

Infectious Disease Prevention & Control Unit Health Promotion and Disease Prevention Directorate

Form B - Application form for Health Screening for Work Permit

Applicable for first time applicants coming from countries with High/Very High Tuberculosis incidence doing Other Jobs;

(E.g. administrative, construction/manual workers, cleaners/housekeepers, footballers, handressers/makeup artists, working in transport, delivery persons, security guards, laboratory technicians working in a non-medical field (e.g. construction, chemicals, pharmaceuticals, etc.))

CONFIDENTIAL

Please read the following instructions carefully

As a potential employee, applicants have a duty to provide the relevant information to the infectious Disease Prevention and Control Unit (IDCU) within the Health Promotion and Disease Prevention Directorate. All medical and sensitive personal information applicants provide, will be held in complete confidence by the Directorate.

Documentation

Employee will need to go to a private Medical Doctor for this form to be duly filled and to carry out the required medical examination and tests as requested according to the job applying for.

All documentation should be in English.

The Directorate will only accept investigations from radiology clinics in Malta licensed by the Superintendence of Public Health

If there are any abnormal results copies of these should be forwarded to IDCU on workpermit idou@gov.mt for any necessary action, together with this application form.

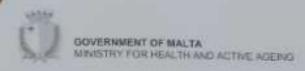
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Other John



Section A: PERSONAL INFORMATION

1 st time application	Change of job
What year did you start working in N	Maita?
Details of Employee:	
urname (as it appears on passport): N	unoz Ortega
ame (as it appears on passport): W.(),	am Fernando
Sender Hale	
Date of Birth: Day: 2. 6	Month: 07 Year: 1990
Place of Birth: I3v103	
Nationality: Colombian	
ID/Passport Number: A y 8 3 5 3 4	3
Address in Malta:	
11- Fortizea, Is-Swiegi	, APT SOT, Hall 2
Hadliens Village	
Mobile: 99 44 3335	



List all the countries you have lived in for a period of 6 months or more

Colombia

Detailed job descript • Sweeping and mopping floors of various types.

• Dusting ceilings,light fittings,counter tops and loose furniture.

• Scrubbing and sanitizing toilets,sinks and kitchen fixtures.Emypting trash cans.

- · Washing and drying windows.
- Liasing with the line manager to ensure that you have sufficient cleaning products at
- Reporting any breakages that occur during the cleaning process.
 Informing the line manager of repairs that need to be done.

4. Details of Employer:

Name of Employer: Amanda Borg Grech

Adnama Company Ltd Name of company (if applicable).

Email: info@adnamacompanyltd.com

Mobile/Telephone: 79673211

Address:

Adnama Company Ltd. 29 Radiama Pjazza II-Beatu Nazju Falzon Pembroke **PBK 1451**

I hereby declare that the information given in this application is true to the best of my knowledge

Employee's Signature (applicant)

Employer's Signature

24/01/2025 ID number: Date:

99283M

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Section B: HEALTH SCREENING

To be completed by the private Medical Doctor

It is important that employees are screened for relevant infectious diseases prior to their initiation of employment.

Please note that it is MANDATORY that this section of the form is completed by ONE (1) doctor only and the doctor's contact telephone number and email address are clearly written down.

It is also the doctor's responsibility to ensure that they see all CXR reports/vaccination records that they are reporting on below. Where vaccination records are not provided a booster dose will be required, as indicated below.

Failure to comply with this will result in the application form NOT being processed.

1. Chest X-Ray

To be done locally in the PRIVATE SECTOR by some employees*

- Employees who were born or who have lived for 6 months or more in a country reported
 as High/Very High Risk for TB need to take a chest x-ray.
- Chest x-rays need to be taken within the <u>last 6 weeks</u> from the date of the application form.
- Employees who are changing jobs, can present their previous chest x-ray if this was taken within the past year. If the chest x-ray was taken more than 1 year ago, a repeat of chest x-ray is required.
- . Important to fill in the date when chest x-ray was taken.
- If results show any abnormalities, please send a copy of the report with the application form.
- A copy of the chest x-ray report must be attached with the application form.



Requirement	Results submitted (Tick as Applicable)	Date taken
CHEST X-RAY	CXR Normal	CKR not
For applicants who were born or have spent 6 months o more in a country reported as High/Very High Risk for TB by the World Health Organisation	CXR Abnormal	required

2. Vaccines and Blood Investigations

- Important to duly complete the form, including dates for health screening investigations and batch numbers for vaccinations.
- Vaccination records <u>MUST BE SEEN</u> by the doctor. Where records are not provided a booster dose of the vaccine is required, as indicated below.
- . IMP: Vaccinations taken abroad are no longer accepted for processing.

Health Screening	(Tick as a	esults opticable)	Date taken	
		/ DIPHTHERIA nunity is required		
1. 1 dose administered i	n MALTA	☐ IPV Boostrix ☐Repevax (San ☐Imovax ☐Dultavax ☐Revaxis	DATE JO 1 2 C	A
OR 2. Poliovirus and Diph immunity test	theria		M X1414 DATE	0 0

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Other John March 2024



GOVERNMENT OF MALTA MINISTRY FOR HEALTH AND ACTIVE AGEING

MEASLES

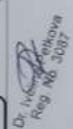
Documented vaccinations

Records available

Records unavailable*

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* If vaccination records unavailable or vaccine never taken, it is recommended that the applicant takes a booster dose of MMR vaccine.





Section C: Information for Medical Doctors

All employees need to be examined to exclude symptoms of scables, food and water borne
finesses (gastroententis) and vaccine preventable diseases such as chickenpox and measles.
I declare that the employee is not suffering from the above-mentioned infectious diseases.
I declare that the employee is showing no symptoms suggestive of active tuberculosis (prolonged cough for more than 2 weeks; Haemoptysis; Fever; Weakness; Weight loss; Night sweats; Chest pain).
I declare that I have vetted and seen all the necessary investigations/documents requested to apply for a work permit and found
NO ABNORMALITIES.
ABNORMALITIES, that include;
Kindly inform employee/employer to send application to workpermit idea/fluory.mt together with a copy of the abnormal results to be followed up as necessary Comments:
Doctor's Name & Sumame (in block letters) DR. I. Petrove
Medical Council Registration No: 3084 Stamp
Mobile No: 99284040 A 2087
Email address:
Signature:
Kindly ensure that the details provided are all legible. Otherwise, the application will not be processed. Only rubber stamps with legible information requested above will be accepted.



Section D: EMPLOYEE'S DECLARATION

Employee:

I declare that to the best of my knowledge, the information provided is correct. I understand that approval for work permit is subject to successful completion of a medical test and that further investigations may be required if there is an indication that one may be suffering from an infectious disease (Public Health Act, Article 29 (1) (c).

Signature of employee: 24/01/2025

Please send a scanned copy of this form together with:

- 1. Proof of certification (where required)
- 2. Chest X-Ray report (where required)
- 3. Scan of vaccination card/record (in English)
- 4. Scan of any blood tests (where required)

Failure to send any of the required documentation will delay processing of this application form.

The personal data requested is being processed according to Article 27 (a) (ii) of the Public Pearth Act, the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018.

Population

Other Assistance (2024)