

EMPLOYEE PRE-EMPLOYMENT

DECLARATION OF HEALTH FORM (CATEGORY C)



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

IMPORTANT INFORMATION PLEASE READ CAREFULLY BEFORE COMPLETING THE ATTACHED DECLARATION

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 shortly after arrival in Dubai to determine fitness for a UAE residence visa:

- Blood test for HIV, VDRL, Hepatitis B
- Chest x-ray for tuberculosis (TB)

A UAE visa will not be issued for:

- Untreated syphilis
- If you test positive for HIV
- Scarring from previous TB on a chest x-ray
- Signs of active TB
- Positive Hepatitis B surface antigen

TB is acceptable if treated and a chest x-ray is clear and free of scarring however documentation must be presented showing a course of treatment has been completed.

WE RECOMMEND THAT YOU UNDERTAKE TESTING FOR HIV, VDRL AND A CHEST X-RAY IN YOUR HOME COUNTRY PRIOR TO JOINING AS FAILURE TO MEET U.A.E VISA REQUIREMENTS WILL LEAD TO THE TERMINATION OF YOUR CONTRACT AND REPATRIATION AT YOUR OWN EXPENSE.

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:	



LOCAL/OVERSEAS CABIN CREW/ CABIN SERVICE ATTENDANT RECRUITS



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 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	Title	Action Required									
Number		MEDICAL									
4	Madical Ctandonda	MEDICAL									
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 height and weight to ensure that you fall within the minimum and maximum height, weight and BMI restrictions.									
2	HIV/AIDS, VDRL, Hepatitis B surface Ag 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, there is scarring on a Chest X-ray from TB or there is a positive Hepatitis B surface antigen for Cabin Crew. 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 <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 PAP test is <u>NOT</u> required if you are a virgin.									
		VACCINATIONS									
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.									
		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	Dental X Rays	A dental X-RAY (OPG) clearly marked with the name and date of birth in ENGLISH must be submitted at joining or within 4 weeks of arriving in Dubai. Note; The x ray may be completed in your home country or in Dubai (approx. cost in the UAE Dhs 500). Costs are at the employee's expense. Coverage under the company dental insurance scheme will not be confirmed until an OPG dental x ray has been submitted and reviewed. Pre existing dental health conditions are excluded from coverage under the medical benefits scheme.									
4	Certificate of Dental Health	This should be completed by your dentist and uploaded on the candidate portal.									



APPENDIX 1 SUMMARY OF MEDICAL STANDARDS



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

Standards of the GC	AA. They are summarised below:												
Arm reach	Acceptable: Minimum arm reach of 212 cm's (on tip toes). DOES NOT APPLY TO CSA RECRUITS												
Body Mass Index (weight in kg/height² 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												
Vision	Acceptable if: -Distant visual acuity with or without correction is 6/9 or better in the better eye -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: -Must be able to use contact lenses suitable for long-term wear in the dry aircraft environment Soft permeable lenses are preferable and hard lenses (e.g. for keratoconus) are not suitable Unacceptable: -Spectacles for visual correction -Visual field defects -Functionally monocular vision												
LASIK/PRK	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												
ENT	Acceptable: -Well controlled allergic rhinitis or sinusitis on aviation approved medications Unacceptable: -Recurrent otitis media or tympanic membrane (eardrum) perforations -Otosclerosis -Meniere's disease -Spontaneous or positional nystagmus -Cholesteatoma -Perilymph fistula -Severe motion sickness -Any ear disease or condition that may cause vertigo or a disturbance of speech or equilibrium.												
	-Severe hearing loss Pure tone audiometric test. Unaided, with thresholds no worse than:												
	Frequency 500 Hz 1,000 Hz 2,000 Hz 3,000 Hz												
	Worst Ear 35 dB 35 dB 50 dB												
	Acceptable Alternative Tests: If hearing loss is greater than above, acceptable if: a) Hearing performance in each ear against background noise simulating flight desk noise is normal for speech and beacon signals b) Can hear conversational voice in a quiet room with back turned to examiner at a distance of 2 meters using both ears												
Speech	Unacceptable: Speech defects Stuttering												



APPENDIX 1 SUMMARY OF MEDICAL STANDARDS



Blood Pressure	Unacceptable: -Untreated or un-investigated recurrent BP readings ≥ 140/ 90 - Acceptable: Hypertension well controlled on aviation approved medications
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
Haematology	Unacceptable: -Unexplained or severe Anaemia (Haemoglobin ≤ 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
Respiratory	Acceptable: -Well controlled asthma Unacceptable: -Any acute disability of the lungs or any active disease of the structure of the lungs, chest or lung cavities (TB –see "infectious diseases")
Gastrointestinal	Unacceptable: Irritable Bowel Disease except if well controlled on aviation approved medications or causing minimal symptoms Inflammatory bowel disease Untreated Hernias Gallstones Any disease with significant impairment of function of the gastrointestinal tract
Gynaecology	Unacceptable: -Significant Dysmenorrhoea (menstrual pain) -Untreated high-grade PAP abnormalities such as CIN II or higher.
Renal	Unacceptable: History of current renal stones
Endocrine	Unacceptable: Diabetes or impairment of glucose regulation and any <u>uncontrolled</u> endocrine disorders such as thyroid, pituitary, ovary or adrenal gland disease
Psychiatric	Unacceptable: History or diagnosis of: -Depression requiring medication or recurrent depression -Bipolar disorder -Anxiety including claustrophobia -Any personality disorder, -Psychosis -Any psychiatric abnormality, or neurosis of a significant degree that may jeopardise flight safety



APPENDIX 1 SUMMARY OF MEDICAL STANDARDS



Substance Dependence and Abuse	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.
Neurology	Unacceptable: Epilepsy Migraines Unexplained disturbance of consciousness Unexplained transient loss of control of nervous system function(s) Any progressive conditions Any disease of the nervous system abnormality that may jeopardise flight safety Recurrent vaso-vagal (fainting) attacks
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.
Infectious diseases	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 (only applicable to Cabin crew) -VDRL positive -Any infection that may interfere with flight safety
Malignancy	Unacceptable: Any recurrent or ongoing malignancies Advisable to EK clinic: Prior history of malignancy including any skin cancers
Sleep disorders	Unacceptable: Any history or condition affecting sleep including obstructive sleep apnoea, restless leg syndrome etc
Any other conditions	Including any medications and non prescribed substances please note in appendix 2



APPENDIX 2 MEDICAL HISTORY (TO BE COMPLETED IN ENGLISH ONLY AND UPLOADED ON THE CANDIDATE PORTAL)



Application Number				Date of Joining	
Full Name:				Age:	Sex:
NI di lid				Date of	Marital
Nationality:				Birth:	Status:
Home Address:				Tel. No:	
Have you ever		No	Yes	Details of a	any positive findings
	severe headaches				
2. Head injury of					
	ints or blackouts				
	ions or epilepsy				
	e, nervous breakdown,				
	any mental illness				
	ders e.g. anorexia or bulimia				
	diseases e.g. Malaria				
8. Tuberculosis	\ /				
disorders	kle cell or any other blood				
10. A positive					
	patitis B surface antigen				
	<u>abin crew only</u>				
	DRL test for Syphilis				
	asthma, or respiratory problems				
	es requiring hospitalisations or				
	rriage of Epipens				
	laints of any kind.				
16. Chest or ab					
	r vomiting blood				
	ain or bowel problems other				
than occasiona					
	od in urine or faeces				
	ladder diseases e.g. stones pressure – If you have had a				
	essure reading please provide				
result:	essure reading please provide				
	endocrine disorders				
23. Sleep disor					
	urgery or eye problems, other				
	asses or contact lenses				
	at, Speech disorders or Sinus				
problems espec					
26. Ear or hear					
27. Skin diseas					
28. Back troubl	e e.g. lumbago, sciatica,				
slipped disc or	significant scolingis			1	



APPENDIX 2 MEDICAL HISTORY (continued)



Have you ever had:	No	Yes	Details of any positive findings
29. ANY Surgical operations including		1.00	2 ctane c. any poonitro manage
cosmetic procedures			
30. Growths, tumours or malignancies			
31. If Female any cervical (PAP) smear issues			
EVER.			
32. If female, any gynaecological problems			
33. Any illness that caused you to take time off			
work for a period longer than 20 days in a			
single year			
34. Any illness not mentioned above			
35. A family history e.g. heart disease,			
diabetes, kidney disease, cancers, sudden			
death			
36. Have you ever been found medically unfit			
for military service or insurance?			
37. Sustained any serious injury, e.g. fracture			
or dislocation, resulting in ongoing problems?			
38. Do you have any learning disabilities e.g. dyslexia?			
39. Have you ever been charged with an			
offence relating to drugs or alcohol?			
40. Please provide your height and weight and			Height= Weight= BMI =
calculate your BMI			
			Weight in kilograms divided by (height x height
			in metres): e.g. 65kg / (1.68x1.68) = BMI 23
41. Please list any medications that you are			
currently taking:			
If not applicable please tick "NONE"			
	<u> </u>		

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 it's 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:	



VACCINATION CERTIFICATE



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

Application Number	Date of Joining	
Full Name:	Age:	Sex:
Nationality:	Date of Birth:	Marital Status:
Home Address:	Tel. No:	

Please make certain that all the required inoculations are obtained and that the certificate is signed

The following vaccinations are required for employment within **EMIRATES/DNATA**.

It is essential 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 your medical examination in Dubai.

Please note that vaccinations which are not completed, are out of date, or nearly so (more than 3 months), will be re-done and charged to the individual.

Please bring previous vaccination records with you for your medical examination.

Vaccinations required:

VACCINATION	INITIAL COURSE DATE	BOOSTER DATE
Polio (must be within last 10 yrs)		
Diphtheria (must be within last 10 yrs)		
Tetanus (must be within last 10 yrs)		
Typhoid (1 st . dose) – oral or inj.		
Hepatitis A (1 st . dose) (Type of vaccine)		
Hepatitis B (1 st . dose) (Type of vaccine)		
MMR (Measles, Mumps, Rubella)		
Yellow Fever		
Meningococcal ACWY 135		
Varicella (chickenpox) or previous confirmed infection – note the date of infection		
Others- please detail		

Details of any other vaccinations given before.	(E.g. Yellow fever, Meningitis) and	d dates if known.
Vaccinations not undertaken because (Please	give reasons):	
Name (Block Capitals):		
Signature:		
Date:		



APPENDIX 4 CERTIFICATE OF DENTAL HEALTH For CABIN CREW EMPLOYMENT



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

	Application Number Full Name:						Date of Joining											
Full Name								Age:						Sex:				
Nationalit	y:								Birth:						tatus			
Home Address:					Те	Tel. No:												
Dental Asse		nt afte			-Ray:		CR -	- Cro	wn.	BR	! – Br	idge.		0 – 0	Cariou	IS.		
RIGHT	8	7	6	5	4	3	2	1		1	2	3	4	5	6	7	8	LEFT
X-ray s Wisdor do not Gaps / Dentitio eeth and G eneral App	should and I es, if anal to should n tee creat miss on sh ingive	d be foridge applicated applicate	ree from the content of the content	om plom plom plom promoted section in the contract of the contract promoted in the contract prom	aque, esent, Id be shoul mally tions)	, scale , shou in go ld be symp) do N to be	ed and lid be od co compostom-filoT repla	d poli in go nditio lete a ree (i equire ced b	shed. od co n and nd sa .e. wh e remo	Good ondition of fit protestisfact nich de oval. dges e	n. operly tory. o not	y. For r comp	ecen	it RCI	Γ, a po	ost tre t teeth	n or	nt periapio
reatment c	arrie	d out																
entally fit t	o tak	e em	ployn	nent a	and c	ompl	ies w	ith s	tanda	ırds a	bove	: Y	ES/	NO				
entist Sign	ature	e: <u> </u>											Dat	te: 				
lame in Cap	oitals	-																
_ Ray Ren	uiren	nent																

X – Ray Requirement

All employees are required to submit an OPG (an OPG is a panoramic dental radiograph, normally 30 x 15 cm's. It shows the upper and lower jaws and teeth. It is also known as an OPT, DPT, Panorex, Panoral or Orthopantomograph.) This may be completed in your home country or during your first 4 weeks in Dubai (refer to the appendix section 4 dental for further information).

IN CASE OFA DIGITAL XRAY PLEASE SUPPLY THE CD NOT A PRINTED COPY.