



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 every year for **3 consecutive years** (a total of 4 years applying for health screening and 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 for more than 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

To be done **LOCALLY** in the **PRIVATE SECTOR** by some applicants*

Those applicants who require a chest x-ray, the chest x-ray needs to be taken within the **last 6 weeks** of submission of the renewal form. If chest x-ray is **abnormal**, send a copy of the report with the application form.

Requirement	Results submitted (Tick as Applicable)	Date taken
CHEST X-RAY * For applicants who are born or have spent 6 months or more 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	



1.3. Vaccinations

- Important to duly complete the form, including **name of vaccine, batch number** and **date of administration**
- Only follow the below-listed **vaccination schedule**

1.3.1. Hepatitis B Vaccinations

- **Hepatitis B antigen test (HBsAg)** needs to be taken immediately prior to initiating Hepatitis B vaccination schedule.
- Full immunity against **Hepatitis B** is required prior to renewal of work permit

Health Screening	Results (Tick as applicable)	Date	
HEPATITIS B			
1. Hepatitis B Surface Antigen (HBsAg)	<input type="checkbox"/> HBsAg negative <input type="checkbox"/> HBsAg positive	<u>DATE:</u>	
2. Hepatitis B vaccination: A. <u>TWINRIX VACCINE</u> (Hepatitis A & B) <p style="text-align: center;">OR</p> B. <u>ENGERIX</u> (Hepatitis B)	<u>Dosing schedule</u> <input type="checkbox"/> 0 months <input type="checkbox"/> 1 month <input type="checkbox"/> 6 months	<u>Accelerated schedule</u> <input type="checkbox"/> 0 days <input type="checkbox"/> 7 days <input type="checkbox"/> 21 days <input type="checkbox"/> 1 year	<u>Date & Batch No.</u>
	<u>Dosing schedule</u> <input type="checkbox"/> 0 months <input type="checkbox"/> 1 month <input type="checkbox"/> 6 months	<u>Accelerated schedule</u> <input type="checkbox"/> 0 days <input type="checkbox"/> 7 days <input type="checkbox"/> 21 days <input type="checkbox"/> 1 year	<u>Date & Batch No.</u>
3. Hepatitis B antibody (anti-HBs) (Test to be taken only if Hepatitis B vaccination record is unavailable)	<input type="checkbox"/> anti-HBs greater than 10mIU/ml <input type="checkbox"/> anti-HBs less than 10mIU/ml*	<u>Date:</u>	
*If anti-HBs is less than 10mIU/ml , applicant needs to start Hepatitis B vaccination schedule			



1.3.2. Measles and Polio Vaccinations

MEASLES		
1. Measles vaccine taken	<input type="checkbox"/> Records available <input type="checkbox"/> Records unavailable*	<u>DATES</u>
*If records are unavailable but vaccines have been taken, to check for IgG Measles level		
2. Measles Antibody titre result (IgG measles)	<input type="checkbox"/> Immune <input type="checkbox"/> Not immune**	<u>DATE</u>
**If vaccine was never taken or IgG Measles level are low, to give 1 (one) dose of Measles vaccine		
3. Vaccination administered (Priorix)	<input type="checkbox"/> 1 dose given on _____	<u>AFFIX STICKER</u>
POLIO		
1. Documented vaccination	<input type="checkbox"/> Records available <input type="checkbox"/> Records unavailable*	<u>DATES:</u>
* If records for POLIO are UNAVAILABLE, to give <u>1 (one)</u> dose of vaccine		
2. Vaccination administered	<input type="checkbox"/> IPV Boostrix <input type="checkbox"/> Repevax (Sanofi) <input type="checkbox"/> Imovax <input type="checkbox"/> Dultavax <input type="checkbox"/> Revaxis	<u>AFFIX STICKER</u> <u>DATE:</u>



1.3.3. Covid-19 Vaccination

- Applicants need to have completed the vaccination schedule for **Covid-19 in Malta** prior to renewing their work permit
- Applicant to **attach copy of Vaccination Certificate** with their work permit application form

COVID-19		
1. Documented vaccination	<input type="checkbox"/> Records available <input type="checkbox"/> Records unavailable	<u>DATE OF 1ST DOSE:</u>
2. Vaccination administered	<input type="checkbox"/> Comirnaty (Pfizer/BioNTech) <input type="checkbox"/> Moderna* (1 dose) <input type="checkbox"/> Vaxsevria (Astra Zeneca) <input type="checkbox"/> Janssen (Johnson & Johnson)	<u>DATE OF 2ND DOSE:</u>



1.4. Investigations

- Important to include the **date** for all health screening investigations

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



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.

<u>Country Territory</u>	<u>WHO Region</u>
Afghanistan	Eastern Mediterranean
Angola	Africa
Bangladesh	South-East Asia
Bhutan	South-East Asia
Botswana	Africa
Cambodia	Western Pacific
Cameroon	Africa
Central African Republic	Africa
Congo	Africa
Democratic People's Republic of Korea	South-East Asia
Democratic Republic of the Congo	Africa
Djibouti	Eastern Mediterranean
Equatorial Guinea	Africa
Eswatini	Africa
Gabon	Africa
Gambia	Africa
Guinea	Africa
Guinea-Bissau	Africa
Haiti	The Americas
India	South-East Asia
Indonesia	South-East Asia
Kenya	Africa
Kiribati	Western Pacific
Lao People's Democratic Republic	Western Pacific
Lesotho	Africa
Liberia	Africa
Madagascar	Africa
Marshall Islands	Western Pacific
Mongolia	Western Pacific
Mozambique	Africa
Myanmar	South-East Asia
Namibia	Africa
Nauru	Western Pacific
Nepal	South-East Asia
Nigeria	Africa



Pakistan	Eastern Mediterranean
Papua New Guinea	Western Pacific
Philippines	Western Pacific
Sierra Leone	Africa
Somalia	Eastern Mediterranean
South Africa	Africa
South Sudan	Africa
Thailand	South-East Asia
Timor-Leste	South-East Asia
Tuvalu	Western Pacific
Uganda	Africa
United Republic of Tanzania	Africa
Viet Nam	Western Pacific
Zambia	Africa
Zimbabwe	Africa

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.