

ENTRY MEDICAL EXAMINATION FOR LOCAL EMPLOYEES

This form should only be used by active **staff** in the HI and MSP insurances. PME do not concern covered dependents or retirees, nor active non- staff employees.

Important Instructions and Information

The entry medical examination procedure consists of various steps:

1. A qualified medical doctor proceeds to the examination and eventual vaccination updates (**part A, B, C, D for all staff; part E is only for IOM drivers/occasional drivers and/or security guards**).
2. Examining doctor shares his/her conclusions and recommendations and returns the form to the candidate.
3. The candidate fills in the service request form on <https://iom.my.cority.com> and uploads the completed entry medical examination along with the supportive documents and vaccination records.
4. The Candidate will receive a notification receipt upon submission of the request.
5. The IOM Medical Officer determines final fitness to work based on the above and on any further investigations or information deemed to be necessary.

This procedure must be completed before the applicants can take up their duties.

All the information is treated as confidential by IOM’s Occupational Health Units and may be used for staff members joining one of IOM’s medical insurance schemes.

MEDICAL EXAMINATION (TO BE FILLED IN BY THE EXAMINING PHYSICIAN)

Name and Surname:		D.O.B (dd/mm/yy):	
Patient ID N° (e.g. passport n°):		Gender at birth: Female Male	
A. CLINICAL EXAM		NO	YES
Have you ever treated the staff member?		<input type="checkbox"/>	<input type="checkbox"/>
Are you related to the candidate?		<input type="checkbox"/>	<input type="checkbox"/>
BODY MEASUREMENTS			
Weight		Height	
	Kg		cm
Body Mass Index		Neck Circumference	
	Kg/m ²		cm
CARDIOVASCULAR			
Blood pressure (resting)	Systolic	Diastolic	
• <i>First reading</i>	mmHg	mmHg	
• <i>Second reading (10 min. later)</i>	mmHg	mmHg	
Cardiac rhythm		Electrocardiogram (please attach a scanned copy)	
Pulse Rate per min: Is pulse regular and symmetrical?		<ul style="list-style-type: none"> • <i>If 50 years old and over – or</i> • <i>if candidate is a driver</i> 	
No <input type="checkbox"/> Yes <input type="checkbox"/> Findings:		Findings:	
<ul style="list-style-type: none"> • Murmurs, extra sounds • Varicose veins, lower limb oedema • Arterial bruits, intermittent limp 		Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> If so, please specify	
Requires further assessment by a Cardiologist? No <input type="checkbox"/> Yes <input type="checkbox"/>			

VISION - Use the Snellen's chart with or without correction					
Visual Acuity	Near		Far		Horizontal Field of Vision (degrees)
	Uncorrected	Corrected	Uncorrected	Corrected	
• Right eye					
• Left eye					
<ul style="list-style-type: none"> • Pupillary equality, reaction to light, accommodation • Ocular motility, • Nystagmus, • Exophthalmos 				Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> If so, please underline and specify	
Requires further assessment by an Ophthalmologist ? No <input type="checkbox"/> Yes <input type="checkbox"/>					

HEARING				
Whispering test Results	Right ear		Left ear	
	Metres or	feet	Metres or	feet
Hearing aid used for test	<input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes	
Scaring of tympanic membrane, occlusion of external canal, perforated eardrums.			Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> If so, please specify	
Requires further assessment by an E.N.T. specialist ? No <input type="checkbox"/> Yes <input type="checkbox"/>				

SKIN, ABDOMEN, LYMPH NODES, THYROID	
<u>Underline</u> if symptom is present or appropriate <ul style="list-style-type: none"> • icteric, hepatomegaly, palmar /facial erythrodes, abdominal varicose veins, tremor, hernia • enlarged lymph node, splenomegaly, oedema, pallor, enlarged thyroid • scars, stretch marks – specify location(s) 	
Requires further assessment by a Gastroenterologist <input type="checkbox"/> , a Dermatologist <input type="checkbox"/> , a Haematologist <input type="checkbox"/> , an Endocrinologist <input type="checkbox"/> ? No <input type="checkbox"/> Yes <input type="checkbox"/> If so, please specify	

OTHERS – please underline			Normal	Anomaly specify
1	General appearance	<ul style="list-style-type: none"> • Marked over/underweight • Signs evocative of substance misuse (e.g. alcohol) • Behaviour during examination 	<input type="checkbox"/>	
2	Respiratory System	<ul style="list-style-type: none"> • Abnormal chest wall expansion, • Abnormal respiratory rate, • Abnormal breath sounds (wheezes, rales) • Impaired respiratory function, cyanosis • Is a Chest Xray recommended? No <input type="checkbox"/> Yes <input type="checkbox"/> if so, so please proceed ⇒ Requires further assessment by a lung specialist? 	<input type="checkbox"/>	
3	Locomotor System	<ul style="list-style-type: none"> • Impairment; amyotrophy/weakness; hypo/hypertonia; paralysis • Loss/ diminution of sensitivity • Limp 	<input type="checkbox"/>	

		<ul style="list-style-type: none"> Spine: limitation of motion neck/back/limbs; disk hernia <p>⇒ <i>Requires further assessment by a Rheumatologist/Orthopaedic doctor?</i></p>		
4	Neuro-psychiatric system	<ul style="list-style-type: none"> Impaired equilibrium, coordination, or speech pattern, sensory or positional abnormalities, ataxia. Orientation, memory, loss of word, behaviour, mental disturbance Cranial nerves abnormalities Asymmetric deep tendon reflexes, abnormal patellar and Babinski's reflexes <p>⇒ <i>Requires further assessment by a neuro psychiatrist?</i></p>	<input type="checkbox"/>	

B. TB screening

Chest X-Ray (MANDATORY)

- In case of loss of weight, chronic coughing, heavy smoking, family TB context or clinical findings
- It is contra - indicated in case of pregnancy.
- Please attach a copy of the radiology reports (do not send chest x-ray film or CD)

ACCORDING TO EXAMINING PHYSICIAN'S CLINICAL ASSESSMENT AND RISK EXPOSURE (NOT MANDATORY)

- TB skin TEST (Tuberculin) result: mm
- It is not needed in countries where TB is not endemic and when candidate is asymptomatic.
- It should not be done if staff has been vaccinated with BCG - or if he/she has a personal history of TB.

C. ACCORDING TO EXAMINING PHYSICIAN'S CLINICAL ASSESSMENT AND RISK EXPOSURE (NOT MANDATORY)

Conclusions:

D. VACCINATIONS ¹ : Please attach a copy of your vaccination record²
All IOM staff should be up to date with the National Vaccination Plan of their Duty station

Minimum vaccination coverage:	Date/s (day/month/year) if several shots required, specify	Others:	Date/s (day/month/year) if several shots required, specify
1. Diphtheria-Tetanus- Polio		6. Hepatitis A	
2. COVID-19 ³		7. Meningitis ACWY	
3. Hepatitis B		8. Typhoid	
4. Measles (or MMR/ROR)		9. Japanese Encephalitis	
5. Yellow Fever		10. Rabies	

² **Vaccinations 1 to 4 are strongly recommended.** ALL IOM staff should be up to date on all routine vaccines according to the National Vaccination Plan of their duty station.

² Alternative: proof of immunity through **recent serology** (less than 12 months) is accepted for Measles (IgG) and Hepatitis B (HBs Antibodies in case of childhood vaccination) and Hepatitis A.

² Please specify if the COVID-19 vaccine is not currently available at duty station through National Health program

E. SECTION FOR IOM DRIVERS, OCCASIONAL DRIVERS AND SECURITY GUARDS ONLY			
Urine stick:	Protein:	Sugar:	Blood:
Blood cell count: Haemoglobin: g/l Haematocrit: % MCV: $\mu\text{m}^3/\text{cell}$		Red blood count: / mm^3 White blood count: / mm^3 Platelets count:	
Blood chemistry: Creatinine estimated clearance: Cholesterol TOTAL: Cholesterol ratio: Cholesterol estimated LDL: Triglycerides:		AST (SGOT)–aspartate amino transferase: ALT (SGPT)–alanine amino transferase: GGT –gamma glutamyl transferase: Glycemia: <i>if known diabetes only:</i> HB A1C: %	
Blood group, Rhesus:			
MANDATORY to be carried out for driver or security guard:		Please summarize findings or attach report:	
50 years or over: electrocardiogram (ECG)			
50 and over: electro-cardiogram on effort (treadmill)			

EXAMINING DOCTOR'S CONCLUSIONS:	
Overall health status and work capacity	
Conditions requiring treatment	
Risk factors requiring action	
Advice given on preventive measures, vaccinations etc.	
<p><i>The examining doctor is requested, before sending this report, to verify that the investigations required are given on the report.</i></p> <p style="text-align: center;">Incomplete reports are a major source of delay in recruitment.</p>	
Name of the examining physician (in block capitals)	Date of examination (dd/mm/yy):
Address:	
Tel:	Signature and stamp of the Examining Physician:
Fax:	
E-mail:	

For any queries, please contact your corresponding OHU Center based on the information below:

For GS staff in Africa and the Americas	For GS staff in all other locations (except Geneva)
PANAMA	MANILA
ohu_panama_medical_clearance@iom.int	OHUMAC@iom.int

Note: Applicant should keep originals as they may be requested at any time by the IOM medical officer