



Employee's and Employer/HR Representative's Declaration & Consent Form

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

Employee:

I hereby voluntarily give my informed and explicit consent to my employer/HR representative to submit, on my behalf, an application required for the health screening associated with work permits, and to undergo any medical screening, examination, or health assessment deemed necessary.

Employee's Signature (*applicant*)

ID/Passport number:

Employer/HR Representative's Signature

ID number:

Date: _____

Employee's Declaration

Employee:

I declare that to the best of my knowledge, the information provided is accurate. I also declare that I am not aware that I am suffering from any other infectious disease.

I confirm that if I am suffering from an infectious disease for which I have not been screened I will inform the doctor carrying out my health screening accordingly.

I understand that approval for a work permit is subject to successful completion of all required medical examinations and test/s and that further investigations or repeat medical tests may be required if there is an indication that I may be suffering from an infectious disease (Public Health Act, Article 29 (1) (c)). I further understand and



acknowledge that medically related questions, medical history taking, and clinical examination may form part of the health screening process.

I understand that medical information obtained in the course of screening will be used solely for the purposes of assessing any medical fitness for employment and for meeting legal or public health obligations. I authorise the Employer/HR Representative and any authorised medical practitioner to share necessary medical information with the competent authorities and with other parties only as required by law or for the processing of the work permit. I understand that such information will be handled in accordance with the applicable data protection laws, including but not limited to the Data Protection Act (Chapter 586 of the Laws of Malta) and the General Data Protection Regulation (EU 2016/679).

Signature of employee: _____

Date: _____