Pre-Departure Health Assessment Guideline

Health Protection Agency

Ministry of Health
Republic of Maldives

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MOH-HPA/G/25/201-0

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Contents

Document History

Date	Details	Version
14th August 2025	First guidance for Health Facilities on Pre-Departure Health Assessments issued by the Health Protection Agency	Version 1.0

1. Introduction

The primary objective of the Pre-Departure Health Assessment (PDHA) is to protect the health of migrants and prevent any potential public health risks during travel or upon entry into the Maldives. All individuals seeking to obtain a work permit from the Ministry of Homeland Security and Technology, or any other competent authority as designated by the Government of Maldives, are required to undergo a PDHA in their country of origin, provided that the PDHA mechanism is established and operational in the respective country

This guideline lays out the requirements for health facilities conducting PDHA for migrants coming to work in Maldives must abide by, and the details of the PDHA that is required for migrants arriving from different areas.

Migrants who clear PDHA and arrive in Maldives should undergo a further health assessment within 30 days of arrival.

2. Minimum Requirements for Health Facilities Conducting Pre-Departure Medical Examinations for Travelers to the Maldives

Health facilities intending to offer Pre-Departure Health Assessments (PDHA) services for travellers to the Maldives must meet the following minimum requirements across several key areas, including facility registration, medical staff qualifications, and the quality of services provided.

2.1 Registration and Operating License of Health Facilities

Health facilities must comply with the following conditions:

a. **Operating License**: A valid operating license issued by the relevant government health authority of the country must be provided. An attested/verified/notarized copy of the facility registration and/or operating license should be submitted.
b. **Practicing License**: A practicing license from the relevant councils/ authorities must be submitted for all health professionals conducting migrant medical assessments.
c. **Facility Services**: The following services should be available within the facility:
    - Consultation room
    - Vaccination room
    - Laboratory
    - X-ray
    - Treatment room

- Waste management area
- Facility for sterilization
- Other support areas

2.2 Accreditation

National or International Accreditation: Facilities with valid national or international accreditation will be prioritized for PDHA designation.

2.3 Medical Staff

Medical examinations for PDHA services must be conducted by health professionals who are registered with the relevant registration/licensing bodies of the country. The activities they perform must also fall within the scope of practice as defined by their respective registration/licensing authorities.

a. **Licensing Requirement:** All health professionals must hold a valid practicing license issued by the relevant council or, in the absence of such councils, from the government health authority of the country.

b. **Licensed Health Professionals:** The following licensed professionals are required:

    a. **Internal medicine specialist / Emergency physician / Specialist general practitioner / Critical care medicine specialist**

    b. **Medical officer**

    c. **Nurse**

    d. **Laboratory technologist**

    e. **X-ray Technician**: X-rays should be read by an internal medicine specialist, radiologist, respiratory medicine specialist, or pulmonologist.

    f. **Vaccination**: Vaccinators must be trained in vaccine handling and administration, in addition to being licensed

c. **Counter-Signature**: If a medical officer conducts the medical assessment, the form must be counter-signed by an internal medicine specialist, emergency physician, specialist general practitioner, or critical care medicine specialist.

2.4 Standards Related to Quality of Services

Health facilities must adhere to the following standards to ensure high-quality services:

2.4.1 Accessibility, Facility Standards, and Operational Requirements with the Health Facility Premises

a. **Accessibility**: The health service provider must ensure that the facility remains easily accessible to all persons, including those with special needs, ensuring no hindrance to accessibility.

b. **Public Visibility**: Registration, operating licenses, site plans, and floor plans should be visible, allowing easy identification of service areas.

c. **Lighting and Ventilation**: Adequate lighting and ventilation must be ensured within the premises.

d. **Toilets**: Sufficient toilets, accessible to the sick, elderly, and people with special needs, must be provided.

e. **Seating Arrangements**: Adequate seating for patients should be available for their comfort.

f. **Communication System**: A robust public communication system must be in place.

g. **Waste Disposal**: The facility must adhere to the waste disposal regulations set by the relevant health authority.

h. **Infection Control**: Infection prevention and control measures, as mandated by the government authority, must be followed.

i. **Facility Cleanliness**: The premises, including the building and adjoining grounds, must remain clean at all times.

2.4.1 Mandatory Safety Measures for Health Service Facilities

a. **Protection Against Accidents**: A comprehensive system to protect against accidents related to facilities, equipment, and the environment must be implemented.

b. **Security System**: A comprehensive security system must safeguard employees, patients, visitors, and the facility.

c. **Fire Protection**: A fire protection system must be in place to ensure safety.

d. **Infection Control Policy**: Infection prevention and control policies must be rigorously enforced to prevent the spread of infections.

e. **Prevention of Communicable Diseases**: A system must be in place to prevent communicable diseases

2.4.2 Patient Examination Room Requirements

a. **Hand Washing System:** A hand washing or disinfection system must be available.

b. **Privacy**: Measures should be in place to ensure privacy for patient-doctor conversations preventing external audibility

c. **Consultation Facilities**: Adequate consultation facilities must be provided.

d. **Examination Couch:** An examination couch must be available for patient use

2.4.3 Medical Laboratory Requirements

a. **Safety of Laboratory Environment:** The environment of the laboratory shall ensure the safety and protection of the laboratory, its personnel, and individuals seeking services therein.

b. **Reagent Management**: A systematic framework shall be established for the secure maintenance and management of reagents and comparable materials

c. **Sample Management**: An efficacious system, ensuring the proper labelling, preservation, testing, and disposal of all collected samples, whether for investigative or other purposes, in accordance with the standards set forth by the government authority.

d. **Report Conveyance**: A reliable mechanism for the timely conveyance of reports to patients must be in place.

2.4.4 X-Ray Requirements

a. **X-Ray Facilities**: The health facility must have the necessary equipment to perform X-rays.

b. **X-ray Room Safety**: The X-Ray room shall maintain an environment that guarantees the safety and protection of staff and individuals seeking services therein

c. **Film and Reagent Management**: A framework for the maintenance and management of films and reagents must be established and implemented.

d. **X-ray Image Management**: A system shall be established for the efficient labelling, preservation, and maintenance of all X-Ray images taken for further investigational purposes or other

e. **Report Conveyance**: A reliable mechanism must be in place for the expedient conveyance of X-ray reports.

3. Medical Documentation and Record-Keeping

a. The Health Facility must have standardised medical documents complete with the facility's official seal, examining doctor's name in full, contact details and signature.

b. Medical document(s) must be in English or accompanied by a notarised English translation.

c. All records must be stored digitally or on paper for at least one year for verification purposes.

4. Designating the facility for Pre-Departure Medical Examinations

4.1 The Health Facility may be designated as a facility to provide PDHA by the Ministry of Health Maldives. The application for requesting to be designated shall be submitted by the operator of the facility.

4.2 In addition to registration with the Ministry of Health, any facility seeking to be designated as facility to provide PDHA may also be required to register with other relevant government authorities that regulate specific categories of migrant workers. In such cases, the facility must comply with the applicable standards and requirements prescribed by those authorities.

4.3 Required Submissions for Application

4.3.1 Refer to application form in this document (see Annex 1)

4.4 Oversight and Compliance to Ministry of Health Maldives Requirements

4.4.1 Prior to the designating of a Health Facility, the Ministry of Health Maldives, may if needed conduct an inspection of the facility to ascertain its quality and safety

4.4.2 The Ministry Health of Maldives holds the authority to annul the approval granted to a Health Facility upon evidence of any offense related to the services rendered by the health service provider.

4.4.3 Negligence or inadequate measures leading to the proliferation of infectious or hazardous diseases shall empower the Ministry to cancel the designation of Health Facility

4.4.4 The Ministry of Health Maldives shall retain the authority to forthwith annul designation of a Health Facility in the event substantiated evidence is presented confirming the provision of invalid information by the said Health Facility

4.4.5 There will be a fee of USD 2,000.00 be levied upon application for the designation of pre-departure medical examination. The application fee includes the annual fee for the year of application.

4.4.6 Each establishment granted to provide pre-departure medical examination service is mandated to remit an annual fee to of USD 1,000.00 to the Ministry of Health Maldives.

4.4.7 All payments for the purposes identified in clauses 4.4.5 and 4.4.6 of this document shall made in accordance with methods published by the Ministry of Health.

5. Pre-Departure Assessment Procedures

5.1 Verification of Identification

5.1.1 A valid passport shall be used to verify identification during the PDHA process by the Health Facility to verify the photograph on passport is consistent with the appearance of the applicant. Identification shall be verified at each stage of the PDHA process.

5.1.2 Health facilities shall ensure that their staff are adequately trained in verifying photographs against the passport or official identification documents

5.2 Application Registration

5.2.1 As a part of PDHA process, the PDHA facility shall capture a facial digital image and biometric information (fingerprints) of the applicant at the time of registration and upload them into the respective database.

5.2.2 The standards and technical requirements for capturing, storing and sharing facial images and biometric information (including fingerprints) shall be determined by the relevant authorities responsible for the specific category of migrant workers.

5.3 Consent

a. All applicants must be counselled about the purpose of the pre-departure health assessment and subsequent procedures therein.

b. Informed, written consent (through the Consent Form, see Annex 2) must be obtained prior to commencement of any procedures relating to the PDHA mentioned in this guidance. Consent forms must be signed by the applicant. Written consent must be obtained after adequate counselling.

c. Medical examination component of the PDHA must commence once consent as mentioned in 5.5.7 (b) is obtained.

d. Counselling and consent forms must be available in a language that the applicant is fluent and/ or literate in.

e. Consent forms and counselling forms (see Annex 3 for Counselling Form) shall be used in conjunction to ensure informed decision-making. A consent form shall only be signed by the applicant after the completion of the counselling form, which must include the counsellor's details, the nature of the counselling provided, and any relevant disclosures.

f. The applicant may refuse consent or withdraw consent at any point during the pre-departure health assessment. Refusal or withdrawal of consent from the pre-departure health assessment will result in the termination of the application.

g. MR Vaccination Consent

5.4 Overview of Required Health Assessments for Work Permit Applications

The following health assessment process should take places for all the applicants who intend to work in Maldives and apply for a work permit from the Ministry of Homeland Security and Technology or the designated Ministry.

5.4.1 Standard examinations/ procedures:

a. Medical history

b. Physical examination

c. Chest X-ray

d. Laboratory examinations:

i. HIV Screening Test

ii. Hepatitis B Surface Antigen

iii. Hepatitis C Screening

iv. VDRL / RPR

v. Antigen test for Lymphatic Filariasis*

vi. Antigen test for Malaria*

5.4.2 Vaccination

a. MR vaccination

*Applicable for applicants originating from countries/ areas endemic for Lymphatic Filariasis and Malaria (please see list of countries at hpa.gov.mv)

All laboratory tests used must be conducted using WHO pre-qualified test kits. Similarly, MR Vaccination as prescribed in this guidance must be WHO pre-qualified.

5.5 Referral

If examination findings are abnormal or inconclusive, the PDHA facility will refer the applicant to advanced health care services or to the concerned national program as applicable for the country.

5.6 Health Assessment Grading

The PDHA facility will grade the final results of the PDHA as below.

5.6.1 Grade A indicates there is no significant abnormality identified during the PDHA- Applicant has cleared medical assessment and is eligible for employment in Maldives

5.6.2 Grade B indicates there is a significant abnormal finding- Applicant has not cleared medical assessment and is ineligible for employment in Maldives

5.7 Validity of the PDHA Results

The PDHA results shall be valid for 3 months from the date of physical examination. All applicants must be insured from the date of arrival in the Maldives.

5.8 Submission of the PDHA Results

5.8.1 The Health Facility must submit the biometric information and the medical results to the database within 2 days from the completion of PDHA. Applicants who received Grade A are eligible to work in Maldives and shown as such in the system.

5.8.2 In the event that extenuating circumstances beyond the reasonable control of the health facility preclude compliance with the reporting obligations set forth in Clause 5.7.1, the health facility shall promptly notify the Ministry of Health in writing and may request an extension of the applicable deadline. This provision shall not apply to delays or failures resulting from internal administrative, operational, or other issues within the health facility.

5.8.3 Any delay in the submission of the information referred to in this section shall be communicated to the Ministry of Health without delay.

6. Medical Examinations

6.1 Medical History and Physical Examination

The doctor at the Health Facility must review and confirm medical history and symptoms of the applicants. Applicants must undergo physical examinations by Health Facility physician. If any abnormality is detected in history or examination, proceed according to the following table.

6.1.1 Full Systemic Examination

Table 6.1 Full Systemic Examination

Clinical Examination	Normal	Abnormal	Abnormalities
Cardiovascular System			
Respiratory System			
Digestive Organs			
Skeleton, Bones & Joints			
Mental Condition			
Nervous System			
Genitourinary System			
Skin, Scar etc			
Dental			

6.2 Medical History, Symptoms, and Required Examination and Tests

The following table lists the required questions for medical history and symptoms as well as further examinations and tests required:

Table 6.2 Medical History, Required Examination and Tests

Related medical condition	**Medical history question**	**Physical Examination/ Anthropometric Measurements**	**Tests Required**
General		a. Height b. Weight c. Blood Pressure d. Vital signs	None
Pregnancy	Last menstrual period		None
Tuberculosis	a. Contact with family or household member with TB b. Previous history of treatment of TB c. History of BCG vaccine d. Fever (duration, pattern of fever) e. Prolonged cough (more than 2 weeks) f. Night sweat g. Weight loss h. Dyspnea i. Hemoptysis		Chest X-ray (mandatory for all applicants)
Syphilis	a. History of contact with a patient with diagnosed syphilis or with ulceration of or discharge from genitals b. Itching in genitals c. Ulceration in genital area d. Discharge from genitals e. Signs and symptoms of secondary syphilis (rash, sores, enlarged lymph nodes, non-specific symptoms such as fever, fatigue)		VDRL/RPR (mandatory for all applicants)
Leprosy	a. History of treatment for leprosy b. History of contact with a patient with leprosy c. Ulcer d. Any patches, plaques or nodules with loss or reduced sensation e. Any deformities of hand, feet and eyes (due to leprosy)	Examine for any hypopigmented or reddish skin patches. If any skin patches present, check for sensation using standard methods	Those with anaesthetic skin patches and/ or deformities should be referred to the respective

		for leprosy screening.	national leprosy program or, if no program present, to specialist for diagnosis and treatment.
Skin diseases	a. Rashes b. Ulcer	Examine rashes or ulcer	Provide treatment
Measles	a. Fever with maculopapular rash with or without: b. Redness of the eyes c. Cough d. Coryza	Examine patient (with contact and airborne precautions)	Refer to diagnosis and treatment according to national protocols if suspicion of measles
Lymphatic Filariasis (LF)	a. Fever, swelling of limbs, scrotal swelling b. History of previous testing/ treatment	Examine any limb or scrotal swelling	All persons from endemic areas must undergo testing for LF.
Malaria	Exposure to a person infected with Malaria, or resided in or travelled to a Malaria endemic region	None	All persons from endemic areas must undergo testing for Malaria

6.3 Guidance on MR Vaccination

6.3.1 Applicants from countries which have not received WHO certification for elimination of measles must undergo measles and rubella (MR) vaccination as part of the PDHA. In addition, if a country previously certified to have eliminated measles experiences large outbreaks of measles, HPA may require that those arriving from the country must be vaccinated with MR vaccine.

6.3.2 Each vaccination session should be supervised by a trained person

6.3.3 **Vaccine Storage and Management:** The cold chain for vaccines must be strictly maintained. Vaccines shall be stored exclusively in designated, manufacturer-recommended vaccine refrigerators (ice-lined refrigerators), which must remain continuously connected to a stable electricity supply. The storage room temperature shall not exceed 25°C.

6.3.4 **Temperature Monitoring and Record-Keeping**: The temperature of vaccine storage units must be monitored daily, with records maintained in a systematic and retrievable manner. Temperature data logs shall be completed and securely stored.

6.3.5 **Pre-Administration Checks:** Prior to administering each vaccine vial, the Vaccine Vial Monitor (VVM) status and expiration date must be verified. Vaccines that have reached VVM stage 2 or beyond shall not be administered. Expired vaccines are strictly prohibited from use. Each vial must be inspected for contamination, physical integrity, and seal security. Any vial exhibiting visible contamination, cracks, or a compromised seal shall be immediately discarded and not used under any circumstances.

6.3.6 **Vaccine Handling During Sessions:** All vaccines intended for administration during a session must be stored in a vaccine carrier throughout the session to maintain proper temperature control.

6.3.7 **Multi-Dose Vial Usage**: If a multi-dose vial is used, the reconstituted vaccine shall not be used beyond six (6) hours from the time of reconstitution. Between dose administrations, the vial must be stored in a vaccine carrier to ensure that the temperature remains between 2°C and 4°C.

6.3.8 **Sterile Technique and Injection Safety:** Sterile technique must be strictly adhered to at all times during vaccine administration. All injections shall be performed in compliance with established safe injection practices to prevent contamination and ensure patient safety.

6.3.9 **Record Keeping and Documentation:** Immediately after vaccination, all vaccination details must be accurately recorded in the designated system. The recorded information shall include, but is not limited to, the vaccine name (e.g., MR), brand/manufacturer, lot number, and the date and time of administration. Records must be complete, accurate, and securely maintained in compliance with national regulatory requirements

6.3.10 **Contraindications:** Prior to administering the MR vaccine, the vaccinator must assess the applicant for any contraindications. If a contraindication or potential contraindication is identified, the recipient must be referred to a physician for further evaluation. The physician shall review the medical history and relevant documentation before determining eligibility for vaccination. If the physician confirms a contraindication, they must issue a formal vaccine exemption document, explicitly stating the medical contraindication. Contraindications for the MR vaccine include:

a. Pregnancy

b. Immunocompromised status (diagnosed with CA, undergoing chemotherapy, or taking any other immune-suppressants)

c. allergy to prior MR dose

6.3.11 Vaccine Administration

a. Observation Period: Each vaccine recipient must remain under observation for a minimum of thirty (30) minutes after receiving the vaccine. A designated waiting area shall be provided for this purpose.

b. Release Criteria: If no adverse reactions or side effects are observed during the observation period, the applicant may be discharged. Before discharge, they must be informed of potential post-vaccination symptoms, warning signs of adverse reactions, and the circumstances under which they should seek immediate medical attention.

6.4 Adverse Event Following Immunisation (AEFI) Management

6.4.1 Vaccination sites must be equipped with the necessary medical facilities and supplies to manage adverse reactions, including but not limited to anaphylaxis. Trained healthcare personnel must be available to promptly recognize and manage such reactions in accordance with established medical protocols

6.4.2 Referral pathways for AEFI should be established and implemented.

6.5 Chest X-Ray

All applicants shall receive radiology-related counselling prior to undergoing chest X-ray (CXR) imaging. The radiology related counselling includes:

6.5.1 Briefing about the X-ray procedure, the benefit of cooperation such as proper body positioning, deep inspiration technique and holding the breath while X-ray taking (Prefer to demonstrate deep inspiration and check them if they have understood).

6.5.2 Instruct to change clothes and to wear clean X-ray gown, avoid metallic objects around their chest, remove the necklace from neck; for female, tie up the hair on the head and bra should be removed.

6.5.3 All female applicants of reproductive age need to be asked about the possibility of pregnancy and the date of their last menstrual period. If the pregnant or possibly pregnant woman agrees to have a CXR, she must be counselled about X-Ray risks, obtain her consent, and be protected by double lead wrap-around (both front and back) shielding during the CXR exposure.

Prior to conducting the X-ray, the radiographer must verify the applicant's identity using a valid passport

6.6 Guidance and Safety Measures whilst taking an X-Ray

Taking good quality image at first exposure is important to minimize radiation exposure by reducing the number of repeats CXRs. Additionally, the following universal radiation safety measures should be applied during X-ray taking:

a. Use as low as reasonably achievable (ALARA) radiation principle
b. Provide lead apron for all applicants and double lead (both front and back) for pregnant women
c. Avoid unnecessary repeat exposure
d. Attendants/chaperones must wear lead apron if they are needed to assist in X-ray positioning
e. Front door red light should be turned on during the time of X-ray
f. Make sure both X-ray room doors are closed during X-ray exposure

g. Radiology unit staff should always wear Thermoluminescent dosimeter (TLD) badge and be in protected room during exposing X-Ray

h. The X-Ray facility should comply with radiation safety requirements.

i. The posteroanterior (PA) view must be taken for all the applicants.

6.7 Interpretation of Radiological Findings

Finding any of the following abnormalities on chest X-Ray suggest active or resolved TB:

a. Nodular Soft Opacities

b. Soft, Cotton Wool Opacities

c. Cavity/Cavities/Cavitating (With or Without fluid level)

d. Pleural Effusion (Cause blunting of CPA)

e. Pleural capping (rough/ragged border or thicker than 1cm at any point)

f. Mediastinal Lymphadenopathy

g. Cavitating Lesions

h. Apical fibronodular or fibrocalcific lesions

i. Fibrocystic lesions

j. Multiple/Single pulmonary nodules (ill-defined with fuzzy margins or calcified or well defined with clear cut margins)

k. Primary complex (Ghon Focus with enlarged hilar lymph nodes)

l. Miliary TB

m. Pulmonary Fibrosis

n. Pleural Fibrosis

o. Scar

p. Calcified/Calcification

q. Pulmonary calcification/Fibro calcification

r. Calcified Granuloma/Granulomata >5mm

s. Calcified Mediastinal lymph nodes

t. Pleural thickening

u. Ghon Focus

6.8 TB Screening Grading Scale

Table 6.8 TB Screening Grading Scale

Grading	TB screening	Outcomes
Grade A	No symptoms, no abnormal findings on chest X-Ray	TB part of Medical Assessment cleared
Grade B	Symptoms suggestive of TB and/or abnormal findings on X-Ray	Medical Assessment not cleared, refer to national TB program or specialist care as applicable for the country

7. Medical Examinations

7.1 HIV

a. All the applicants must undergo screening for antibodies against HIV 1 and 2 by a WHO quality-assured test, with high sensitivity and specificity. An ELISA or other Enzyme ImmunoAssay (EIA) maybe used.
b. The PDHA Facility must ensure pre-test and post-test counseling are given to the applicants in age, gender and culturally appropriate way.

7.1.1 HIV Pre-Test Counselling

a. The HIV test is part of pre-departure health assessment process
b. Explanation of the HIV test and its meaning
c. Explanation of the nature of HIV/AIDS
d. Introducing the Informed Consent Form and the result will be shared with the authority of the Maldives's government for immigration process

7.1.2 HIV Post-Test Counselling

a. The results of HIV test
b. Implication and prognosis
c. Ways of protecting others to be infective
d. Referral to counselling, treatment and care

Table 7.1 HIV Grading Scale

Grading	HIV test result	Outcomes
Grade A	Negative	HIV part of medical assessment is cleared
Grade B	Positive or inconclusive	Medical assessment not cleared, refer to national program or specialist care as applicable for the country for confirmatory testing and treatment

7.2 Hepatitis B

All the applicants must undergo Hepatitis B screening. Hepatitis B surface antigen (HBsAg) by ELISA, using a WHO quality-assured diagnostic kit should be performed.

Table 7.2 Hepatitis B Grading Scale

Grading	HBV test result	Outcomes
Grade A	Negative	Hepatitis B part of medical assessment is cleared
Grade B	Positive	Medical assessment not cleared, refer to national program or specialist care as applicable for the country for confirmatory testing and treatment

7.3 Hepatitis C

All the applicants must undergo Hepatitis C screening. An anti-HCV screening test with high sensitivity and specificity, using a WHO quality-assured diagnostic kit should be performed.

Table 7.3 Hepatitis C Grading Scale

Grading	HCV test result	Outcomes
Grade A	Negative	Hepatitis C part of medical assessment is cleared
Grade B	Positive	Medical assessment not cleared, refer to national program or specialist care as applicable for the country for confirmatory testing and treatment

7.4 Syphilis

a. All the applicants must undergo Syphilis screening.

b. A first screening tests by non-treponemal tests such as venereal disease research laboratory (VDRL) or rapid plasma reagin tests (RPR), followed by a Treponemal test (treponemal pallidum hemagglutination -TPHA) for those who test positive on the first non-treponemal test must be conducted.

Diagram 7.4 Syphilis Diagnostic Algorithm of Syphilis

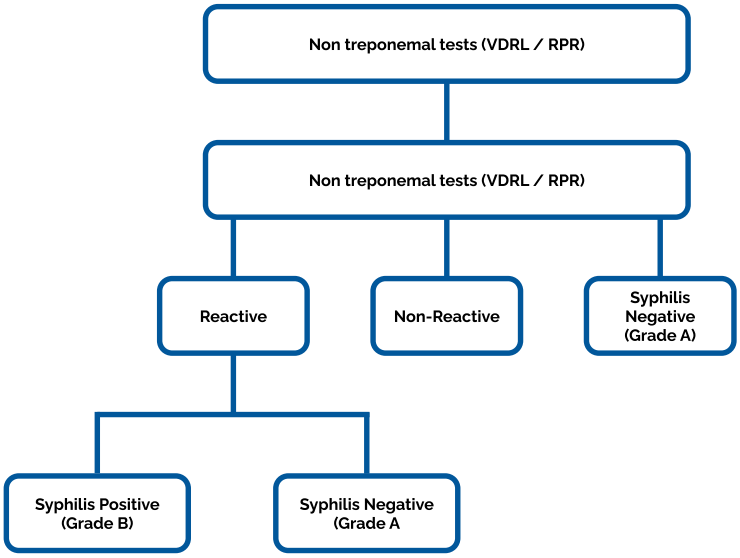

Table 7.4 Syphilis Grading Scale

Grading	Syphilis Test Result	Outcomes
Grade A	Negative	Syphilis part of medical assessment is cleared
Grade B	Positive	Medical assessment not cleared, refer to national program or specialist care as applicable for the country for treatment

7.5 Lymphatic Filariasis

a. All applicants from countries endemic for Lymphatic Filariasis must undergo an LF antigen test, using a WHO prequalified test strip.

b. If limb swelling or other complications present but test is negative, further treatment and care can be prescribed or the applicant maybe referred for such care, but it does not affect the

medical assessment as long as the physician deems the applicant's condition does not render them unfit to work.

Table 7.5 Lymphatic Filariasis Grading Scale

Grading	LF test result	Outcomes
Grade A	Negative	LF examination cleared
Grade B	Positive or physical abnormality which affects ability to work	Medical assessment not cleared, refer to national program or specialist care as applicable for the country for treatment

7.6 Malaria

All applicants from countries endemic or with travel history to endemic countries for Malaria must undergo a Malaria antigen test, using a WHO prequalified test.

Table 7.6 Malaria Grading Scale

Grading	Malaria test result	Outcomes
Grade A	Negative	Malaria examination cleared
Grade B	Positive	Medical assessment not cleared, refer to national program or specialist care as applicable for the country for treatment

7.7 Leprosy

Applicants from leprosy endemic countries should undergo symptom screening and be examined to see if any hypopigmented or reddish skin patches are present. If skin patches are present, they should be checked for sensation using standard methods used for leprosy screening (see WHO guidelines).

Table 7.7 Leprosy Grading Scale

Grading	Skin Examination/ Skin patch testing result	Outcomes

Grade A	No patches or patches present but have no loss of sensation	Leprosy examination cleared
Grade B	Skin patch with loss of sensation	Medical assessment not cleared, refer to national program or specialist care as applicable for the country for further diagnostic testing and treatment

8. Pre-Departure Health Assessment Outcome Grading

After completion of the above assessment, the final grading and process for the applicant will be as follows.

Table 8.1 Final Grading

Grading	Findings	Outcomes
Grade A	All parts received Grade A	Medical assessment cleared. Applicant is eligible for employment in Maldives
Grade B	Any part received Grade B	Medical assessment not cleared, refer to national program or specialist care as applicable for the country for treatment. **Applicant is not eligible for employment in Maldives**

9. Data Management and Privacy

9.1 All applicant data, regardless of the outcome of their medical assessment, shall be entered into the database specified by the competent authority designated by the Government of Maldives. Medical data pertaining to applicants who have been cleared through the Pre-Departure Health Assessment (PDHA) shall be accessible

only to authorized personnel from the Health Protection Agency and the Quality Assurance Division of the Ministry of Health, Maldives. Relevant officials at the Ministry of Homeland Security and Technology (and/ or designated Maldivian government ministry) and Maldives Immigration shall have access solely to the final classification of each applicant (i.e., "Medically Cleared" or "Medically Not Cleared") and shall not be granted access to any individual medical records or sensitive health information.

9.2 Restricted Access to Applicant Data for Technical Purposes

9.2.1 Technical personnel, including but not limited to system developers, analysts, and testers, may require limited access to applicant data strictly for the purposes of system maintenance, issue resolution, bug investigation, system audits, or to ensure the proper functioning and integrity of the system.

9.2.2 Such access shall, in the ordinary course, shall be restricted to non-sensitive data fields, such as classification outcomes (ie. "Medically Cleared" or "Medically Not Cleared"). However, in exceptional circumstances where a technical issue directly pertains to the medical result, associated documentation, or the record itself, controlled and limited access to such information may be granted.

9.2.3 Any access under Clauses 9.2.1 or 9.2.2 shall be strictly limited to the minimum data necessary, shall be fully documented and logged, and shall be subject to appropriate data protection, privacy, and confidentiality safeguards in accordance with applicable laws, regulations, and organizational policies of the Government of Maldives.

9.2.4 A non-disclosure agreement must be signed by all parties accessing any data under any circumstances. (this is 9.3, applies to both sections 9.1 and 9.2)

10 Standard Operating Procedures

The health facility shall have following procedures written and submit to the Ministry of Health with the application

a. Infection prevention and control procedure.
b. Waste management procedure
c. Grievance/ complain management Procedure
d. Medical record keeping procedure

Annex 1

Ministry of Health
Republic of Maldives

Health Protection Agency

Form No.: MOH-HPA/F/25/202-0

Version 1.0

Application Form for Designation as a Pre-Departure Health Assessment (PDHA) Facility

Instructions

Please complete all sections of this form accurately. Incomplete applications may result in delays. Attach all required documents listed in Annex 1.

SECTION 1: FACILITY INFORMATION

Please provide key details about the health facility applying for designation

1.1 Facility Name	
1.2 Facility Address	
1.3 Facility Registration No.	
1.4 Facility Registration Expiry (fill if applicable)	
1.5 Operating License No.	
1.6 Operating License Expiry (fill if applicable)	
1.7 Business Registration Number (fill if private)	
1.8 Business Registration Expiry (fill if applicable)	

1.9 Facility Ownership ☐ **Government** ☐ **Private**

1.10 Governing Ministry or Board Name

1.11 Registration Number

SECTION 2: FACILITY INFRASTRUCTURE

Indicate available facility infrastructure necessary for PDHA operations

☐ **2.1 Consultation Room** ☐ **2.2 X-Ray Room** ☐ **2.3 Treatment Room** ☐ **2.4 Laboratory**

☐ **2.5 Waste Management Area** ☐ **2.6 Vaccination Room** ☐ **2.7 Patient Waiting Area** ☐ **2.8 Sterilisation Room**

☐ **2.9 Toilets** (accessible to persons with special needs)

SECTION 3: MEDICAL STAFF INFORMATION

Provide details of the health professionals involved in PDHA operations. All health professionals must be licensed to practice in the country where the health facility associated with this application is located

#	NAME	DESIGNATION	LICENSE NO.	LICENSING BODY

SECTION 4: RESPONSIBLE PERSON DETAILS

Provide information on the individual responsible for daily PDHA operations

6.1 Full Name (as in ID)	
6.2 Passport/ Other ID No.	
6.3 Nationality	
6.4 Contact Number	
6.5 Email Address	

SECTION 5: DECLARATIONS AND CONSENT

1. I certify that the information provided in this application is true and accurate to the best of my knowledge
2. I agree to comply with all PDHA requirements and standards set forth by the Ministry of Health, Maldives
3. I understand that failure to comply with standards or providing false information may lead to the revocation of designation.
4. I acknowledge the requirement to pay the application fee of USD 2,000 (Two Thousand US Dollars) and the annual renewal fee of USD 1,000.00 (One Thousand US Dollars) upon approval

Signature of Operator	
Date	

For Official Use by the Maldives Ministry of Health Only

Application Received on				
Inspection Date (if applicable)				
Reviewed by				
Comments				
Designation Status		Approved		Rejected
Designation Valid Until				

ANNEX 1: REQUIRED DOCUMENTS CHECKLIST

Failure to submit the following will result in an automatic cancellation of this application

- [ ] **1 Valid Facility Operating License**
- [ ] **2 Facility Floor Plan**
- [ ] **3 Attested Copy of Operator's Passport/ Registration**
- [ ] **4 Comprehensive Services Proposal**
  a. Service hours
  b. Eligible recipients of services
  c. List of medical professionals and staff
  d. Proposed service charges
- [ ] **5 List and Valid Licenses of Medical Staff (attested copies or electronically verifiable documents)**
- [ ] **6 Accreditation Certificates (if applicable)**
- [ ] **7 Evidence of Governing Ministry or Board Registration**
- [ ] **8 Health facility data management policy**

Annex 2

Annex 2: Consent Form

a. Applicant Details:

    a. Full Name:

    b. Date of Birth:

    c. Passport/ID No.:

    d. Contact Information:

    e. Nationality

    f. Sex:

Consent Declaration:

I, the undersigned, confirm that:

1. I have received pre-test counselling and fully understand the purpose, scope, and implications of the Pre-Departure Health Assessment (PDHA).

2. I understand that the PDHA includes the following medical examinations and tests:

    a. Comprehensive physical examination

    b. Blood tests (including complete blood count, liver/kidney function tests, and infectious disease screening)

    c. Tuberculosis screening (Chest X-ray and sputum test if required)

    d. HIV and other sexually transmitted infections testing

    e. Urine analysis for kidney and metabolic conditions

    f. Mental health and psychological assessment

    g. Vaccination status verification and administration of required immunizations

3. I acknowledge that my medical information will be kept confidential but may be shared with relevant authorities as per legal and regulatory requirements.

4. I have been informed of my rights, including my right to refuse the assessment, understanding that refusal may impact my eligibility for travel or immigration.

5. I consent to undergo the PDHA voluntarily, without coercion.

6. I understand the possible outcomes of the assessment, any necessary follow-up procedures, and potential health recommendations.

I hereby give my informed consent to proceed with the PDHA, including all specified medical tests and procedures.

Signature or Fingerprint of Applicant:

Date:

Signature of Healthcare Provider:

Date:
Facility Name:

Annex 3

Annex 3: Counselling Form

1. Applicant Details:
    a. Full Name:
    b. Date of Birth:
    c. Passport/ID No.:
    d. Contact Information:
    e. Nationality
    f. Sex:

2. **Counselling Session Details:**
    a. Date of Counselling:
    b. Name of Counsellor:
    c. Designation:
    d. Facility Name:

Counselling Topics Discussed:

☐ Purpose and scope of the PDHA

☐ Medical tests and procedures involved, including:

a. Physical examination
b. Blood tests (e.g., complete blood count, liver/kidney function tests)
c. Tuberculosis screening (Chest X-ray, sputum test)
d. HIV
e. Syphilis
f. Leprosy
g. Skin diseases
h. Measles
i. Lymphatic Filariasis
j. Malaria
k. Urine analysis
l. Mental health and psychological assessment
m. Vaccination status review and required immunizations

☐ Possible outcomes and implications of test results

☐ Confidentiality and data protection regarding medical findings

☐ Rights of the applicant, including refusal and its consequences

☐ Possible referrals for further medical evaluation if necessary

☐ Next steps following the PDHA, including submission of results

Applicant Declaration:

I confirm that I have been counselled about the Pre-Departure Health Assessment (PDHA), its purpose, process, and implications, including the specific tests and procedures required. I have had the opportunity to ask questions and received satisfactory responses.

Signature or Fingerprint of Applicant:

Date:

Signature of Counsellor:

Date:

2025

Health Protection Agency

Ministry of Health