

Dear Doctor,

Kindly note, that we require the medical reports specified below along with the Pre-Employment medical form filled out and signed by you.

Please perform the following examinations and provide the accompanying reports (IN ENGLISH):

- **Blood Group Certificate**
- **Detailed Chest x-ray** should state any **Active and In-Active** lesion including past tuberculosis lesion, scar or calcified node / granuloma. The report **must be issued by a Radiologist** in **High Resolution** and **Must** include the **Cobb's Angle (Mention zero degrees if no scoliosis is noted)**.
- **HAV IgM** (for Hepatitis A)
- **HBs Ag** (for Hepatitis B)
- **HCV Ab** (for Hepatitis C)
- **HIV 1&2** (Human Immunodeficiency Virus)
- **VDRL** (Venereal Disease Research Laboratory test)
- **Eye test report** (*Only* on the basis of **Snellen Chart in "20/20"** Visual acuity format), Colour vision using Ishihara method, please be aware that the candidate **must be tested on all 38 plates** and details of plates read correctly and incorrectly have to be specified.

Please ensure that all details in the attached form are completed. If any **abnormality** is specified please provide **detailed reports**.

Thank you very much for your cooperation.

Qatar Airways
Cabin Crew Recruitment

Background Information:

- Please note that candidates will undergo full medical screening for Qatar Airways, Qatar Civil Aviation and government purposes. **Employment will be terminated if the candidate is found medically unfit during testing at this stage.**
- **Pre-existing medical conditions** requiring medical care, specialist follow-up, surgery or regular medication or past medical surgical or psychological history **MUST** be declared. Failure to declare such, will adversely affect the candidate's employment with Qatar Airways.

This guide will walk you through with what you need to do in order to assist Qatar Airways process your Residency Visa. Delay in the submission of medical documentation WILL delay confirmation of your employment and on-boarding formalities.

PLEASE DO THIS NOW:

1. Complete the attached **Pre Employment Medical Check Form** (PEM) with a doctor.
 - a) Good general health with no disability which could compromise or impede continuous effective fulfillment of duties is a pre-requisite to employment with Qatar Airways and its group subsidiaries.
 - b) Pre-existing medical conditions requiring medical care, specialist follow-up, surgery, regular medication, and past medical surgical or psychological history **MUST** be declared. Failure to declare such information, will adversely affect the candidate's employment with Qatar Airways.
 - c) All active, chronic or potentially relapsing conditions must be specifically highlighted and full details (including a specialists report) are to be uploaded on SNIPER "Qatar Airways" online application system, or forwarded to your joining coordinator for assessment at the Qatar Airways Medical Centre.
2. Undertake the below required Pre Employment Medical Examinations:

Required Examination / Report	Special Instructions
Blood Group Certificate	
HAV IgM (for Hepatitis A)	
HBs Ag (for Hepatitis B)	
HCV Ab (for Hepatitis C)	
HIV 1&2 (human immunodeficiency virus)	
VDRL (Venereal Disease Research Laboratory test)	
Detailed Chest x-ray / Thoracic Spine Alignment	<ol style="list-style-type: none"> 1. Your doctor must comment on; Pulmonary and Cardiac findings including any active and inactive lesions 2. The report must be issued by a Radiologist, in High Resolution and must include the Cobb's Angle of the Thoracic Spine 3. If there are no active / inactive lesions, your doctor must comment on the report "NO Active and In-Active lesion"
Colour vision (Ishihara Test) / Visual Acuity	<p>Your doctor must provide the below;</p> <ol style="list-style-type: none"> 1. Eye test report (Only on the basis of Snellen Chart in "20/20" Visual acuity format), Colour vision using Ishihara method. 2. Please be aware that all 38 plates must be used in the Ishihara Colour Vision test, please specify correctly on the document provided <u>how many read correctly</u> and <u>how many were not read</u>.

Please verify your medical reports against the above instructions. Should the reports you submit not be sufficient or is missing specific information, you will be required to re-do the process.

All documents submitted to the Qatar Airways Medical Center should be in the "English" language. Should your reports be in another language other than English, **they should be translated** to English by your doctor or a professional translator; the translation must be stamped and signed

Please attach all your reports by logging on to the **"Advance Candidate Zone"** on the Qatar Airways online application system.

Please Note:

- a) You may undergo medical examination and testing at any accredited medical clinic or facility. Qatar Airways currently does not have a specific list of approved clinics.
- b) Medical expenses or other costs incurred when performing the above formalities are **NOT** reimbursed by Qatar Airways.
- c) All people arriving in Qatar with an intention of obtaining a Residence Permit must undergo full medical screenings by the Government Medical Commission. Employment will be terminated if a candidate is medically unfit, as per the government medical commission.
- d) You will undergo Qatar Civil Aviation medical examination at the Qatar Airways Medical Clinic (QRM) upon your arrival in Qatar to commence work.

Additional Information - GAMCA:

Candidates, who are **Passport Holders** or **Citizens** of GAMCA countries, are required to contact the nearest **GAMCA Test Centre** in their (home) country or country of residence and perform tests as per GAMCA specifications.

<http://www.sch.gov.qa/mchc/En/ponduty.jsp?CSRT=4841154693150072772> is the link that will provide you with information about a test centre in your home country / country of residence.

Along with the GAMCA certificate you **must** provide Laboratory reports of all the above mentioned tests.

Cabin Crew Recruitment - Pre Employment Medical Check Form



Salutation:		Full Name:		Date:					
Nationality:		Interview City Name:		Age:	<table border="1"> <tr> <td>Female</td> <td></td> </tr> <tr> <td>Male</td> <td></td> </tr> </table>	Female		Male	
Female									
Male									

Please specify your medical history below; Answer "Y" for Yes and "N" for No. Please provide additional documentation if you select "Yes"

The following questions are in regard to your medical history. If you **currently have or had** any of the below mentioned conditions; please select as appropriate by putting "Y" or "N", if you mention "Y" please attach detailed report inclusive of current status.

	Y	N		Y	N
a) Epilepsy, fits or migraines			b) Any History of diabetes		
c) Psychiatric or psychological disorders			d) Menstrual disorders / Dysmenorrhea		
e) Ear, nose & throat disorders.			f) Tuberculosis or asthma		
g) Back pain & Joint Disorders			h) Visual problems & Colour Blindness		
i) Any kind of heart disease / Hypertension			j) Motion sickness requiring drugs		
k) Allergies & Skin disorders			l) Any medical illnesses (Cancer, Varicose veins etc.)		
m) Blood Disorder i.e.: Thalassemia / Sickle Cell Anaemia			n) Current medications (prescriptions and OTC)		
o) Smoker?			p) Any Tattoo, Scar or Birthmarks on any part of your body (If 'Yes' provide details)		
			q) Previous Medical or Surgical treatment (or any serious injury)		

Additional Information:

Blood Group Type: (Please tick the correct box)

A+ ☐ A- ☐ B+ ☐ B- ☐ AB+ ☐ AB- ☐ O+ ☐ O- ☐

Note: Please provide a blood group certificate as it is required by The State of Qatar (to acquire a work permit)

Additional Medical Examination Reports Required by Qatar Airways: (Please be aware that the candidate **has** to be tested on **all 38 plates** of the Ishihara Test) in order for the test results to be accurate.

Visual Acuity	Left Eye	Right Eye	Colour Vision (Ishihara Test)	No Of Plates Used	38	No of Plates read correctly		No of errors	
Medical Examination Reports Required - Checklist: Please tick the appropriate boxes for reports that you will be submitting			(Please tick box if specified documents mentioned below are being submitted)						
Please DO NOT submit documents other than the ones mentioned on this sheet.			Blood Group Certificate		HCV Ab (for Hepatitis C)				
			*Chest x-ray (High Resolution)		HIV 1&2 (Human Immunodeficiency Virus)				
			Colour vision (Ishihara Test)		Thoracic Spine Alignment				
			HAV IgM (for Hepatitis A)		VDRL (Venereal Disease Research Laboratory test)				
Please be aware that the attached certificate and reports will be valid only for 3 months from the time of initial issue.			HBs Ag (for Hepatitis B)		Visual Acuity				

(* High Resolution): Chest X-Ray should include information on **Active and In-Active** lesion including **past tuberculosis, scar or calcified node / granuloma**. The report **must be issued by a radiologist**, in **High Resolution** and **MUST** include the **Cobb's Angle** of Thoracic spine.

*If **Scoliosis** is detected please specify the **Cobb's Angle** or other findings of the **Thoracic Spine** here (Please be aware that a report **HAS** to be submitted in addition to providing information here on this document)

NOTE:

- Any medical condition / information requested which is not declared in the Medical History Questionnaire and detected later may result in termination of your employment.
- If, for any reason, you do not pass the Medicals in Doha - Qatar, the offer of employment will be withdrawn and you will be repatriated to your home country. The company is not responsible for any losses sustained or inconvenienced caused as a consequence of "you" failing the Medicals.
- If you are unsure if you will pass the above medical tests, please arrange for these tests to be taken in advance prior to joining the company. **Please note that medical expenses incurred will not be reimbursed.**

Declaration & consent to obtain medical information:

I hereby declare that I have carefully considered the statement(s) made above and that I have not withheld any relevant information or made any misleading statement. I understand that if I have made any false representation for the purpose of procuring for myself a medical certificate, I may be guilty of a criminal offence. I hereby grant consent to the Qatar Airways Medical Centre obtaining information about my health from any medical advisor or hospital consulted by me.

Candidate's signature

Medical Examiner's signature & Stamp

Please do not type or write below this section – below section is solely for the use of Qatar Airways

FOR QATAR AIRWAYS OFFICIAL USE ONLY

Medical Certificate approved:

Yes ☐

No ☐

Any Observations:

Medical Examiner's Signature

Date

Stamp

Thursday, 12 June 2014