



**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

---

This form has to be filled in by BOTH the **EMPLOYER** and the **PRIVATE MEDICAL DOCTOR**. 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](mailto:workpermit.idcu@gov.mt)

**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

2. **Doctors, Dentists, Midwives, Nurse and other Regulated Healthcare Professions; Carers, Child carers, Dental Chairside assistants; Nannies; Beauty Therapists and Tattooists.**

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](mailto:workpermit.idcu@gov.mt).



### 3. Food Handlers

**All 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](mailto:workpermit.idcu@gov.mt) only for the following **1 year** (a total of 2 years 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.

---

## **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](mailto:workpermit.idcu@gov.mt) and write 'Renewal Form' in the subject of the email.

You will receive approval via email.



## **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:      1<sup>st</sup> renewal (2<sup>nd</sup> year working in Malta)

2<sup>nd</sup> renewal (3<sup>rd</sup> year working in Malta)

3<sup>rd</sup> renewal (4<sup>th</sup> 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).

### 1.2. Chest X-Ray

To be done **LOCALLY** in the **PRIVATE SECTOR** by some **APPLICANTS\***

For 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 with the application.

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

Please ensure to state the date when the CXR was taken. Otherwise, the form will not be accepted.

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

Medical Council Registration No: \_\_\_\_\_

Signature: \_\_\_\_\_



### 1.3. Vaccinations

- Important to duly complete the form, including dates and batch numbers for all vaccinations and health screening investigations
- Only follow the below-listed **vaccination schedule**

#### 1.3.1. Polio and Measles Vaccinations

**\*To be undertaken by all applicants applying for renewal of work permits\***

MEASLES		
1. Documented vaccination	<input type="checkbox"/> Available <input type="checkbox"/> Not available	<u>DATE:</u>
If measles vaccine was not taken, to give <u>1 (one)</u> dose of vaccine		
2. Vaccination	<input type="checkbox"/> 1 dose given	<u>DATE &amp; BATCH NO.</u>
POLIO		
1. Documented vaccination	<input type="checkbox"/> Records available <input type="checkbox"/> Records unavailable	<u>DATES:</u>
2. Vaccination	<input type="checkbox"/> 1 dose given	<u>DATE &amp; BATCH NO.</u>
To give one (1) dose of Polio vaccine if records are UNAVAILABLE or vaccine was not taken.		



### 1.3.2. Hepatitis B Vaccination

- The following applicants require full immunity against Hepatitis B prior to renewal of work permit namely; all Regulated Healthcare Professions in accordance with the Health Care Professions Act, **Carers, Child carers, Nannies, Tattooists and Beauty 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	
<b>HEPATITIS B</b>			
<b>1. Hepatitis B Surface Antigen (HBsAg)</b>	<input type="checkbox"/> HBsAg negative <input type="checkbox"/> HBsAg positive	<u>DATE</u>	
<b>2. Hepatitis B vaccination:</b>  A. <u>TWINRIX VACCINE</u> (Hepatitis A & B)  <p style="text-align: center;"><b>OR</b></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 &amp; 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 &amp; Batch No.</u>
<b>3. Hepatitis B antibody - (anti-HBs)</b>  (Test to be taken <u>only</u> if Hepatitis B vaccination record is unavailable)	<input type="checkbox"/> anti-HBs <b>greater than 10mIU/ml</b>  <input type="checkbox"/> anti-HBs <b>less than 10mIU/ml*</b>	<u>Date</u>	

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



### 1.3.3. 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)*

**\*Applicants 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
<b>HEPATITIS A</b>			
<b>TWINRIX VACCINE</b> (Hepatitis A & B)  <p style="text-align: center;"><u>OR</u></p>  <b>HAVRIX</b> (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 &amp; BATCH NO.</u>
	<input type="checkbox"/> 0 months  <input type="checkbox"/> 6 months		
<b>TYPHOID</b>			
<b>TYPHIM VI</b>  (Valid for 3 years)	<input type="checkbox"/> Vaccination record		<u>DATE &amp; BATCH NO.</u>

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



## 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	