

### **IOM Inbound Migration Health Assessment Programme Informed Consent Form**

To be read and signed by all residence visa applicants undergoing a health assessment by the International Organization for Migration (IOM).

1. I have been informed and understand that according to the immigration authorities, the Inbound Migration Health Assessment is requirement to obtain residence visa to Sri Lanka.
2. I confirm that the scope and benefits of the Health Assessment were explained to me and understood by me.
3. I understand that the IOM medical team may request me to undergo general medical counselling, medical examination if decided by the physician, blood tests for HIV, Malaria and Filariasis, and a Chest X-ray to screen for TB in order to complete the Health Assessment and to comply with any other requirements of the immigration authorities. In each case, I will be counseled by an IOM staff on the benefits and risks, as well as the consequences if I opt not to undergo the requested examinations/ screening tests/ treatments/ follow up.
4. I understand that I have the right to refuse a Health Assessment or withdraw my consent but accept that such a refusal or withdrawal may have a negative impact on my visa process.
5. I understand that my personal data (including health data) will be processed in accordance with IOM's Data Protection Principles and the requirements of the Government of Sri Lanka, and I consent to:
  - My personal data (including health data) being collected and stored in the IOM's database for the purposes of facilitating arrangements for the Health Assessment process.
  - These data being disclosed to third parties for the sole purpose of my residence visa process, or if required by law. These parties will be:
    - Sri Lanka Immigration authorities involved in decisions on my resettlement, if required;
    - Sri Lanka Ministry of Health and its National Vertical Programmes, their examining doctor(s) or staff at their clinics, health service providers for the purposes of administering and delivering required health screening services and providing continuing care of my medical condition/s if detected;
    - Sri Lanka public health and curative health services institutions;
  - My de-identified and aggregated data (including health data) may be used for research for the purposes of analysis of migration health issues to inform policy and/or for the programme evaluation.
6. I understand the importance of conveying to the IOM medical team full and truthful information about my health to the best of my awareness, especially if I am pregnant or uncertain about my pregnancy status.
7. I hereby release IOM, its employees, medical personnel or its representative(s) conducting the examination from any liabilities, claims, and damages that may be caused by my medical examination, except where such damage, claim and liability are caused directly by gross negligence or misconduct of IOM, its employees, medical personnel or its representative(s).
8. I understand that I have the right to request clarifications and additional information from IOM staff if any of the above is unclear.
9. I declare that I have read and fully understood the contents of this form and the procedures involved in the health assessment performed by IOM, and I hereby sign the form of my own free will.

Applicant name (or the name of the parent or legal guardian):

---

Case number (if applicable):

---

Signature:

---

Date:

---

Name of the interpreter (if applicable):

---

Signature:

---

Date:

---