



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,
hairdressers/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_idcu@gov.mt for any necessary action, together with this application form.



Section A: PERSONAL INFORMATION

1. Job being applied for: Cleaner

☒ 1st time application

☐ Change of job

2. What year did you start working in Malta? _____

3. Details of Employee:

Surname (as it appears on passport): Muñoz Ortega

Name (as it appears on passport): William Fernando

Gender: Male

Date of Birth: Day: 26 Month: 07 Year: 1990

Place of Birth: Isnoo

Nationality: Colombian

ID/Passport Number: A4835343

Address in Malta:

11-Fortizza, Is-Swiuci, Apt 507, Hall 2
Madliena Village.

Mobile: 99 44 3335

Email: william62185@gmail.com



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

Colombia

Detailed job description:

(Please see list in website)

- Sweeping and mopping floors of various types.
- Dusting ceilings, light fittings, counter tops and loose furniture.
- Scrubbing and sanitizing toilets, sinks and kitchen fixtures, Emptying trash cans.
- Washing and drying windows.
- Liaising with the line manager to ensure that you have sufficient cleaning products at all times.
- 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

Name of company (if applicable):

Adnama Company Ltd

Email:

info@adnamacompanyltd.com

Mobile/Telephone:

79673211

Address:

Adnama Company Ltd.
29 Radiama
Pjazza Il-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

Date:

24/01/2025

ID number:

99283M



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 last 6 weeks 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 * For applicants who were born or have spent 6 months or more in a country reported as High/Very High Risk for TB* by the World Health Organisation	<input type="checkbox"/> CXR Normal <input type="checkbox"/> CXR Abnormal	CXR not required

Dr. Iveta Petkova
Reg. No. 3087


2. Vaccines and Blood Investigations

- Important to duly complete the form, including dates for health screening investigations and batch numbers for vaccinations.
- Vaccination records **MUST BE SEEN** 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	Results (Tick as applicable)	Date taken
POLIO / DIPHTHERIA Full immunity is required		
1. 1 dose administered in MALTA	<input type="checkbox"/> IPV Boostrix <input checked="" type="checkbox"/> Repevax (Sanofi) <input type="checkbox"/> Imovax <input type="checkbox"/> Dultavax <input type="checkbox"/> Revaxis	DATE: 20/1/25 Batch/Lot Number: 824751 
OR		
2. Poliovirus and Diphtheria Immunity test	<input checked="" type="checkbox"/> Immune <input type="checkbox"/> Non-immune	DATE: 21-2027
Should blood level show no immunity, applicant must receive one dose of vaccine.		

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Reg. No. 3087



MEASLES		
Documented vaccinations	<input type="checkbox"/> Records available <input checked="" type="checkbox"/> Records unavailable*	<u>Date & Batch No.</u> 20/1/25  Exp 12/25
<p>* If vaccination records unavailable or vaccine never taken, it is recommended that the applicant takes a booster dose of MMR vaccine.</p>		

Dr. Ivana Petkova
Reg No 3087



Section C: Information for Medical Doctors

All employees need to be examined to exclude symptoms of scabies, food and water borne illnesses (gastroenteritis) 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.idcu@gov.mt together with a copy of the abnormal results to be followed up as necessary

Comments:

Doctor's Name & Surname (in block letters): DR. I. Petkova

Medical Council Registration No: 3084

Mobile No: 99284090

Email address: _____

Signature:

Stamp

Dr. I. Petkova
Reg No. 3084

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: _____

Date: 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) (i) of the Public Health Act, the General Data Protection Regulation (EU) 2016/679 and the Data Protection Act 2018.