



OHP submitted	
Annex 1 submitted	
Occupational health assessment	
Support recommended	

OCCUPATIONAL HEALTH PROTOCOL (OHP)

applicable to applicants for
courses offered by the Faculty of Health Sciences
commencing in October 2024 and later*

CONFIDENTIAL

Please read these instructions carefully

1. As potential future health care professionals, students have a duty to provide the relevant information to the Faculty of Health Sciences. Failure to disclose information about a physical or mental health problem (that could affect safety: of the student him/herself and of others; including: patients, clients, other students or staff members) would be in breach of the University Suitability to Practice Regulations. All medical and sensitive personal information provided by students will be held in complete confidence by the Faculty of Health Sciences and the Occupational Health (Medical) Unit (OHU). **The Occupational Health (Medical) Unit provides a medical service** to the Faculty by screening all its students prior to the commencement of clinical placements/practicals. The Faculty of Health Sciences will be informed by the OHU of the impact of a health problem or impairment, if relevant to the student's educational needs and/or student, or safety and if there are any recommendations on support or adjustments, that could be of assistance to students.

Documentation

2. The Occupational Health Protocol (OHP) and the Health Questionnaire in Annex 1 should be submitted **as soon as possible but not later than 30 November 2024**. Students are required to submit their documentation in a sealed envelope (including their name, ID Card No and course) to the Faculty of Health Sciences at the Reception Desk, Faculty of Health Sciences. **All documentation should be in English.**
3. Students should plan any required vaccinations sufficiently in advance so that these, together with any blood tests needed to show immunity, are completed well in advance of the 30 November deadline.
4. The University of Malta will accept blood results either from any laboratory licensed in Malta by the Department of Health or from any ISO 15189 accredited laboratories as evidenced by the accreditation symbol on the report.
5. All forms must be endorsed by a doctor and accompanied by documentary evidence supporting all vaccination / past history claims.

6. The Faculty will send the complete original documentation to the Occupational Health Unit – OHU – following which an Occupational Health Assessment is scheduled. The Occupational Health Unit cannot clear students without full documentation.
7. Any costs for the completion of this form or tests required will be borne solely by the student.
8. **All sections must be filled in, no part of this document is optional.**

Certification and Liability

8. Once students satisfy the following requirements, the Occupational Health Unit shall issue an Occupational Health Certificate:
 - a) Occupational Health Protocol and Annex I submitted; and
 - b) the Occupational Health Assessment attended.

These Certificates are subsequently forwarded to the Faculty of Health Sciences.

9. **All students who fail to satisfy the requirements above or who fail to disclose information about a physical or mental health problem that could affect safety may be barred from progressing with their studies as per course Bye-Laws.**
10. All Students who have a low antibody titre even after taking the 3 Hepatitis B vaccinations (doses) and a booster dose are required to fill in the Consent Form in Annex 2 in order to obtain authorisation for placements/practicals.

** This protocol is applicable to all students following the Certificate for Graduates of Non-EU/EEA Nursing Programmes, the Preparatory Course for the Bachelor of Science (Honours) in Nursing, the Bachelor of Science (Honours) programme (direct entry), the Bachelor of Science (Honours) in Physics, Medical Physics and Radiation Protection, the Master of Science in Diabetes Care, the Master of Science in Orthotics and Prosthetics and the Postgraduate Diploma in Dietetics. Students following particular areas of study within the Master of Science (both mainly taught and mainly research streams) **may** be directed by the Board to complete this protocol.*

Section 1: Personal Details (to be filled in by the student)

Name and Surname:

Date of Birth:

Male/Female:

Title: (Mr, Ms, Mrs, etc):

ID/Passport No.:

Address:

Home Contact No:

Mobile Phone No:

Email Address:

Your GP's name:

GP's Mobile Phone No:

GP's Address:

GP's Email Address:

Section 2: Medical Review (To be filled in by the examining doctor)

Health and Function Capabilities

2.1 Does the student have problems with any of the following (if yes, please comment in the line below)?

a) **Learning** – such as dyslexia, dyspraxia, dyscalculia. (YES/NO)

b) **Vision** – such as visual impairment, colour blindness, tunnel vision. (YES/NO)

c) **Communication** – such as speech, language, hearing impairments. (YES/NO)

d) **Mobility** – such as walking, using stairs, balance. (YES/NO)

e) **Agility** – such as bending, reaching up, kneeling down. (YES/NO)

f) **Dexterity** – getting dressed, writing, using tools. (YES/NO)

g) **Difficulties in physical exertion** – such as lifting, carrying, running. (YES/NO)

2.2 Does the student have any of the following?

a) **Allergies** (such as to latex, medicines, foods) (YES/NO)

b) **Chronic Skin conditions** (such as eczema, psoriasis) (YES/NO)

c) **Endocrine disease** (such as diabetes) (YES/NO)

d) Chronic fatigue syndrome (or similar condition) (YES/NO)

e) Neurological disorder (such as epilepsy, multiple sclerosis) (YES/NO)

f) Sudden loss of consciousness (such as fits or seizures) (YES/NO)

g) Mental health difficulties/disorders requiring psychiatric intervention (eg. anxiety, eating disorder, depression, phobias, OCD, nervous breakdown, personality disorders, over-dose or self-harm, drug or alcohol dependency) (YES/NO)

h) Did the student receive any treatment from a Psychiatrist, Psychotherapist or Counsellor? If yes, please indicate date when treatment was started (YES/NO)

2.3 Does the student use any special arrangements to accommodate an impairment or health problem? If in the affirmative, please give details (continue on separate sheet if necessary)

Please give details of the condition and list certification provided.

2.4 Does the student have any impairment or health condition, not already mentioned above, for which you think the student may require support during their education or training?

2.5 If the answer to 2.3 is yes please indicate what medical reports are being provided.

2.6 List all countries in which the student has lived for more than 6 months, including dates:

Section 3: Doctor's Declaration

The University requires students' doctors to fill in Section 2 on the basis of their knowledge of the student.

1. Are you the student's family doctor? (YES/NO)

2. Are you a relative of the applicant? (YES/NO)

3. Do you hold the applicant's medical record? (YES/NO)

4. Do you wish to provide any further information relating to conditions previously disclosed? (please provide details on a separate sheet) (YES/NO)

5. Are you aware of any additional medical information, not previously disclosed? (YES/NO)

6. (If yes, provide details on a separate sheet)

Medical Doctor's Signature _____

Medical Council registration number _____

Date _____

Stamp

Section 4: Student's Declaration

DECLARATION

Student:

I declare that to the best of my knowledge the information provided is correct. I understand that progression in the course is subject to successful completion of a medical test and that any tests for which I have provided results may need to be repeated.

I am aware that I am bound to inform the Faculty of Health Sciences of any impairment/health condition which develops during the course of studies.

I am aware that if I fail to submit the Occupational Health Protocol and Annex 1 or fail to disclose information about a physical or mental health problem that could affect safety, I may be barred from progressing with my studies as per the course Bye-Laws.

Student's Signature: _____

Date: _____

As approved by Faculty Board at its meeting held on 23 May 2017 and revised by the Occupational Health Committee on 3 April 2019. Approved by Faculty Board at its meeting on 16 April 2019. Revised by the Occupational Health Committee on 17 September 2019. Approved by the Faculty Board on 15 October 2019. Approved by the Faculty Board on 9 April 2020. Approved by the Faculty Board on 13 April 2021. Approved by the Faculty Board on 22 February 2022. Approved by Faculty Board on 07 March 2023. As agreed by the Occupational Health Committee on 9 April 2024 and to be referred to Faculty Board for approval at its meeting scheduled for 30 April 2024.

FOR OFFICE USE ONLY

- Documentation complete and satisfactory = No objection
- Documentation incomplete - still requires _____
- Other:

Signature: _____

Date: _____

Occupational Health Unit Officer in Charge



ANNEX 1

HEALTH QUESTIONNAIRE

to be completed by the medical doctor who fills in Section 2 and 3

Name and Surname: _____

It is important that students are properly protected from relevant infectious diseases prior to their clinical placements. The questionnaire below will help assess the student's fitness for the duties related to their proposed studies. **Proof of Vaccinations/Results MUST BE ATTACHED to this document.**

PLEASE NOTE:

It is your responsibility to take and follow specialist advice if you are, or you believe that you may be, infected with any blood-borne virus. If antibody titres are required for Rubella and Measles, these will be carried out by you at your own expense.

Requirement:	Documentation Required	Result submitted (Tick as applicable)	Date of result or vaccination
HEPATITIS B			
Evidence of immunity or absence of markers of infectivity	Hepatitis B antibody (anti-HBs) result If anti HBs is less than 10mIU/ml (only) Hepatitis B Surface Antigen (HBsAg) result (Tested within the previous 3 months)	<input type="checkbox"/> anti-HBs > 10mIU/ml <input type="checkbox"/> HBsAg negative	
HEPATITIS C (HCV)			
Hepatitis C screen	Hepatitis C antibody (HCV) result (Tested within the previous 3 months)	<input type="checkbox"/> Hepatitis C antibody (HCV) result	
HUMAN IMMUNDEFICIENCY VIRUS (HIV)			
HIV Screen	HIV antibody (HIV) Result (Tested within the previous 3 months)	<input type="checkbox"/> HIV antibody (HIV) result	

RUBELLA*			
Immunity to Rubella	Documented vaccination (2 doses)	<input type="checkbox"/> Vaccination records attached	
MEASLES*			
Immunity to Measles	Documented vaccination (2 doses)	<input type="checkbox"/> Vaccination records attached	
VARICELLA			
Immunity to Varicella	Declaration of past infection from a medical practitioner OR Documented vaccination (2 doses) OR Result of Antibody titre to Varicella	<input type="checkbox"/> Declaration <input type="checkbox"/> Vaccination records <input type="checkbox"/> Varicella titre	
DIPHTERIA and POLIO			
Immunity to Diphtheria	Documented vaccination (at least 4 doses)	<input type="checkbox"/> Vaccination records attached	
Immunity to Polio	Documented vaccination (at least 4 doses)	<input type="checkbox"/> Vaccination records attached	
TUBERCULOSIS (TB)			
Free from active infection	Students who have spent ≥ 6 months in a country reported as high risk for TB by the World Health are required to present a Quantiferon Annex 3 includes a list of countries deemed as high risk by the World Health Organisation. During the Occupational Health Assessment all students will be assessed by the Occupational Health Physician to determine whether there are any students who require further TB screening.	<input type="checkbox"/> Quantiferon result (if applicable)	

Any Other Serious Medical Conditions	
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Doctor's Signature _____

Medical Council registration number _____

Date _____

Stamp

FOR OFFICE USE ONLY	
<input type="checkbox"/>	Documentation complete and satisfactory = No objection
<input type="checkbox"/>	Documentation incomplete - still requires _____
<input type="checkbox"/>	Other:
Signature: _____	Date: _____
Occupational Health Unit Officer in Charge	

Date: _____

* a. If the titre for Hepatitis B is <10 mIU/ml , the student is required to follow this procedure:

- i. Take a booster;
- ii. After 8 weeks take a titre and send the result to the Faculty on healthsciences@um.edu.mt to send it to the Occupational Health Unit;
- iii. The Occupational Health Unit will send the clearance that the titre is fine, through the Faculty.

b. Students who have no vaccination records for measles and rubella and do not wish to take the vaccine may forward immunity tests for rubella and measles. These will be carried out by the student at his/her own expense.



L-Università ta' Malta
Faculty of Health Sciences

ANNEX 2

LOW ANTI HBs ANTIBODY TITRE CONSENT FORM

I, the undersigned, understand and agree that since, following three doses of a Hepatitis B vaccine my titre is not yet greater than 10mIU/ml, I will abide by all the policies and regulations which are in force by the Infection Control Unit of the teaching hospital / primary care institution I will be attending. In particular I will NOT:

- perform any exposure prone procedures that involve the use of sharps on patients;
- participate as an assistant in any operation

I bind myself to report any exposure to blood or body fluids (including needle stick injuries) to the Occupational Health or Infection Control Departments where I will be attached.

I also understand and agree that Infection Control may be carrying out further tests in this regard and that a final strategy shall be communicated in due course.

Signature

Name (IN BLOCK LETTERS)

Identification Number

Mobile Phone Number



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ANNEX 3

List of Countries deemed by the World Health Organisation as High risk for Tuberculosis

Please refer to the list available on the link below:

https://cdn.who.int/media/docs/default-source/hq-tuberculosis/who_globalhbcliststb_2021-2025_backgrounddocument.pdf?sfvrsn=f6b854c2_9