

*This is important information please read carefully before completing the attached Declaration forms.*

### **Mandatory UAE Government Medical Examination**

This is the mandatory Medical examination required to obtain a UAE residency visa. The medical examination will be completed shortly after arrival in Abu Dhabi to determine the fitness for a UAE Residency 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 tested positive for HIV
- Scarring from Previous TB on chest X-ray
- Signs of active TB
- Positive Hepatitis B surface antigen

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

**Failure to meet UAE Visa medical requirements will lead to termination of your contract.**

#### **DECLARATION:**

*I hereby confirm that I have read and understood the information above relating to Mandatory UAE Government Medical Examination.*

**Name:** .....

**Signature:** .....

**Date:** .....

## Pre –Employment Medical Cabin Crew, Food and Beverage Managers and In-Flight Chef

The medical is a pre-requisite for employment at Etihad Airways. This medical is conducted by an Aviation Medical Examiner at the company’s clinic on joining, if by any reason you do not meet the standards this can lead to termination of your contract.

Applicants are required to take a full and extensive medical in order to be issued with a medical certificate from the General Civil Aviation Authority GCAA, the aviation regulatory authority of UAE.

In order to ensure that you are fully prepared for the medical examination, please read the following information and ensure that you meet the medical requirements.

Please make sure all original test and medical results written in English and are brought with you when you travel to Abu Dhabi.

Cabin Crew, Food and Beverage Managers, In-Flight Chef must meet Etihad requirements and in addition, Cabin Crew must meet the Medical Standards of the GCAA. They are summarized below:

REQUIREMENTS:	ACCEPTABLE	UNACCEPTABLE
<b>Body Mass Index (weight in kg / height in m)</b>	✓ Between BMI 16-27: permissible	Etihad Requirements: ✗ BMI below 16 or above 29
<b>Vision</b>	✓ Distant visual acuity with or without correction shall be 6/12 or better in each eye separately and binocular visual acuity shall be 6/9 or better. No limits apply to uncorrected visual acuity. ✓ Applicant whose uncorrected distant visual acuity in their eye is worse than 6/60 will require a full ophthalmic report prior to initial Medical Assessment and every five years thereafter.	✗ Visual field defect ✗ Monocular vision
<b>Lasik or PRK – Photorefractive Keratotomy</b>	✓ Stable vision and no complication and no active treatment required.	
<b>Ophthalmology</b>		✗ Significant eye pathology; ✗ Any progressive condition.

<p><b>ENT (Eyes / Nose / Ears)</b></p>		<ul style="list-style-type: none"> <li>✗ Recurrent otitis media or tympanic membrane (eardrum) perforation;</li> <li>✗ Allergic rhinitis or Recurrent Sinusitis;</li> <li>✗ Otosclerosis - abnormal growth of bone near the middle ear;</li> <li>✗ Meniere's disease - inner ear disorder that affects balance and hearing;</li> <li>✗ Spontaneous or positional Nystagmus - involuntary movements of the eyes, usually rapid and repetitive;</li> <li>✗ Cholesteatoma - type of skin cyst located in the middle ear;</li> <li>✗ Perilymph fistula - is an abnormal opening in fluid filled inner ear;</li> <li>✗ Severe motion sickness;</li> <li>✗ Any ear disease or condition that may cause vertigo or disturbance of balance and speech;</li> <li>✗ Severe hearing loss.</li> </ul>
<p><b>Hearing</b></p>	<p>✓Hearing pure audiometric test unaided with thresholds no worse than: Frequency : 500hz 1,000hz 2,000hz 3,000</p>	<ul style="list-style-type: none"> <li>✗ Worst ear : 35dB 35dB 35dB</li> <li>✗ 50dB</li> <li>Alternative test Whisper test</li> </ul>
<p><b>Speech</b></p>		<ul style="list-style-type: none"> <li>✗ Speech defects;</li> <li>✗ Stuttering</li> </ul>
<p><b>Blood pressure</b></p>		<ul style="list-style-type: none"> <li>✗ Anybody on BP medication;</li> <li>✗ With BP reading more than 140/90 mm/Hg.</li> </ul>
<p><b>Cardiovascular</b></p>		<ul style="list-style-type: none"> <li>✗ Any significant functional or structural abnormality;</li> <li>✗ Angina pectoris or myocardial infarction;</li> <li>✗ Coronary artery disease untreated;</li> <li>✗ Permanent pacemaker;</li> <li>✗ Heart transplant.</li> </ul>
<p><b>Hematology</b></p>		<ul style="list-style-type: none"> <li>✗ Unexplained severe anemia less than 10 g/dl;</li> <li>✗ Significant enlargement of lymphatic glands and chronic disease of blood (CML).</li> </ul>

<b>Respiratory</b>		<ul style="list-style-type: none"> <li>* Any acute disability of the lung or active diseases of lung or chest;</li> <li>* Asthma;</li> <li>* LFT below 500.</li> </ul>
<b>Gastrointestinal</b>	<ul style="list-style-type: none"> <li>✓ Irritable bowel syndrome with minimal symptoms;</li> <li>✓ Ulcer well controlled on medication</li> </ul>	<ul style="list-style-type: none"> <li>* Inflammatory bowel disease;</li> <li>* Untreated hernia;</li> <li>* Gallstones;</li> <li>* Any disease with significant impairment of the function of gastrointestinal tract</li> </ul>
<b>Gynecology</b>		<ul style="list-style-type: none"> <li>* Untreated high grade PAP abnormalities</li> </ul>
<b>Renal</b>		<ul style="list-style-type: none"> <li>* Current renal stone untreated</li> </ul>
<b>Endocrine</b>		<ul style="list-style-type: none"> <li>* Diabetes on insulin;</li> <li>* Uncontrolled thyroid adrenal or pituitary disorder</li> </ul>
<b>Psychiatric</b>		<ul style="list-style-type: none"> <li>* Depression or other major diagnosis such as Bipolar Disorder, Schizophrenia et.</li> </ul>
<b>Substance dependence and abuse</b>	<ul style="list-style-type: none"> <li>✓ <i>Applicant will be subjected on arrival to Abu Dhabi during their medical random drug testing as requirement from Civil Aviation Authority</i></li> <li>✓ <i>Candidates should avoid taking any sleeping pills or cold remedies in week prior to traveling to Abu Dhabi</i></li> </ul>	<ul style="list-style-type: none"> <li>* History and diagnosis of chemical or substance abuse includes alcohol and other drugs: <ul style="list-style-type: none"> <li>- Cannabis, Hashish, Marijuana, Opiates, Heroin, Pethidine, Codeine, Morphine and Cocaine;</li> <li>- Ecstasy Speed Drugs – Amphetamines;</li> <li>- Sleeping Tablets - Barbiturates and Benzodiazepam group.</li> </ul> </li> </ul>
<b>Neurology</b>		<ul style="list-style-type: none"> <li>* Epilepsy;</li> <li>* Migraines;</li> <li>* Unexplained disturbance of consciousness;</li> <li>* Unexplained transient loss of control of nervous system / function;</li> <li>* Progressive muscular or nervous system disease;</li> <li>* Recurrent fainting</li> </ul>
<b>Musculoskeletal</b>		<ul style="list-style-type: none"> <li>* Chronic or recurrent back pain needing sick leave or time off work</li> <li>* Scoliosis more than 30 degree</li> </ul>



**PRE EMPLOYMENT DECLARATION FORM  
(Cabin Crew, Food & Beverage  
Managers and In-Flight Chef)**

**CONTROLLED DOCUMENT**

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<b>Skin</b>		<ul style="list-style-type: none"> <li>* Psoriatic lesion on face and arm and hand not controlled;</li> <li>* Eczema on hands and face not controlled;</li> <li>* Acne vulgaris on face untreated or uncontrolled;</li> <li>* Burn scar on face hands and arms;</li> <li>* Sever skin allergy on face forearm and hands</li> </ul>
<b>Infectious disease</b>		<ul style="list-style-type: none"> <li>* Untreated active TB;</li> <li>* Case of latent TB diagnosed by a positive skin test with normal x ray requires 6 months drug treatment it will be acceptable once the treatment has been completed the medical report should be provided;</li> <li>* Salmonella carrier</li> <li>* HIV positive</li> <li>* Hepatitis B positive</li> <li>* VRDL positive(<i>screening test for Syphilis</i>)</li> </ul>
<b>Malignancy</b>	<p>✓ Any history of abnormal pap smear that has been treated, must provide current pap smear report</p>	<ul style="list-style-type: none"> <li>* Any recurrent or ongoing malignancies;</li> <li>* Prior history of malignancy</li> </ul>
<b>Sleep disorder</b>		<ul style="list-style-type: none"> <li>* Any history or condition affecting sleep including sleep apnea restless leg syndrome</li> </ul>



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## Pre-Employment Medical Examination Form

In order to ensure safety and for various operational reasons, we require you to complete this form in good faith and to make a full and frank disclosure of your medical history. We will rely on this information provided by you. Your employment and continued employment by the company is conditional on your having provided us with complete details of your medical history and existing medical conditions. In the event that you fail to disclose any medical condition, such failure will entitle the company, at its discretion to withdraw your offer of employment or to terminate your contract of employment, whichever is appropriate. In addition, failure to disclose medical conditions may, in certain circumstances, invalidate insurance policies such as medical insurance and life and personal accident insurance provided to you by the company.

<b>Full Name:</b> Last Name    First Name    Middle Name	<b>Marital Status:</b>	<b>Date of Birth:</b> dd/mm/yyyy	<b>Nationality:</b>
<b>Email Address:</b>	<b>Sex:</b>	<b>Telephone No.</b>	<b>Date:</b> dd/mm/yyyy

**Medical History:**

Please complete the following questions below by ticking the appropriate box. If the answer is **YES**, give details including: (a) date, (b) amount of time lost from work, (c) treatment, as appropriate (d) duration. You may use separate paper if necessary.

Have you ever suffered from any of the following illnesses?	No	Yes	If yes, please give details
Visual defects/eye conditions (including color blindness)			
Any corrective eye surgery			
Hearing defects/ear conditions			
Any surgery to middle/inner ear			
Anxiety disorder			
Depression with no treatment			
Depression with treatment			
Bipolar disorder			
Schizophrenia			
Any alcohol or drug related problems or illness			
History of head injury			
Fainting attacks, blackouts,			
Epilepsy or fits with treatment			
Epilepsy or fits without treatment			
Vertigo, giddiness or tinnitus			
Recurrent headaches, migraine			
History of brain surgery			
Congenital/ Acquired heart disease			
Low / High blood pressure			
Any surgery involving the heart			
Diabetes with/without treatment			
Thyroid or other gland problems			
Asthma, bronchitis, tuberculosis or other chest disease			
Anemia, Thalassemia, Sickle cell disease or any blood disorder			
Kidney stones or bladder problems			
Liver disorder/ Hepatitis			

Date of Issue:

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Date of next review:



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Digestive or bowel disorder / Hernia ?			
Bowel surgery or procedures			
Eczema, dermatitis, other skin conditions			
Allergies to drugs, food, animals, cloth material, hay fever etc			
Any recurrent infections of any kind?			
Suffer from infectious or communicable disease			
Varicose veins causing trouble			
Recurrent backache, arthritis, rheumatism			
Any other medical condition, physical or mental, not mentioned above			

Present Health Status	No	Yes	If yes, please give details
Are you currently under any medical care?			
Are you on any medication or treatment prescribed by a doctor?			
Are you a smoker? If so please give details			
Do you drink alcohol? If so how many units per week? (NB 1 unit is ½ pint of beer or 1 medium glass of wine)			
Do you have any eyesight defects other than those corrected by glasses?			
Do you have any hearing problems?			
Do you have any defect of speech or communication problem?			
Do you have any physical disability necessitating special aids, or requirements for access to premises?			
Do you have any other relevant health problems?			
What is your height?(without shoes) .....cm			
What is your weight? .....kgs			

**Declaration:**

Have you ever	No	Yes	If yes, please give details
Undergone a surgical operation or been admitted to hospital for any reason?			
Had more than 20 days sickness absence in the past 2 years?			
Suffered from an Industrial Disease/Accident?			
Have you been, or had any permanent Disability?			
Had a chest X-ray in the past 12 months – If so state place / date / result			

- I declare that, to the best of my knowledge, the information I have given is correct.
- I have not withheld any relevant information.
- I have not made any misleading statement in relation to any medical condition experienced by me either in the past or present.
- I understand that I will be required to attend a medical examination.
- I understand that failure to disclose relevant information or giving false information may result in termination of my employment.
- I understand that this pre-employment medical declaration form will be shared between the human resources department (HR) and the Etihad Airways Medical Centre (EAMC) for assessment purposes and hereby relieve the EAMC staff of their professional duty of confidentiality in respect of information supplied on this form and any communication or follow up related thereto between HR and the EAMC.

Signature over printed name: .....

Date (dd/mm/yyyy).....

Date of Issue:

Date of next review:

## **Dental Health**

### **For Cabin Crew, Food and Beverage Managers, In-Flight Chefs**

#### **Dental standards:**

- Teeth should be free from cavities/decays necessary filling should be carried out.
- Gingival and oral cavity should be free from infection.
- Teeth should be free from plaque.
- No gaps allowed and missing teeth should be replaced.
- Denture acceptable but should be in good condition.
- Braces or orthodontic treatment is not acceptable.
- A Dental x-ray is required. OPG is a panoramic dental radiography normally 30x15cm it shows the upper and lower jaws and teeth it is also known as an OPT, DPT, PANAREX, PANORAL
- In case it's a digital X-ray please supply us with a CD.
- All film must include name and date of birth in English.





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**VACCINATION CERTIFICATE**

(To be completed and signed by a physician in ENGLISH only)

Position Applied For:		
Full Name:	Age:	Sex:

**Please note that the vaccinations which are not completed or out of date, nearly so (<3 months) on arrival in Abu Dhabi, will be re-done. Please bring previous vaccination records with you to Abu Dhabi.**

**Please fill below if you have done the vaccination.**

Vaccinations required:

VACCINATION	INITIAL COURSE	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 <sup>st</sup> Dose) (Type of Vaccine)		
Hepatitis A (1 <sup>st</sup> Dose) (Type of Vaccine)		
Hepatitis B (1 <sup>st</sup> Dose) (Type of Vaccine)		
Rubella (Females only)		
Tuberculin Skin Testing: Mantoux/PPD	Positive / Negative	
BCG		

Details of any other vaccinations given before (e.g. Yellow Fever, HepB, Meningitis) and dates if known.

Vaccinations not undertaken because (Please give reasons):

**I certify that I am satisfied that the above named person's vaccination status is in accordance with Etihad policy.**

Note: We recommend combined Hep A & B vaccination (Twinrix),  
Meningitis Vaccination is also advisable in this region

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name in Capitals:** \_\_\_\_\_

DOCTOR'S STAMP