

Infectious Disease Prevention & Control Unit

Health Promotion and Disease Prevention Directorate

Health Screening for renewal of Work Permit

All investigations are to be carried out at a **LOCAL PRIVATE CLINIC**

Who should fill the Health Screening for renewal of Work Permits Application Form?

1. Foreigners who were born or have lived for 6 months or more in a country reported as very high-risk for tuberculosis

All foreigners who were born or have lived for 6 months or more in a country reported as very high-risk for tuberculosis (see attached list) need to complete the Health Screening for Renewal of Work Permits application form **every year** for **3 consecutive years** (a total of 4 years applying for health screening and working in Malta). Applications need to be sent by the employer to the Infectious Disease Prevention and Control Unit (IDCU) on workpermit.idcu@gov.mt

2. Doctors, Dentists, Midwives, Nurse and other [Regulated Healthcare Professions](#), Carers, Child carers, Dental Chairside assistants/Dental Surgery assistants, Nannies, Beauty Therapists, Spa Therapists, Beauticians, Massage Therapists and Tattooists.

Foreigners who are applying for the above-mentioned jobs, **irrespective if they come from a very-high risk tuberculosis country or not**, need to complete the Health Screening for Renewal of Work Permit application form **every year** for **3 consecutive years** (a total of 4 years applying for health screening and working in Malta). Applicants need to have taken the full course of **Hepatitis B vaccination** prior to renewal and any other investigations as indicated in the relevant application form. The form needs to be duly filled by a private medical doctor and sent by the employer to workpermit.idcu@gov.mt.

3. Food Handlers

Applicants working as Food Handlers (*those engaged in the preparation, manufacturing and treatment of a food business and who handles or prepares food intended for human consumption, in terms of the Food Safety Act and Subsidiary Legislation 449.27*), irrespective if they come from very high-risk tuberculosis country or not, need to fill in and send their renewal form to the IDCU on workpermit.idcu@gov.mt for **3 consecutive years** (a total of 4 years applying for health screening and working in Malta). **Applicants need to have taken the full course of Hepatitis A and Typhoid vaccination prior to renewal** and any other investigations as indicated in the relevant application form.

After 3 years renewal of health screening for work permit, the applicant/employee no longer requires any health screening approval by the IDCU and can go directly to Identity Malta.

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

Application form should be duly filled by all parties and the requested health screening investigations carried out and documented on the application. Any abnormal chest x-ray reports or any health screening investigations that merit attention, need to be submitted with the application form to IDCU on workpermit.idcu@gov.mt.

Kindly write 'Renewal Form' in the subject of the email.

You will receive approval via email.

Section A: PERSONAL INFORMATION

1. Details of Employee:

Name & Surname:

(As it appears on passport)

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: _____

Detailed job description: _____

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: HEALTH SCREENING

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

2. Chest X-Ray

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

Those employees 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	

4. Hepatitis B Vaccination

- Full immunity against Hepatitis B is required amongst the following applicants prior to renewal of work permit namely; all Regulated Healthcare Professions, carers, child carers, dental chairside assistants/dental surgery assistants, nannies, Tattooists and beauty therapists, spa therapists, beauticians and massage therapists.
- **Hepatitis B antigen test (HBsAg)** needs to be taken immediately prior to initiating Hepatitis B vaccination schedule.

Health Screening	Results (Tick as applicable)	Date taken	
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;"><u>OR</u></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)*	<input type="checkbox"/> anti-HBs greater than 10mIU/ml <input type="checkbox"/> anti-HBs less than 10mIU/ml*	<u>Date</u>	

*Test to be taken **only** if

- Hepatitis B vaccination record is unavailable, **or**
- Hepatitis B vaccines were given more than 10 years from the date of application.

If anti-HBs is less than 10mIU/ml, applicant needs to start Hepatitis B vaccination schedule

5. Food Handlers

Applicants engaged in the preparation, manufacturing and treatment of a food business and who handle or prepare food intended for human consumption (in terms of the Food Safety Act and Subsidiary Legislation 449.27)

Employees working as food handlers need to have taken the full course of Hepatitis A and Typhoid vaccination prior to renewal

Health Screening	Results submitted (Tick as applicable)		Date
HEPATITIS A			
TWINRIX VACCINE (Hepatitis A & B) <p style="text-align: center;"><u>OR</u></p> HAVRIX (Hepatitis A)	<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>DATES & BATCH No.</u>
TYPHOID			
TYPHIM VI (Valid for 3 years)	<input type="checkbox"/> Vaccination record		<u>DATE & BATCH No.</u>
Important to state the dates when the vaccinations were taken. Otherwise, the form will not be accepted.			

6. Covid-19

- Compulsory to all employees.
- Important to duly complete the form, including **name of vaccine** and **date of administration**.

COVID-19 VACCINES & VACCINATION CERTIFICATE		
1. Vaccines	<input type="checkbox"/> Comirnaty (Pfizer) <input type="checkbox"/> Spikevax (Moderna) <input type="checkbox"/> Vaxzevria (AstraZeneca) <input type="checkbox"/> Janssen (Johnson & Johnson ^{*1 dose*})	<u>DATE OF 2ND DOSE OF VACCINE</u>
2. Booster vaccine	<input type="checkbox"/> Received <input type="checkbox"/> Not received	<u>DATE OF BOOSTER VACCINE</u>

Section B: 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.

Section C: VERY HIGH-RISK TUBERCULOSIS COUNTRY LIST

Country Territory	WHO Region
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