

**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**

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 two years 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 two years 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:.....

**IMPORTANT INFORMATION PLEASE READ CAREFULLY BEFORE COMPLETING THE ATTACHED DECLARATION**

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 the Emirates Group.

Emirates Cabin Crew additionally are required to undertake a full and extensive medical, 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
<b>MEDICAL</b>		
1	Medical Standards Required for Emirates Cabin staff	Appendix 1. You should discuss the contents of this section with your family doctor and ensure that you can meet the minimum requirements.
2	Medical History	Appendix 2 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 <b>no circumstances</b> 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 10g/dL is unacceptable. This will be tested in Dubai on your arrival.
2	Pap or Cervical Smear Test – FEMALES ONLY	Report of cervical smear taken within the past 3 years is required if you have <b>ever</b> 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 PAP test is <b>NOT</b> required if you are a virgin.
<b>VACCINATIONS</b>		
3	Vaccination Certificate	This should be completed preferably by your family doctor or nurse. If these vaccinations are incomplete, the cost of having these vaccinations when you join the company will be deducted from your salary.
<b>DENTAL</b>		
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.

Cabin Staff must meet Emirates requirements and additionally for Cabin Crew the Cabin Crew Medical Standards of the GCAA. They are summarised below:

Arm reach	Acceptable: Minimum arm reach of 212 cm (on tip toes). DOES NOT APPLY TO CSA RECRUITS.
Body Mass Index (weight in kg/height <sup>2</sup> in m)	Between BMI 16-18: Permissible if proportionate to the body frame Between BMI 25-28: Permissible if the abdominal circumference is within non-obese limits for the gender and ethnicity. Unacceptable BMI <16 or >28
Musculoskeletal	Unacceptable: -Chronic or recurrent back pain resulting in sick leave or time off work -Scoliosis >30 degrees
Skin	Acceptable Conditions: -Well controlled Eczema; Psoriasis and or Acne.
Vision	Acceptable if: -Distant visual acuity with or without correction is 6/12 or better in the better eye and binocular vision is 6/9 or better -Near visual acuity with or without correction is at least N5 at 30-50cm and N14 at 100cm (DOES NOT APPLY TO CSA RECRUITS) If visual correction is required: -If using contact lenses, they need to be monocular, not tinted and suitable for long-term wear in the dry aircraft environment -Spectacles need to be within the grooming standards i.e. must be conservative, business-like and moderate in size and design; the only acceptable frame colours are gold, silver, brown or tortoise shell but spectacles may also be frameless. -Is using correction, a spare of spectacles is required whether or not contact lens are used normally . Soft permeable lenses are preferable and hard lenses (e.g. for keratoconus) are not suitable Unacceptable
Laser Eye surgery	Acceptable if: - With a full report from an ophthalmologist showing stable vision; with no complications; no active treatment and within the vision standards
Ophthalmology	Acceptable if : -Well controlled allergic conjunctivitis Unacceptable: -Significant eye pathology -Any progressive conditions
Haematology	Unacceptable: -Unexplained or severe Anaemia (Haemoglobin $\leq$ 10g/dl) -Significant localised and generalised enlargement of the lymphatic glands and diseases of the blood that are likely to affect the safe exercise of cabin duties
Cardiovascular	Unacceptable: History or diagnosis of: -Any significant functional or structural abnormality of the circulatory system -Angina pectoris or Myocardial Infarction -Coronary heart disease that has been treated or, if untreated, that has been symptomatic or clinically significant; -Permanent cardiac pacemaker; -Heart replacement -Any abnormality of the heart, congenital or acquired, which is likely to interfere with the safe exercise of cabin duties
Blood Pressure	Unacceptable: -Untreated or un-investigated recurrent BP readings $\geq$ 140/ 90 - Acceptable: Hypertension well controlled on aviation approved medications
ENT	Acceptable: -Well controlled allergic rhinitis or sinusitis on aviation approved medications

	<p>Unacceptable:</p> <ul style="list-style-type: none"> <li>-Recurrent otitis media or tympanic membrane (eardrum) perforations</li> <li>-Otosclerosis</li> <li>-Meniere's disease</li> <li>-Spontaneous or positional nystagmus</li> <li>-Cholesteatoma</li> <li>-Perilymph fistula</li> <li>-Severe motion sickness</li> <li>-Any ear disease or condition that may cause vertigo or a disturbance of speech or equilibrium.</li> <li>-Severe hearing loss</li> </ul>														
Hearing	<p>Pure tone audiometric test. Unaided, with thresholds no worse than:</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Frequency (Hz)</td> <td>500</td> <td>1,000</td> <td>2,000</td> <td>3,000</td> <td>4,000</td> <td>8,000</td> </tr> <tr> <td>Worst Ear (dB)</td> <td>35</td> <td>35</td> <td>35</td> <td>50</td> <td>50</td> <td>50</td> </tr> </table> <p>Acceptable Alternative Tests: If hearing loss is greater than above, acceptable if:</p> <ol style="list-style-type: none"> <li>a) Hearing performance in each ear against background noise simulating flight deck noise is normal for speech and beacon signals</li> <li>b) Can hear conversational voice in a quiet room with back turned to examiner at a distance of 2 meters using both ears</li> </ol>	Frequency (Hz)	500	1,000	2,000	3,000	4,000	8,000	Worst Ear (dB)	35	35	35	50	50	50
Frequency (Hz)	500	1,000	2,000	3,000	4,000	8,000									
Worst Ear (dB)	35	35	35	50	50	50									
Speech	<p>Unacceptable:</p> <ul style="list-style-type: none"> <li>Speech defects</li> <li>Stuttering</li> </ul>														
Respiratory	<p>Acceptable:</p> <ul style="list-style-type: none"> <li>-Well controlled asthma</li> </ul> <p>Unacceptable:</p> <ul style="list-style-type: none"> <li>-Any acute disability of the lungs or any active disease of the structure of the lungs, chest or lung cavities (TB –see “infectious diseases”)</li> </ul>														
Sleep disorders	<p>Unacceptable:</p> <ul style="list-style-type: none"> <li>Any history or condition affecting sleep including obstructive sleep apnoea, restless leg syndrome, or the repeated use of sleep medications etc</li> </ul>														
Gastroenterology	<p>Unacceptable:</p> <ul style="list-style-type: none"> <li>Irritable Bowel Disease except if well controlled on aviation approved medications or causing minimal symptoms</li> <li>Inflammatory bowel disease</li> <li>Untreated Hernias</li> <li>Gallstones</li> <li>Any disease with significant impairment of function of the gastrointestinal tract</li> </ul>														
Renal	<p>Unacceptable:</p> <ul style="list-style-type: none"> <li>History of current and/or recurrent renal stones</li> </ul>														
Gynaecology	<p>Unacceptable:</p> <ul style="list-style-type: none"> <li>-Significant Dysmenorrhoea (menstrual pain)</li> <li>-Untreated high-grade PAP abnormalities such as CIN II or higher.</li> </ul>														
Endocrine	<p>Unacceptable:</p> <ul style="list-style-type: none"> <li>Diabetes or impairment of glucose regulation and any uncontrolled endocrine disorders such as thyroid, pituitary, ovary or adrenal gland disease</li> </ul>														
Neurology	<p>Unacceptable:</p> <ul style="list-style-type: none"> <li>Epilepsy</li> <li>Recurrent or disabling Migraines</li> <li>Unexplained disturbance of consciousness</li> <li>Unexplained transient loss of control of nervous system function(s)</li> </ul>														

	<p>Any progressive conditions          Any disease of the nervous system abnormality that may jeopardise flight safety          Recurrent vaso-vagal (fainting) attacks</p>
Psychiatry	<p>Advisable to EK clinic          Any history of depression whether isolated, recurrent or requiring medication will need a full doctors report to be sent to EK clinic          Unacceptable:          History or diagnosis of:          -Recurrent Depression          -Bipolar disorder          -Anxiety including claustrophobia          -Any personality disorder,          -Psychosis          -Any psychiatric abnormality, or neurosis of a significant degree that may affect flight safety.</p>
Substance Use disorder/Misuse	<p>Unacceptable:          -History or diagnosis of "Chemical/ Substance Misuse Disorder". "Substance" includes alcohol and other drugs (i.e.Sedatives and Hypnotics, Anxiolytics, Marijuana, Cocaine, Opioids, Amphetamines, Hallucinogens, PCP and /or other psychoactive drugs or chemicals).          -The applicant will be subject to initial and random drug screening while employed by Emirates as mandated by the GCAA. Candidates should also avoid taking any sleeping tablets or cold remedies in the week prior to arrival in Dubai for commencement of employment.</p>
Infectious diseases	<p>Unacceptable:          -Untreated or active Tuberculosis (TB). It is not possible to obtain a UAE visa if there is scarring seen on a chest X-Ray from previously treated or active TB          -Cases of latent (inactive) TB diagnosed by positive skin test, with normal chest X-Ray, require 6 months of drug treatment as per WHO protocol. Emirates will accept once a medical certificate is provided certifying that treatment has been completed.          -Salmonella or Campylobacter carrier          -HIV positive          -Hepatitis B surface antigen positive          -Hepatitis C Antibody positive          -Positive VDRL or Untreated Syphilis          -Any infection that may interfere with flight safety</p>
Malignancy	<p>Unacceptable:          Any recurrent or ongoing malignancies          Advisable to declare: Prior history of malignancy including any skin cancers</p>
Any medications	<p>Advisable to EK Clinic: Any medications or non prescribed substances taken for more than one week in the past two months.</p>
Dyslexia	<p>For safety reasons, candidates need to be able to quickly and effectively read medications to be dispensed on-board. Candidates need to supply a report stating such from medical professional.</p>
Any other disorders	<p>Advisable to EK Clinic: Especially those which have occurred in relation to flying/travelling.</p>



## EMPLOYEE MEDICAL HISTORY DECLARATION

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



<b>Full Name:</b>	<b>Application Number:</b>	<b>Sex:</b>
<b>Nationality:</b>	<b>Date of Birth:</b>	<b>Age:</b>
<b>Email ID:</b>	<b>Marital Status:</b>	

<b>Do you have or have you ever had:</b>	<b>No</b>	<b>Yes</b>	<b>For 'Yes' provide details on the date of onset of the condition, diagnosis, past or current treatment details and the current status and/ or relevant available medical reports</b>
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 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 hospitalisation for reasons of allergy			
c. Do you require ongoing carriage of Epipens			
16. Heart complaints of any kind e.g. heart attack, angina, irregular heart beats, heart surgery, heart disease			
17. High blood pressure- If you have had a recent blood pressure reading , please provide result			
18. Coughing or vomiting blood			
19. Stomach pain or bowel problems other than occasional indigestion e.g. ulcers, haemorrhoids, acid reflux, etc.			

**EMPLOYEE MEDICAL HISTORY DECLARATION (continued)**

Do you have or have you ever had:	No	Yes	For 'Yes' provide details on the date of onset of the condition, diagnosis, past or current treatment details and the current status and/ or available relevant 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			
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 disabilities e.g. dyslexia			
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 the date of onset of the condition, diagnosis, past or current treatment details and the 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)			<p><b>Height=                  Weight=                  BMI =</b></p> <p>Weight in kilograms divided by (height x height in metres): e.g. 65kg / (1.68x1.68) = BMI 23</p>
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 authorize Emirates Medical Services and Emirates Medical Benefits Administration 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 programme, 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 Administration 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.

Name (Block Capitals): ..... Date: .....

Signature: .....

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

Name (Block Capitals): ..... Date: .....

Signature: .....



**EMPLOYEE VACCINATION CERTIFICATE**  
(TO BE COMPLETED IN ENGLISH ONLY AND UPLOADED ON THE CANDIDATE PORTAL)

<b>Full Name:</b>	<b>Application Number:</b>	<b>Sex:</b>
<b>Nationality:</b>	<b>Date of birth:</b>	<b>Age:</b>

**PLEASE MAKE CERTAIN THAT ALL THE REQUIRED VACCINATIONS ARE OBTAINED AND THAT THE CERTIFICATE IS SIGNED IN ENGLISH ONLY**

The following vaccinations except BCG (+/- PPD testing) are strongly recommended. Yellow Fever is mandatory. It is important that you are immunised against various infectious diseases common in countries you may be flying to in the course of your duties. Please ensure that these vaccinations are carried out before you travel to Dubai.

**The recommended Emirates vaccination schedule which should be completed prior to joining the Emirates Group is given below. 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 (please see footnote)					
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 3 yrs)					
Hepatitis A	1st	2nd			Immunity <input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4th	Immunity <input type="checkbox"/> Yes <input type="checkbox"/> No
Twinrix (Hep A+B)	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4th	Immunity <input type="checkbox"/> Yes <input type="checkbox"/> No
Yellow Fever (Last dose within 10 yrs)					
Meningococcal ACWY (Last dose) (Please indicate which vaccine has been given by ticking in 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 (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)

<b>Full Name:</b>	<b>Application Number:</b>	<b>Sex:</b>
<b>Nationality:</b>	<b>Date of birth:</b>	<b>Age:</b>

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:** .....

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

**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 (2<sup>nd</sup> Floor, EGHQ)  
**OR** 6<sup>th</sup> 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.