



INFECTIOUS DISEASE PREVENTION & CONTROL UNIT
HEALTH PROMOTION AND DISEASE PREVENTION DIRECTORATE

HEALTH SCREENING FOR RENEWAL OF WORK PERMIT

Applicable for applicants who are renewing their work permits as
Masseurs/Masseuse

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

All employees should plan any required vaccinations sufficiently in advance so that these, together with any blood tests needed to show immunity, are completed prior to submitting their renewal application.

The 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.

After the second part is duly filled by the Medical Doctor, please send this form together with any abnormal Chest X-Ray reports and incomplete vaccination cards to IDCU on workpermit.idcu@gov.mt and write 'Renewal Form' in the subject of the email. You will receive approval via email.

Masseurs need to fill in and send their renewal form only for the following **1 year** (a total of 2 years working in Malta). **Applicants need to have immunity against Hepatitis B prior to renewal** and any other investigations as indicated in the relevant application form.



Section A: To be filled in by the employer in TYPED or BLOCK LETTERS

1. Details of Employee:

Name & Surname:

Nationality/ Citizenship:

Email:

Mobile:

Year when started working in Malta:

2. Details of Employer:

Name of Employer:

Name of company (if applicable):

Email:

Mobile/Telephone:

Job Reapplying for: _____

Renewal year with present employer: 1st renewal (2nd year working in Malta)

2nd renewal (3rd year working in Malta)

3rd renewal (4th year working in Malta)

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

Signature of Employee

Signature of Employer

Date: _____

ID number _____



Section B: To be completed by the private General Practitioner

1.1. Physical Examination

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 above-mentioned individual is not suffering from the above-mentioned infectious diseases.
- I declare that the above-mentioned individual is showing no symptoms suggestive of active tuberculosis (prolonged cough >2 weeks; Haemoptysis; Fever; Weakness; Weight loss; Night sweats; Chest pain).

Important to state the dates when the CXR, vaccinations and health screening were taken. Otherwise, the form will not be accepted

1.2. Chest X-Ray

Chest X-Ray - To be done LOCALLY in the PRIVATE SECTOR by some APPLICANTS (*)

A chest x-ray for all applicants **born or have spent ≥ 6 months in a country reported as [very high risk for TB](#)** needs to be taken within the **last 6 weeks** of submission of the renewal form

Requirement	Documentation Required	Results submitted (Tick as Applicable)	Date
CHEST X-RAY	*For applicants who are born or have spent ≥ 6 months in a country reported as very high risk for TB by the World Health Organisation (Annex 1)	<input type="checkbox"/> CXR Normal <input type="checkbox"/> CXR Abnormal	
DOCTOR'S SIGNATURE			



1.3. Vaccinations

Masseurs/Masseuse need full immunity against Hepatitis B prior to renewal of work permit

Requirement	Documentation Required	Results submitted (Tick as applicable)	Date
HEPATITIS B			
HEPATITIS B SCREEN	Hepatitis B antibody result (anti-HBs)	<input type="checkbox"/> anti-HBs >10mIU/ml <input type="checkbox"/> anti-HBs <10mIU/ml*	
	If anti HBs if <10 mIU/ml*		
	1. <u>Hepatitis B Surface Antigen (HBsAg) result</u> <p style="text-align: center;"><u>AND</u></p>	<input type="checkbox"/> HBsAg negative <input type="checkbox"/> HBsAg positive	
	2. <u>Hepatitis B vaccination</u> A. TWINRIX VACCINE (Hepatitis A & B) <p style="text-align: center;"><u>OR</u></p> B. ENGERIX* (Hepatitis B)	<input type="checkbox"/> 0 months <input type="checkbox"/> 1 month <input type="checkbox"/> 6 months <u>Accelerated schedule*</u> <input type="checkbox"/> 0 months <input type="checkbox"/> 1 month <input type="checkbox"/> 2 months <input type="checkbox"/> 1 year <u>Dosing schedule</u> <input type="checkbox"/> 0 months <input type="checkbox"/> 1 month <input type="checkbox"/> 6 months	DATES: DATE: DATES:



HEPATITIS C			
HEPATITIS C SCREEN	Hepatitis C antibody result (HCV)	<input type="checkbox"/> Negative test <input type="checkbox"/> Positive test	<u>DATE:</u>
HUMAN IMMUNODEFICIENCY VIRUS (HIV)			
HIV SCREEN	HIV antibody (HIV) result	<input type="checkbox"/> Negative test <input type="checkbox"/> Positive test	<u>DATE:</u>
SCREENING FOR SEXUALLY TRANSMITTED INFECTIONS (STIs)			
STIs SCREENING	Chlamydia screening	<input type="checkbox"/> Negative test <input type="checkbox"/> Positive test	<u>DATES:</u>
	Gonorrhoea screening	<input type="checkbox"/> Negative test <input type="checkbox"/> Positive test	
	Syphilis screening	<input type="checkbox"/> Negative test <input type="checkbox"/> Positive test	

2.0. Medical Doctor's Details:

Doctor's Name & Surname (in block letters): _____

Medical Council Registration No: _____

Mobile No: _____

Signature: _____

Stamp

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.



ANNEX 1.

All those coming from VERY HIGH-RISK tuberculosis country (born or lived for >6months) must repeat their chest x-ray EVERY YEAR FOR 3 YEARS when renewing their work permit.

Afghanistan	Lao People's Democratic Republic
Angola	Lesotho
Bangladesh	Liberia
Bhutan	Madagascar
Bolivia	Malawi
Brazil	Marshall Islands
Burundi	Micronesia
Cabo Verde	Mongolia
Cambodia	Mozambique
Cameroon	Myanmar
Central African Republic	Namibia
Chad	Nepal
Congo	Nigeria
Cote D'Ivoire	Pakistan
Democratic People's Republic of Korea	Palau
Democratic Republic of Congo	Papua New Guinea
Djibouti	Philippines
Equatorial Guinea	Sao Tome e Principe
Eswatini	Senegal
Ethiopia	Sierra Leone
Gabon	Somalia
Gambia	South Africa
Ghana	South Sudan
Greenland	Thailand
Guinea	Timor-Leste
Guinea - Bissau	Tuvalu
Haiti	Uganda
India	United Republic of Tanzania
Indonesia	Vietnam
Kenya	Zambia
Kiribati	Zimbabwe
Kyrgyzstan	