

EMPLOYEE PRE-EMPLOYMENT DECLARATION OF HEALTH FORM

(TO BE COMPLETED IN ENGLISH ONLY AND UPLOADED ON THE CANDIDATE PORTAL)

IMPORTANT INFORMATION PLEASE READ CAREFULLY

1. MANDATORY UAE GOVERNMENT MEDICAL EXAMINATION

Medical tests form part of the U.A.E government mandatory residency visa process. The following medical tests will be completed as a part of the UAE residence visa / work permit process:

- Blood test for HIV
- Chest x-ray for tuberculosis (TB)
- Blood test for VDRL (Syphilis)*
- Blood test for Hepatitis B surface Antigen*

A UAE residence visa / work permit will not be issued for:

- Positive HIV test result
- Signs of active TB or scarring from previous TB on chest x-ray
- Untreated syphilis*
- Positive Hepatitis B surface antigen*

*Certain categories of staff including but not limited to food handlers (e.g. Cabin Crews, Cabin Service Agents and Catering staff) and health care workers.

WE RECOMMEND THAT YOU UNDERTAKE A CHEST X-RAY, TESTING FOR HIV, HEPATITIS B AND VDRL (if in applicable job category) PRIOR TO JOINING OR LEAVING CURRENT EMPLOYMENT AS FAILURE TO MEET U.A.E VISA REQUIREMENTS WILL LEAD TO THE TERMINATION OF YOUR CONTRACT AND REPATRIATION AT YOUR OWN EXPENSE.

ADDITIONAL INFORMATION RELATED TO JOB SPECIFIC COMPANY MEDICAL TESTS/REQUIREMENTS IS INCLUDED WITH YOUR JOINING INFORMATION.

2. PRE-EXISTING MEDICAL CONDITION/S

Pre-existing medical conditions (defined below), whether identified on joining or confirmed during employment, are excluded from the Company Medical Insurance Scheme for a period of 6 months from date of entry into the scheme.

A pre-existing medical condition is defined as any disease, illness or injury for which:

- You have received medication, advice or treatment; or
- You have experienced symptoms, or have become aware or have knowledge of, whether the condition has been diagnosed or not before the start of your current continuous period of cover

A waiting period of six months from the date of joining the scheme will apply to these conditions before they are covered under the Company Medical Insurance Scheme. The company will only reimburse costs for treatment of pre-existing conditions undertaken after the waiting period has expired. Following the waiting period the condition/s will be covered within the terms of the policy and within the policy sub-limit specified.

If you are aware of any pre-existing medical conditions which could be excluded, regardless of whether Emirates has issued a waiver/exclusion for such condition, it is recommended that you continue your existing medical insurance cover.

I confirm that I have read and understood the information above relating to;

- Mandatory U.A.E. Government Medical Examination
- Pre – Existing Medical Condition

Name:.....

Signature:

Date:.....

CABIN CREW/ CABIN SERVICE AGENT (CSA) RECRUITS
INFORMATION ON MEDICAL STANDARDS AND SUMMARY
(READ CAREFULLY THE GIVEN INFORMATION)

The medical is a pre-requisite for employment within the Emirates Group and is conducted by an Aviation Medical Examiner at the company clinic on joining. If for any reason you do not meet the minimum standards, you will **not** be employed with Emirates Group.

Emirates Cabin Crew additionally are required to undertake medical examination in order to be issued with a Medical Certificate by the General Civil Aviation Authority (GCAA), the aviation regulatory authority of the UAE.

In order to ensure that you are fully prepared for the medical examination, we have prepared the following information to ensure you meet the medical requirements. The table below summarises the relevant attachments and describes the action you should take on each section. For ease of reference the table is split into three sections (medical, vaccination and dental).

Note: Emirates will not reimburse the cost of your medical, vaccinations and dental checks or any treatment that may be required to satisfy these standards.

[All original test results & reports to be brought with you when you travel to Dubai \(if applicable\).](#)

Appendix Number	Title	Action Required
MEDICAL		
1	Medical Standards Required for Emirates Cabin staff	Part E: You should discuss the contents of this section with your family doctor and ensure that you can meet the minimum requirements.
2	Medical History	Part B should be completed by you truthfully, signed and uploaded on the candidate portal.
2	Height, Weight and Body Mass Index (BMI)	You will need to submit a recent (within the last month) height and weight to ensure that you fall within the minimum and maximum height, weight and BMI restrictions.
2	HIV/AIDS, VDRL (test for Syphilis), Hepatitis B surface Ag, Hepatitis C Antibody and CXR for signs of TB scarring	These are checked by the local authorities on entry in Dubai and under <u>no circumstances</u> will they issue resident visa to applicants who test positive to HIV, untreated syphilis or if there is scarring on a Chest X-ray from TB or there is a positive Hepatitis B surface antigen or Hepatitis C Antibody. You may wish to undertake such tests before resigning from your current employment to be more confident of the results when coming to Dubai.
2	Haemoglobin	Anaemia can lead to difficulty working at cabin altitudes. Haemoglobin of less than 10.5g/dL is unacceptable. This will be tested in Dubai on your arrival.
2	Cervical Screening Test (Previously called Smear or Pap test) FEMALES ONLY	Report of cervical screening test taken within the past 3 years is required if you have <u>ever</u> been sexually active and should be given to the medical team at the time of the employment medical in Dubai. Evidence of having undergone the test such as a doctor's letter is acceptable until a report can be obtained. You may choose not to undergo this test on the proviso that Emirates will not cover you for any related problems in the future. The cervical screening test is <u>NOT</u> required if you are a virgin.
VACCINATIONS		
3	Vaccination Certificate	The attached vaccination certificate should be completed by your healthcare provider and stamped. Please note that if you have ever received the Yellow Fever Vaccination you must carry your valid international yellow fever vaccination certificate or complete all of the required information on the form to avoid the need for revaccination.
DENTAL		
4	Expected Standards for Dental Health	You should read through this information and ensure that you make your dentist aware of it. Dental braces of any kind are not permitted.
4	Certificate of Dental Health	This should be completed by your dentist and uploaded on the candidate portal. Pre-existing dental health conditions are excluded from coverage under the medical benefits scheme.

EMPLOYEE MEDICAL HISTORY DECLARATION

(TO BE COMPLETED IN ENGLISH ONLY AND UPLOADED ON THE CANDIDATE PORTAL)



THE EMIRATES GROUP

Full Name:	Application Number:	Sex:
Nationality:	Date of Birth:	Age:
Email ID:		Marital Status:

Do you have or have you ever had:	No	Yes	For 'Yes' provide details on date of onset of condition, diagnosis, past or current treatment details and current status and/or relevant available medical reports
1. Frequent or severe headaches or migraines			
2. Head injury or concussion			
3. Dizziness, fainting or blackouts			
4. Fits, convulsions or epilepsy			
5. Depression, anxiety, bipolar, phobias or any other mental health disorder or illness			
6. Eating disorders e.g. anorexia or bulimia			
7. Any tropical diseases e.g. Malaria or Dengue fever			
8. Tuberculosis (TB)			
9. Anaemia, sickle cell disease or any other blood disorders			
10. Positive HIV test			
11. Positive Hepatitis B surface antigen (HBsAg) test			
12. Positive Hepatitis C antibodies test (Anti HCV)			
13. Positive VDRL (test for Syphilis) or untreated syphilis			
14. Asthma, Hay fever or any other respiratory problems			
15. Any history of allergies to medications, food or vaccinations. If yes:			
a. Do you have a history of anaphylaxis			
b. Have you ever required hospitalization for reasons of allergy			
c. Do you require ongoing carriage of Epipens			
16. Heart complaints of any kind e.g. heart attack, angina, irregular heartbeats, heart surgery, heart disease			
17. High blood pressure- If you have had a recent blood pressure reading, please provide its result			
18. Coughing or vomiting blood			
19. Stomach pain or bowel problems other than occasional indigestion e.g. ulcers, hemorrhoids, acid reflux, etc.			

EMPLOYEE MEDICAL HISTORY DECLARATION (continued)



THE EMIRATES GROUP

Do you have or have you ever had:	No	Yes	For 'Yes' provide details on date of onset of condition, diagnosis, past or current treatment details and current status and/or relevant available medical reports
20. Passing blood in urine or faeces			
21. Kidney or bladder diseases e.g. kidney stones			
22. Diabetes, impaired glucose regulation, thyroid disease or any other endocrine disorders like increased prolactin levels, etc.			
23. Raised cholesterol/abnormal lipid profile			
24. Sleep problems lasting for more than a few days or snoring problems (obstructive sleep apnoea)			
25. Corrective eye surgery or eye problems, other than wearing glasses or contact lenses			
26. Nose, Throat, Speech disorders or Sinus problems			
27. Ear or hearing problems or hearing aids			
28. Skin diseases			
29. Back trouble e.g. lumbago, sciatica, slipped disc or significant scoliosis			
30. Rheumatism, Arthritis, joint or limb problems			
31. Any Surgical operations including cosmetic procedures			
32. Growths, tumours or malignancies (cancers)			
33. If Female; any cervical (PAP) smear issues			
Date and results of the last Pap smear test if undertaken			
34. If female, any gynaecological problems			
35. Any serious injury, e.g. fracture or dislocation or any ongoing problems			
36. Any admissions to the hospital			
37. Any learning difficulties e.g. dyslexia			
Note: If "yes" what support would you potentially require?			
38. Any illness not mentioned above			
39. List any medications/food supplements/diet pills/herbal treatments or other substances that you are currently taking with brief on medical condition			
40. Any illness that caused you to take time off work for a period longer than 20 days in a single year			
41. Have you ever been found medically unfit for military service or insurance?			
42. Have you ever been charged with an offence relating to drugs or alcohol?			

EMPLOYEE MEDICAL HISTORY DECLARATION (continued)



Do you have or have you ever had:	No	Yes	For 'Yes' provide details on date of onset of condition, diagnosis, past or current treatment details and current status and/or relevant available medical reports
43. Family history e.g. heart disease, diabetes, kidney disease, cancers, glaucoma, epilepsy, tuberculosis, depression/anxiety or inheritable diseases or sudden unexplained death			
44. Alcohol; Do you drink & how much per week? (state units)			
45. Tobacco: Do you smoke (including pipes, cigars, sheesha) and how much per day?			
46. Please provide your height and weight and calculate your BMI (Do not complete if medical examination is requested) Note for cabin crews: <i>It is important to be accurate in your calculations. Height, weight and BMI will be validated upon joining.</i>			Height= Weight= BMI = Weight in kilograms divided by (height x height in metres): e.g. 65kg / (1.68x1.68) = BMI 23
47. Declare if currently pregnant in order for us to provide you details on your Medical Benefits and HR Policy			

I hereby declare that I have completed the questions above accurately and that I have not withheld any relevant information or made any misleading statement. I understand that if I have made any false or misleading statements in connection with this application, or fail to provide supporting medical information where required, the company may, at its discretion withdraw my offer of employment or terminate my contract of employment. In addition failure to disclose pre-existing medical conditions will, in certain circumstances, invalidate insurance policies such as medical insurance, life and personal accident insurance provided by the company.

I confirm that should any of the above information change between now and joining Emirates, it is my responsibility to notify the Talent Acquisition On boarding team immediately.

I authorize Emirates Medical Services and Emirates Medical Benefits to obtain the medical records, reports and test results associated with my pre-employment medical declaration, either in original hard-copy form or via access to electronic data systems, as may be required to determine my medical suitability for participation in the Emirates medical insurance scheme; to determine my medical suitability for proposed employment and in connection with any future medical care I may obtain from Emirates Medical Services. The information contained on the form will be held in confidence by Emirates Medical Services and Medical Benefits and used only for this purpose; however in the event of any doubt as to whether my medical status is compatible with the position I have been offered, I hereby consent to the release of summary details which will be provided to the recruitment specialist dealing with my application and to my prospective line manager.

Candidate's name (Block Capitals): Date:

Signature:

NOTE: This form is to be countersigned by the physician who will be performing the medical examination (where applicable).

Doctor's name (Block Capitals): Date:

Signature:

(TO BE COMPLETED IN ENGLISH ONLY AND UPLOADED ON THE CANDIDATE PORTAL)

Full Name:	Application Number:	Sex:
Nationality:	Date of birth:	Age:

Yellow Fever vaccination is essential and will be given after arrival in Dubai and charged to you if you have not previously been vaccinated. If however, you hold a valid Yellow Fever vaccination certificate it is very important to carry this with you and also ensure that all of the Yellow Fever vaccine information is completed on the form below. The other vaccinations below except BCG (+/- PPD testing) are strongly recommended. It is important that you are immunized against various infectious diseases common in countries you may be flying to in the course of your duties.

The vaccination record below should be completed in English and signed by your healthcare provider. Please bring ALL previous vaccination records with you for your medical examination.

Vaccination	Date of Dose/s				Blood Results
*PPD (please see footnote)					<input type="checkbox"/> Negative <input type="checkbox"/> Positive
*BCG					
Varicella (X 2 Doses) Or Immunity Screen	1st	2nd			Immunity <input type="checkbox"/> Yes <input type="checkbox"/> No
MMR (Measles, Mumps, Rubella) Or Immunity Screen	1st	2nd			Immunity <input type="checkbox"/> Yes <input type="checkbox"/> No
Polio (Last dose within 10 yrs)					
Diphtheria (Last dose within 10 yrs)					
Tetanus (Last dose within 10 yrs)					
Typhoid (Last dose within 3yrs)					
Hepatitis A	1st	2nd			Immunity <input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	1st	2nd	3rd	4th	Immunity <input type="checkbox"/> Yes <input type="checkbox"/> No
Twinrix (Hep A+B)	1st	2nd	3rd	4th	Immunity <input type="checkbox"/> Yes <input type="checkbox"/> No
Yellow Fever NOTE: If vaccinated before arrival all of the following information is required	Provider Name (Doctor/Nurse and Vaccination Centre):				
	Date of Vaccination:				
	Vaccine Type				Stamaril (Sanofi Pasteur) or YF-vax (Aventis Pasteur)
	Batch Number:				
Meningococcal ACWY (Last dose) Please indicate which vaccine has been given by ticking the box in the final column					<input type="checkbox"/> Menactra (MCV4) <input type="checkbox"/> Menveo (MCV4) <input type="checkbox"/> Mencevax (MPSV4) <input type="checkbox"/> Menomune (MPSV4) <input type="checkbox"/> Other (write below):
Others					

***PPD and BCG are not mandatory however please record these if they have been taken.**

Vaccinations not administered because (please give reasons)

.....

Name of the Medical Practitioner (Block Capitals):

Signature and stamp:

Date:

EMPLOYEE CERTIFICATE OF DENTAL HEALTH
 (CC grades, EK.06 to EK.08 and equivalent grades)
 (TO BE COMPLETED BY THE DENTIST IN ENGLISH FOR THE EMPLOYEE ONLY)

Full Name:	Application Number:	Sex:
Nationality:	Date of birth:	Age:

Dental Assessment after Dental X-Rays

CODE: X – Missing, F - Filled. CR – Crown. BR – Bridge. O – Carious.

RIGHT	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	LEFT

Dental Standards Expected:

- Teeth should be free from caries/cavities/decay and all necessary fillings completed.
- Roots etc. should have been removed and sockets clean, uninfected and healthy.
- Temporary fillings are not acceptable.
- Gingiva and oral cavity to be free from infection or disease.
- Teeth should be free from plaque, scaled and polished. Good level of periodontal health.
- Crown and bridgework, if present, should be in good condition.
- Dentures, if applicable, should be in good condition and fit properly.
- Root canal treatment should be complete and satisfactory.
- Wisdom teeth which are normally symptom-free (i.e. which do not compromise adjacent teeth or Do not create recurrent infections) do NOT require removal.
- Gaps / missing teeth do not need to be replaced by bridges etc. If posterior and unnoticeable.
- Dentition should be of a cosmetically acceptable appearance.

Teeth and Gingiva:

General Appearance:

Treatment recommended:

Treatment carried out:

Dentally fit and complies with standards above: Yes/No (Encircle one)	
Dentist Signature:	Stamp:
Name in Capitals:	Date:

Notes to the new joiners:

- Cabin Crews:** Complete the “certificate of dental health” **before joining** and upload on the portal.
- EK.06 to EK.08 and equivalent grades:** Complete the “certificate of dental health” before joining or within 60 days from the joining date.
 - Dental assessment for “certificate of dental health” and completion of recommended treatment to reach dental fitness is at the employee expense and may be completed either locally in the UAE or overseas with the dentist of your choice.
 - Upload the documents on the candidate (new joiner portal) or submit the documents to Medical Benefits (MB) on joining (where candidate portal is inaccessible) as follows:
 Medical Benefits counter at the Employee Service Centre (2nd Floor, EGHQ)
OR 6th Floor, Human Resources (Remuneration & Planning) EGHQ
OR Email to LiaisonOfficer-Medical@emirates.com
 - On review of your documents the record will be updated in the medical benefits system (EMBS). Failure to follow the process above will result in dental claims being declined.