



# Infectious Disease Prevention & Control Unit Health Promotion and Disease Prevention Directorate

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## Application form for Health Screening for All Students (aged 18 years and over) except those studying for a Healthcare Profession

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### **CONFIDENTIAL**

#### **Please read the following instructions carefully**

All students who are NOT studying for a Healthcare Profession are required to provide the following medical information. All medical and sensitive personal information applicants provide will be held in complete confidence.

#### **Documentation**

All applicants 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 application. Forms are to be sent 3 months prior to onset of the course to ensure that they are processed in good time.

The applicant will need to go to a **private Medical Doctor** for this form to be duly filled.

All documentation should be in **English**.

Once completed the form should be forwarded to [workpermit.idcu@gov.mt](mailto:workpermit.idcu@gov.mt). This includes any abnormal results. Copies of everything should kindly be forwarded to IDCU on [workpermit.idcu@gov.mt](mailto:workpermit.idcu@gov.mt) for further investigations together with this application form.



## Section A: PERSONAL INFORMATION

1. **Course being followed:** \_\_\_\_\_

2. **Educational facility** (*tick or complete as relevant*):

University of Malta

3. **Personal Details:**

Surname (*as it appears on passport*):

Name (*as it appears on passport*):

Gender:                      Date of Birth:    **Day:**        **Month:**    **Year:**

Place of Birth:

Nationality:

ID/Passport Number:

Address in Malta:

Mobile phone no:                      Email address:

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

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

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**



## Section B: HEALTH SCREENING

### **To be completed by the private Medical Doctor**

It is important that applicants are screened for relevant infectious diseases within a month of starting their studies.

**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 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 applicants\***

- Applicants 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.
- 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
<b>CHEST X-RAY</b>  * 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	



## 2. Vaccines and Blood Investigations

- Vaccination records **MUST BE SEEN** by the doctor. Where records are not provided a booster dose of the vaccine is required, as indicated below.

<b>POLIO / DIPHTHERIA</b>		
<b><u>Full immunity is required</u></b>		
1. <b>Documented vaccination</b>	<input type="checkbox"/> Records available <input type="checkbox"/> Records unavailable	<u>DATE:</u>
<b>OR</b>		
2. <b>Poliovirus and Diphtheria immunity test</b>	<input type="checkbox"/> Immune (Positive) <input type="checkbox"/> Not immune (Negative)	<u>DATE:</u>
Should vaccination records not be available, or blood level show <b>no immunity</b> , applicant must receive at least one dose of vaccine – if required complete point 3 below:		
3. <b>1 dose of vaccine given</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>DATE:</u>  <u>BATCH NO:</u>
<b>MEASLES</b>		
1. <b>Documented vaccination</b>	<input type="checkbox"/> Records available <input type="checkbox"/> Records unavailable	<u>DATE:</u>
<b>OR</b>		
2. <b>Measles immunity test</b>	<input type="checkbox"/> Immune (Positive) <input type="checkbox"/> Not immune (Negative)	<u>DATE:</u>
Should vaccination records not be available, or blood level show <b>no immunity</b> , it is highly recommended that the applicant must receive at least one dose of vaccine – if required complete point 3 below:		
3. <b>1 dose of vaccine given</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>BATCH NO:</u>



## Section C: DECLARATION BY MEDICAL DOCTORS

**I declare that all the above documentation is authentic and that all information provided is correct.**

**Comments:**

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

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

Mobile No: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Stamp

**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: APPLICANT'S DECLARATION

**Applicant:**

**I declare that to the best of my knowledge, the information provided is correct. I understand 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 applicant: \_\_\_\_\_ Date: \_\_\_\_\_**

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.