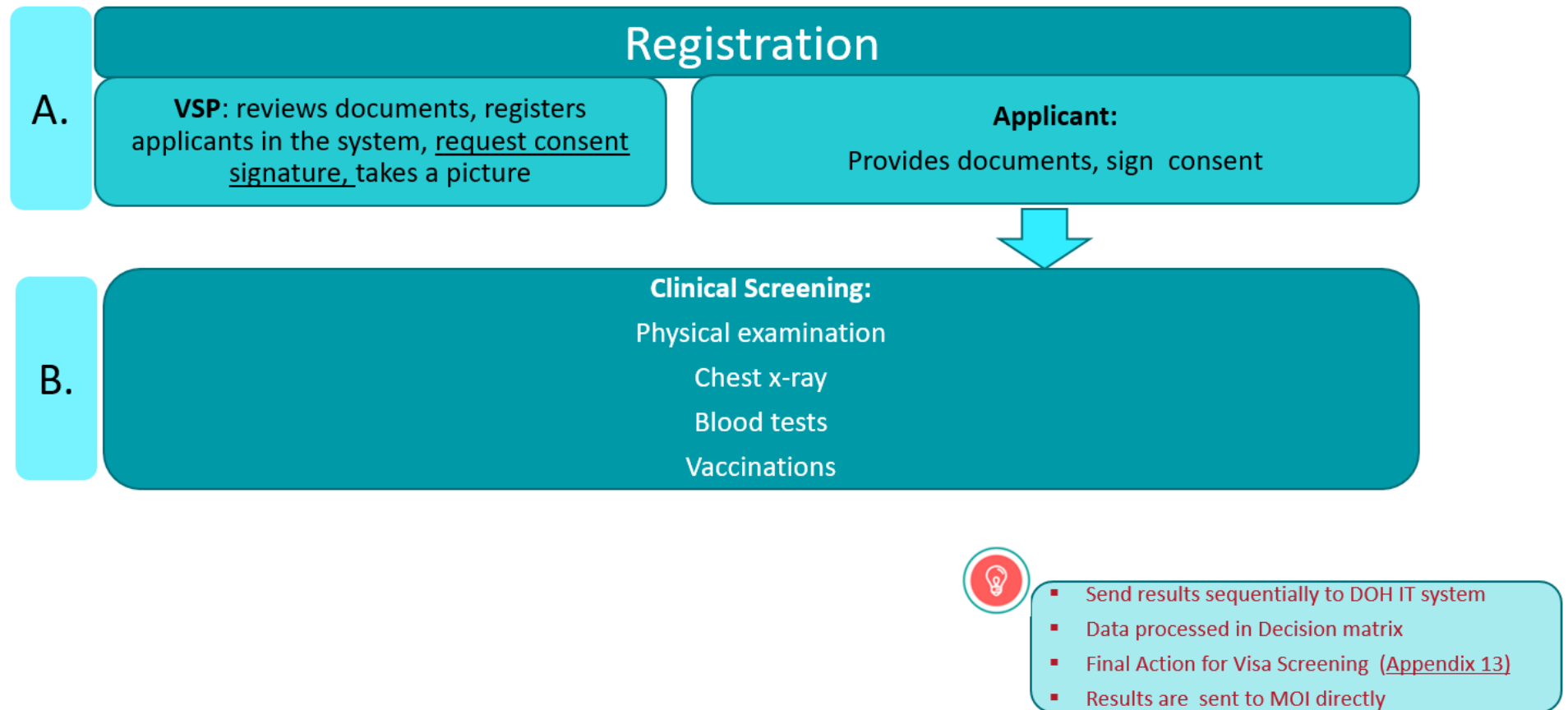
Eligibility criteria for DoH/ADPHC consideration

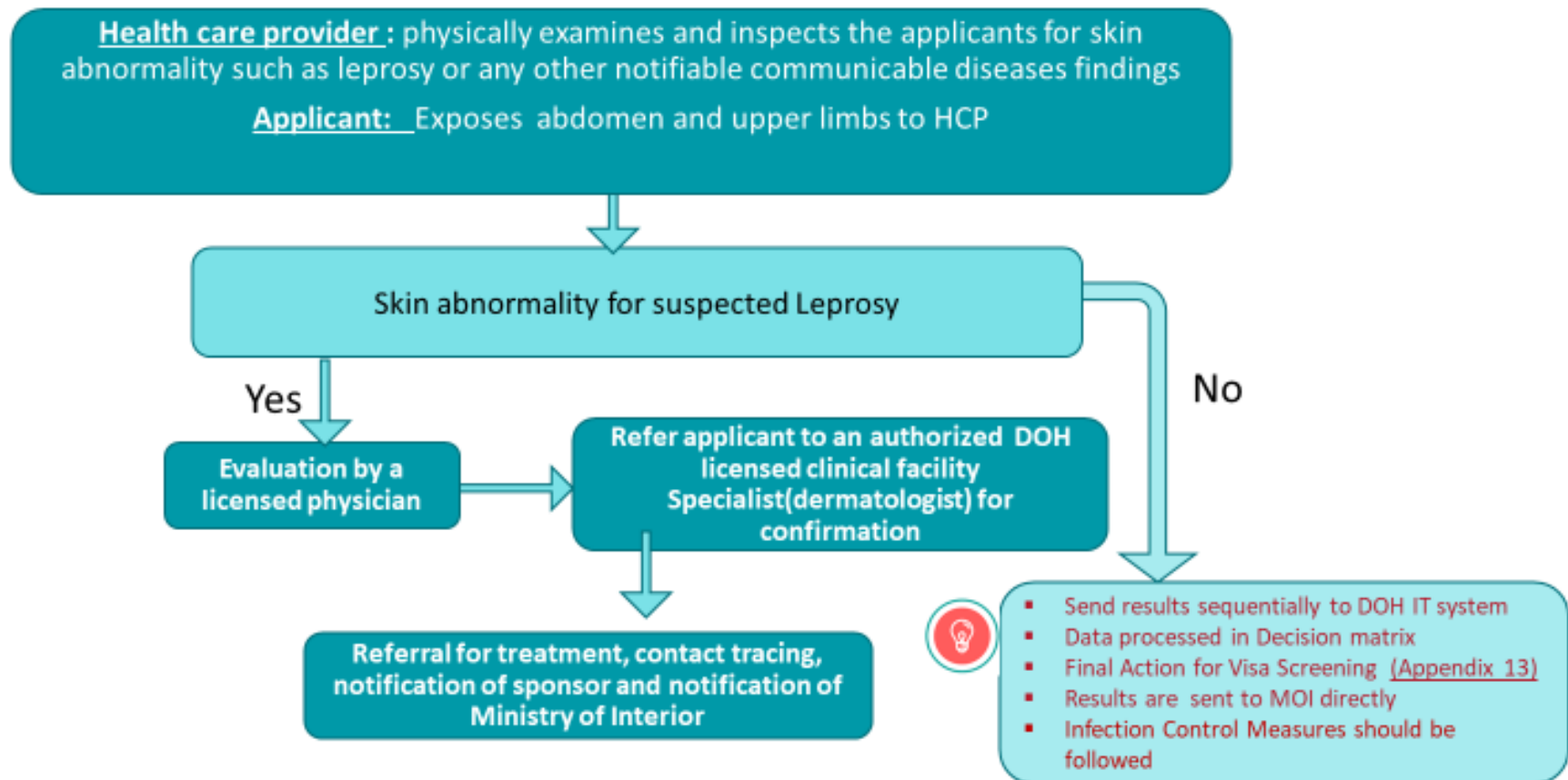
1. Cases that have repeated exposure to chest x-ray as a requirement for multiple entry work visa as opposed to single entry. (Duration multiple exposures within one year).
2. Where a medical condition exists for which exposure to chest x-ray is contraindicated or where there is likelihood of increased risk, e.g. breast cancer patients.
3. Unable to undergo a chest x-ray for any other specified and justifiable reason.

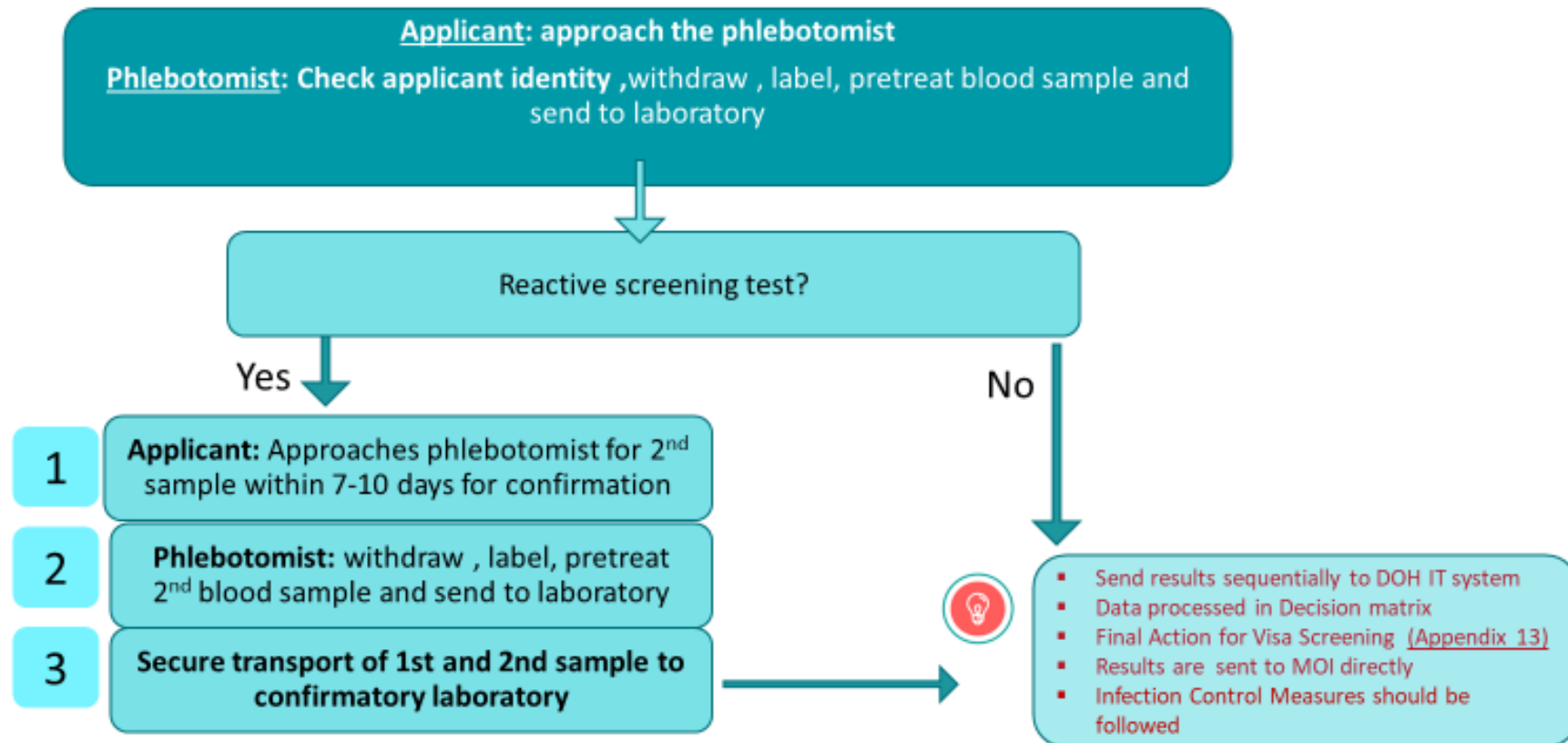
Notes:

- a) All eligible applicants must submit documents to prove their case.
- b) For all cases a chest x-ray must be performed on first entry to be eligible for a fitness certificate.
- c) IGRA test can be accepted by DoH/ADPHC in the subsequent visa fitness certification providing that the initial chest x-ray was negative.
- d) Conduct all other visa screening tests as per the standard including the physical examination and the overall visa screening process.
- e) If IGRA is positive:
 - i) Provide a CXR report less than 1 year old.
 - ii) Proceed for sputum collection by induction, if failed to be referred to pulmonologist to review the case clinically and advise further.

Appendix 4: Flowchart of visa screening process







Infection control measures must taken

Applicant: approach to Radiographer
Radiographer: Check applicant identity, take digital chest x-ray
Digital image reviewed by Radiologist ★

Pulmonary Tuberculosis suspected

Yes

**Digital image reviewed by
Radiologist 2&3 ★**

**Perform further
investigation according to
matrix**

No

1. In line with DOH Visa Screening: Chest x-ray standard
 2. In line with DOH Visa Screening standard: Sputum collection, Microscopy culture and Expert MTB/RIF
 3. If the patient was diagnosed with active pulmonary tuberculosis, VS provider should arrange immediately for admission and/ or treatment of the case as the process continues.
- ★ If the first or second radiologist suspected active PTB, the patient must be investigated immediately

- Send results sequentially to DOH IT system
- Data processed in Decision matrix
- Final Action for Visa Screening ([Appendix 13](#))
- Results are sent to MOI directly

Patient Sponsor's consent form of Pregnancy detected by Visa Screening program	ADMN: _____
	Name: _____
	Age: _____
	Nationality: _____
	Occupation: _____
	Unified No.: _____
(Patient Information Label)	

Sponsor Consent Form:

1. I have been informed that above- mentioned whom I will sponsor is found to be pregnant during the routine procedures of visa screening and cannot be subjected to x-ray test, and I have no objection to issue the fitness certificate.

2. I understand that by signing this consent form I shall be held responsible for guaranteeing the follow up visits for my employee on ____/____/____ to perform the chest x-ray and that this agreement will remain in effect until the completion of the test required by the visa screening program.

3. I understand that I would be contacted in the case of non-attendance of the applicant (employee) for follow-up and this is due to the importance of the test

4. I understand that my cooperation in this program will benefit the safety and health of the community.

5. I understand that I have to inform you if I cancelled or transferred the sponsorship.

1. أقر أنه تم إعلامي بأن المذكورة أعلاه والتي سوف تقيم على كفالتي قد تبين حملها من خلال الفحوصات الروتينية للإقامة مما يتعذر إخضاعها للفحص بالأشعة ولا مانع لدي من إصدار شهادة اللياقة الصحية.

2. بموجب هذا الإقرار التزم بإحضار المكفولة لمركز الفحص في ____/____/____ لكي تقوم بعمل فحص الأشعة ويعتبر هذا الاتفاق سارياً حتى الانتهاء من عمل فحص الأشعة المطلوب لإجراءات فحص الإقامة.

3. أعلم بأنني سألتقى اتصالاً في حالة عدم التزام المكفولة بالحضور للموعد المحدد لأهميته.

4. أعلم أن تعاوني في هذا البرنامج والتزامي سيعود بالفائدة العامة لصحة المجتمع.

5. أعلم بأنه يتوجب على إعلامكم في حالة إلغاء أو نقل الكفالة.

Sponsor's Name

اسم الكفيل

Signature

التوقيع

Date

التاريخ

Witness:

I _____ am a facility employee who is not the patient's physician or authorized health care provider and I have witnessed the sponsor or other appropriate person voluntarily sign this form.

أقر أنا _____ الموظف لدى المنشأة ولست الطبيب المعالج أو المشرف المفوض بخدماته الصحية وأشهد بأن الكفيل أو من ينوب عنه قد وقع هذا الإقرار بإرادته أمامي.

Date
Signature and Title of Witness

Interpreter/Translator: (to be signed by the interpreter/ translator if the sponsor required such assistance)
To the best of my knowledge the sponsor understood what was interpreted/translated and voluntarily signed this form.

الكفيل قد تفهم ما ترجم وما نقل إليه ووقع هذا الإقرار بملاء أرائته

Date
Signature of Interpreter/Translator

Appendix 09: Chest x-ray evaluation form

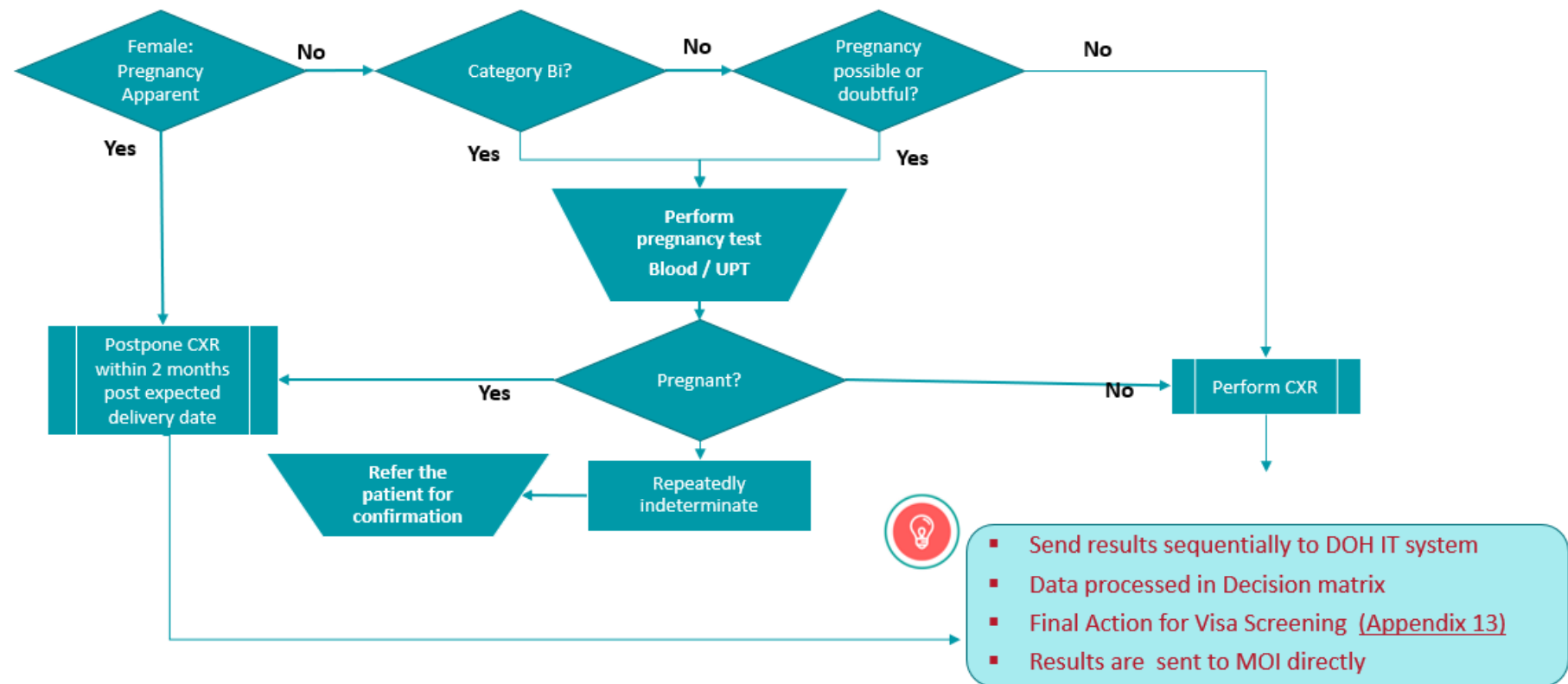
Record of Special Findings noted on the applicant's Chest X-ray image :(one option can be selected in the same time.)	
<input type="checkbox"/>	PH11 Single fibrous streak / band / scar
<input type="checkbox"/>	PH12 Bony islets
<input type="checkbox"/>	PH13 Apical pleural capping with a smooth inferior border (less than 1 cm thick at all points)
<input type="checkbox"/>	PH14 Unilateral or bilateral costophrenic angle blunting (below the horizontal)
<input type="checkbox"/>	PH15 Calcified nodule(s) in the hilum / mediastinum with no pulmonary granulomas
<input type="checkbox"/>	PH16 Solitary granulomas (less than 1cm and of any lobe) with unremarkable hilum
<input type="checkbox"/>	PH17 Solitary granulomas (less than 1cm and of any lobe) with calcified/enlarged hilar lymph nodes
<input type="checkbox"/>	PH18 Single/multiple calcified pulmonary nodules/micronodules with distinct borders
<input type="checkbox"/>	PH19 Calcified pleural lesions
<input type="checkbox"/>	PH20 Costophrenic angle blunting (either side above the horizontal)
<input type="checkbox"/>	PH21 Notable apical pleural capping (rough or ragged inferior border and or > 1 cm thick at any point)
<input type="checkbox"/>	PH22 Apical fibronodular / fibrocalcific lesions or apical microcalcifications
<input type="checkbox"/>	PH23 Multiple/Single pulmonary nodules / micronodules (noncalcified or poorly defined)
<input type="checkbox"/>	PH24 Isolated hilar or mediastinal mass / lymphadenopathy (noncalcified)
<input type="checkbox"/>	PH25 Single / multiple pulmonary nodules / masses more than 1cm
<input type="checkbox"/>	PH26 Non-calcified pleural fibrosis and / or effusion
<input type="checkbox"/>	PH27 Interstitial fibrosis / parenchymal lung disease / acute pulmonary disease
<input type="checkbox"/>	PH28 ANY cavitating lesion OR 'Fluffy' or 'Soft' lesions felt likely to represent active TB
<input type="checkbox"/>	PH29 None of the above is present
Comment:	
<hr/> <hr/> <hr/> <hr/>	
Final evaluation:	
<input type="checkbox"/>	Normal Chest X ray
<input type="checkbox"/>	Abnormal not pulmonary tuberculosis

<input type="checkbox"/>	Abnormal old inactive pulmonary tuberculosis
<input type="checkbox"/>	Abnormal low suspicion of active pulmonary tuberculosis
<input type="checkbox"/>	Abnormal medium suspicion of active pulmonary tuberculosis
<input type="checkbox"/>	Abnormal high suspicion of active pulmonary tuberculosis
<input type="checkbox"/>	Extrapulmonary tuberculosis

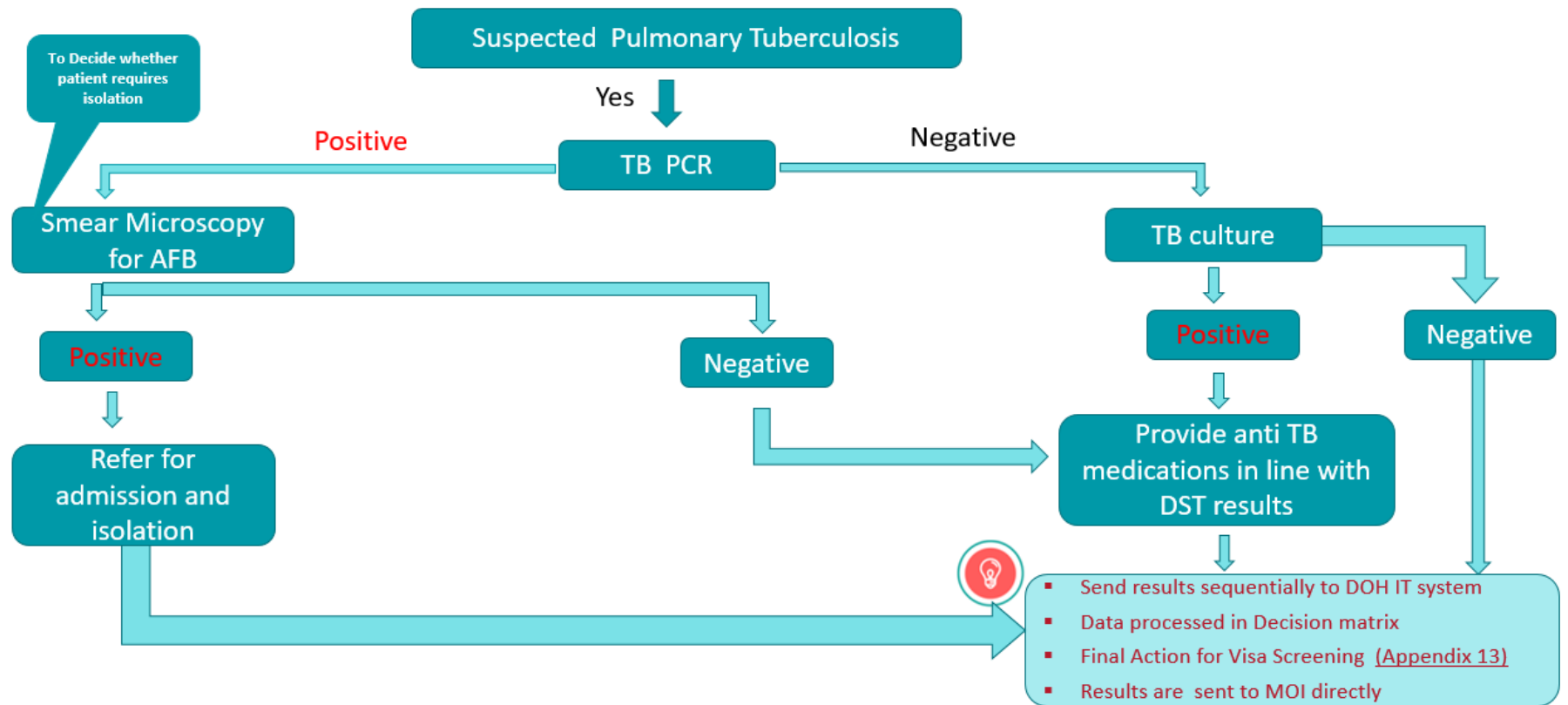
Application #:

Radiologist name:
Facility name:
Signature/stamp:
Date:

Appendix 10: Pregnancy test



Appendix 11: TB PCR test for suspected cases



Appendix 12

Follow up schedule

File No.:

Application No.:

Appointment	Date
1 st Appointment	
2 nd Appointment	
3 rd Appointment	
4 th Appointment	

Applicant Name & Signature	Telephone No.	Date
Sponsor Name & Signature	Telephone No.	Date

To whom it may concern

This patient:

File No: Admin No: came to us as follow cases for pulmonary TB. He attended on the following dates: -

Si.No	Date	The comments
1		No Change from the previous CXR
2		No Change from the previous CXR
3		No Change from the previous CXR
4		No Change from the previous CXR

He completed the follow up visits on

Please ask about the previous x-rays.

Appendix 13: Final Actions of Visa Screening

	Action Type	VS Provider	DoH - ADPHC
1	Issue fitness certificate	Advise to proceed with visa procedures	Authorize the release of Certificate to MOI
2	Issue Certificate and for follow up (PTB)	<ul style="list-style-type: none"> • Sign consent form • Ensure that the patient is followed up in infectious diseases clinic • Advise to proceed with visa procedures • Report noncompliance to DoH - ADPHC 	<ul style="list-style-type: none"> • Authorize the release of Certificate to MOI • Evaluation and monitoring • Action Decision if the patient is not compliant
3	For treatment and follow up (syphilis)	<ul style="list-style-type: none"> • Ensure that the patient is treated or refer for treatment and follow up • Report noncompliance to DoH - ADPHC 	<ul style="list-style-type: none"> • Authorize the release of Certificate. • Evaluation and monitoring • Action Decision if the patient is not compliant
4	For Admission then Deportation (HIV/New Active PTB)	Refer the patient for admission	Start Deportation Procedures
5	Deportation (HBV/HCV/New old PTB/ Leprosy)	Check if patient is eligible for exemption or change of occupation.	Start Deportation Procedures
6	Root Cause Analysis	Investigate and Report to DoH - ADPHC	<ul style="list-style-type: none"> • Follow the investigations • Decide on next action
7	Collect a new specimen and handle as a new sample	Call the patient and ask for a new sample	<ul style="list-style-type: none"> • Follow the investigations • Decide on next action
8	Certificate pending until treatment initiated (Renew Active PTB)	Refer the patient for admission, ask patient and sponsor to sign consent form and send it to DoH - ADPHC	<ul style="list-style-type: none"> • Receive the consent forms • Authorize the release of Certificate to MOI.
9	Certificate pending until confirmation testing is finalized	<ul style="list-style-type: none"> • Conduct confirmation testing and send the results to DoH – ADPHC • Follow DoH – ADPHC Standards in investigations turn around time 	<ul style="list-style-type: none"> • Ensure compliance with DoH - ADPHC Standards • Decide on action if turn around time was exceeded.
10	Issue Certificate and for follow up (Applicant is Pregnant)	<ul style="list-style-type: none"> • Make sure that the sponsor is informed by asking him to sign the consent form. • Arrange for a follow up visit for x-ray within 2 months after delivery 	• Authorize the release of Certificate to MOI
11	The applicant found to have existing unfit or pending record in the system	<ul style="list-style-type: none"> • Inform the applicant/ sponsor of the status • Raise the issue to DoH - ADPHC 	• Investigate if required and take action accordingly
12 A/B	New Visa Exempted Categories	• Collect relevant documents from applicant for exemption process	<ul style="list-style-type: none"> • Verify the correct documents • Obtain Approval from the DOH undersecretary office

Appendix 14: Abnormal Chest X-Ray

If the applicant is found to have abnormal chest x-ray, he/she will be required to provide 2 sputum samples for evaluation and or a blood test (refer to appendix 3) within 3 days of the CXR finding. Hospital admission will be required for further procedure to obtain sputum sample if the applicant fails to cough it out.

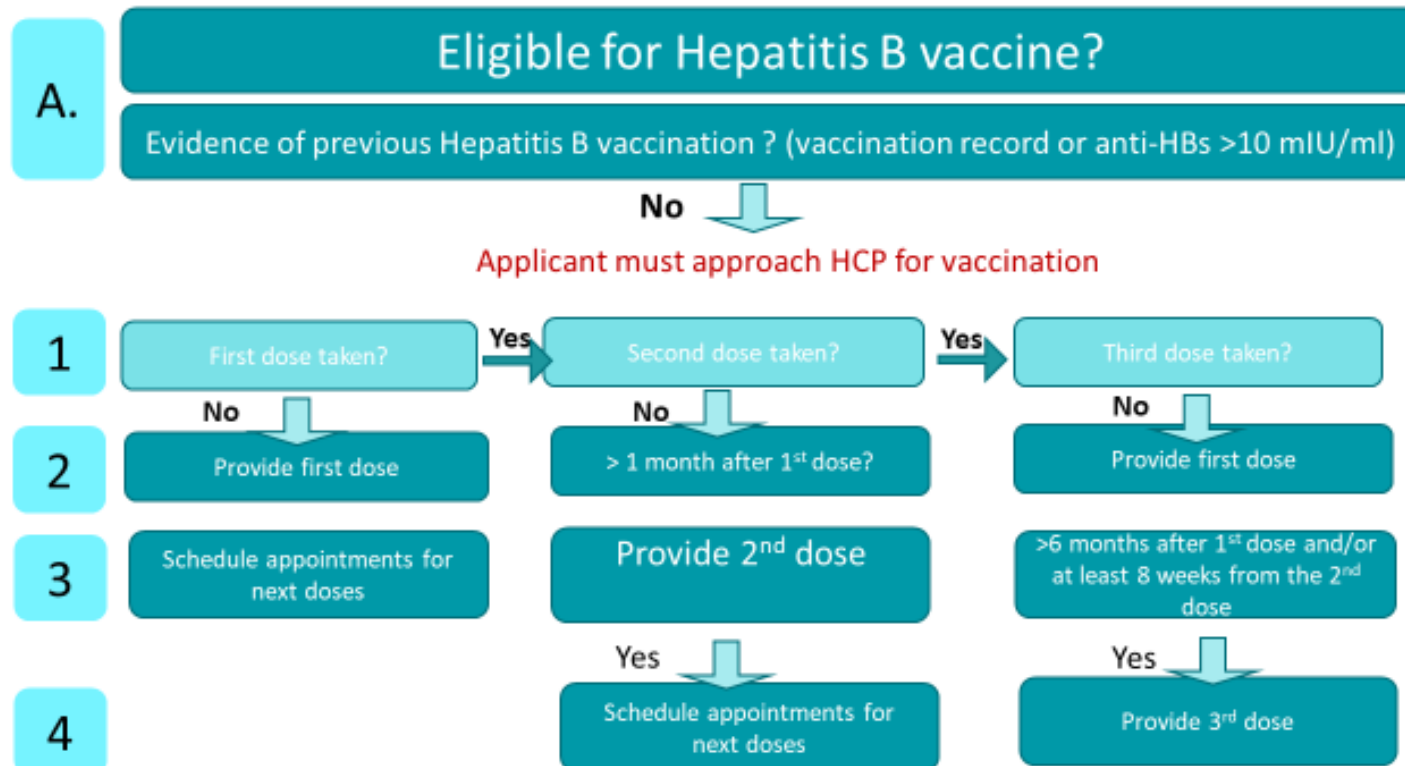
Precautions to follow prior obtaining results:

- Stay indoors and keeping the room well ventilated.
- Wear a surgical mask if you require to leave the house, avoiding crowded areas.
- Cover mouth and nose when coughing and or sneezing by elbow or tissue, ensure to throw tissues away.
- Always wash hands with water and soap regularly
- Keep surroundings clean using disinfectant solution on commonly used areas.
- Avoid active / passive smoking.
- Medication needs to be taken regularly to ensure complete treatment of disease.

The sponsor is required:

- Provide support needed by applicant.
- Provide single room to applicant prior investigation completion.
- Support use of mask.
- Monitor compliance to instructions given.

Appendix 15: Vaccination



Appendix 16: Visa Screening Key Performance Indicators (KPI)

Provider and facility :											
Contract No.											
Contract Effective Date											
Assessment Area	Performance Indicator	Target KPI	Indicator Definition	Year:	Year: Q1	Year: Q2	Year: Q3	Year: Q4	Comments		
Visa Screening Services	Service Volume For each facility	Not applicable	Number of screened individuals- Total								
			Number of visa screening applicants- New								
			Number of visa screening applicants- Renew								
			Number of visa screening applicants registered for standard services								
			Number of visa screening applicants registered for fast-track services								
			Number of visa screening applicants registered for VIP services								
Appointment type	Registration Type For each facility	Not applicable	Number of applicants registered by appointment								
			Number of applicants registered as walk-ins								
Applicant Access	Access to appointments For each facility	2 days	Average length of time in days between the day a patient makes a request for visa screening appointment with a facility and the first available appointment for a new patient visa screening visit.								
Operational planning	Capacity For each facility	Not applicable	Appointment capacity* of the facility *capacity to be measured as the total appointment slots available by the facility each month (x3 per quarter) based on FTEs, operating days and working hours								
Delivering Results For each Facility	Compliance to applicants' data and screening results submitted to DOH-ADPHC as per time agreed in contract		No. of applicants whose clinical data was submitted to DOH-ADPHC within 48 hours from time of registration.								
		> 95%	No. of applicants whose clinical data was submitted to DOH-ADPHC within 48hours from time of registration / total number of screened applicants x 100%								
Quality of Service for each Facility	Compliance to target waiting time for registration (Waiting time)	> 90%	No. of applicants who were registered within 30 minutes of their arrival to the visa screening centre/ total number of screened applicants x 100%								
	Compliance to target throughout time (Cycle time)	> 90%	No. of applicants who complete thier visa screening process within 30 minutes, measured from the time of registration to completion of screening cycle / total number of screened applicants x 100%								
Customer Satisfaction	Customer satisfaction survey For each facility	> 10%	No of visa screening applicaants who completed the customer satisfaction survey / total number of screened applicants x 100%								
		> 90%	No. of visa screening applicants who completed the survey and had overall score of satisfied or very satisfised with the service / total number of screened applicants x 100%								
		< 1%	No. of complaints received / total number of applicants in the facility x 100%								
Financial	Accounting of Visa Screening Charges	Not applicable	Quarter revenues and cost reports including total costs, total revenue and profit and loss per facility.								