

## PRE-DEPARTURE MEDICAL CHECK REQUIREMENTS

Dear Examining Doctor,

The presenting MSF staff will be deployed to humanitarian settings, where healthcare infrastructure is often limited and constrained. Keeping this context in mind, we are grateful for your assessment of the following:

- **Physical Health History:** Flag and assess any health conditions that are likely difficult to manage in a resource-poor setting or have a history of not being well-managed.
- **Mental Health History:** current or past psychological/ psychiatric problems and treatment, main distressing or disturbing experiences (eg. violence, incidents). This requirement does not constitute a comprehensive mental health assessment, unless specifically requested.
- **Physical Exam:** General, Cardiovascular, Abdominal, Musculoskeletal, Neurological and Mental Status (by observation only).
- **Laboratory tests:**

### COMPULSORY (for everyone)

- Complete blood count (CBC)
- Liver Enzymes (AST, ALT)
- Creatinine and Urea
- Blood group: ABO and Rhesus (once only)
- Fasting blood glucose level

### CONDITIONAL TESTS

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> HbA1c if: <ul style="list-style-type: none"> <li>○ High Fasting blood glucose levels, or</li> <li>○ &gt;40 years old and BMI &gt;25,</li> <li>○ Risk factors independent of BMI or Age, eg. family history, gestational diabetes, or polycystic ovaries, etc.</li> </ul> | <input type="checkbox"/> Lipid Profile (Total cholesterol, LDL, HDL, TG levels) if: <ul style="list-style-type: none"> <li>○ Men &gt; 35 YO</li> <li>○ Women &gt; 45 YO</li> <li>○ Men and women &gt; 20 with Cardiovascular Risk Factors: Diabetes, Coronary history, Family history, smoking, hypertension, obesity etc.</li> </ul> | If known infection (HIV, Hepatitis B/C) <ul style="list-style-type: none"> <li><input type="checkbox"/> Blood Borne Viral load</li> <li><input type="checkbox"/> CD4 Count</li> </ul> If Cardiovascular Risk Factors: <ul style="list-style-type: none"> <li><input type="checkbox"/> Baseline ECG (for comparison with ECG performed in the field, in case of retrosternal pain or other cardiac symptoms)</li> </ul> |
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### ADDITIONAL TESTS FOR ALL MEDICAL/ HIGH-RISK PERSONNEL

Medical staff must be aware of their status to provide the best protection for their patients.

- |   |  |
|---|--|
| <b>Tuberculosis Screening</b> <ul style="list-style-type: none"> <li>○ Quantiferon, if previously unknown or negative in the past, or</li> <li>○ Mantoux (skin test) if not vaccinated in the past and Quantiferon not possible</li> <li>○ Chest X-Ray: if seroconversion or symptoms.</li> </ul> | <b>Blood Borne virus screening</b> <ul style="list-style-type: none"> <li>○ HIV</li> <li>○ Hepatitis B screening (Anti HBs Ab and HBs Ag; EXCEPT if previous test with anti HBs Ab &gt; 100, in this case it is not necessary to repeat)</li> <li>○ Hepatitis C</li> </ul> |
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**ADDITIONAL TESTS FOR ALL STAFF IF GOING TO IRAN, IRAQ, IRAN, KYRGYSTAN, JORDAN, SUDAN, SYRIA, YEMEN:** These countries usually require negative HIV, HBV and HCV testing to obtain visa and residence permits.

*HIV, Hepatitis B and C screening*

- HIV
- Hepatitis B screening (Anti HBs Ab and HBs Ag; EXCEPT if previous test with anti HBs Ab > 100, in this case it is not necessary to repeat)
- Hepatitis C

\*Additional tests could be performed by the examining doctor as per the medical history and health status.

*No physical or mental condition or disability will act as an automatic bar precluding any individual's service with MSF, unless it renders the individual incapable of performing the essential functions of the job with or without a reasonable accommodation, or unless it is determined that the service will pose a direct threat to the individual's own health and/or safety.*

## VACCINATION REQUIREMENTS

MSF staff work in remote areas with limited access to quality healthcare, so it is essential that **ALL mandatory vaccinations for the country of assignment are completed WITHOUT exception**. Accepted **Proof of immunization** includes vaccination records, documented medical history, or serological evidence.

	Vaccine	Instructions	No. of doses taken	Date of last dose /booster
<b>MANDATORY</b>	<b>Diphtheria Petussis Tetanus</b>	If never vaccinated: 3 doses at 0, 2, and at least 6 months. A booster every 10 years (or as per guidelines of country of residence, 20 years is acceptable). <b>Diphtheria booster if active outbreak in country of assignment AND last dose &gt; 1 year ago.</b>		
	<b>Poliomyelitis</b>			
	<b>Hepatitis B</b>	3 doses at 0, 1 and 6 months. Serological evidence of immunity accepted.		
	<b>Measles Mumps Rubella</b>	2 doses, 4 weeks apart, for those born after 1964 or without evidence of immunity. Serological evidence of immunity accepted. <b>Measles booster recommended, if active outbreak in country of assignment.</b>		
	<b>Rabies**</b>	2 doses at days 0 and 7-28. Thereafter, 1 booster at least 1 year later.		
	<b>Yellow fever</b>	1 dose for lifelong protection.		
	<b>Meningococcal Meningitis ACWY</b>	1 dose. Booster every 5 years.		
<b>CONDITIONAL</b>	<b>Dengue</b>	If <b>dengue episode in the past</b> (with documented serological evidence) AND Going on an assignment to a <b>country with frequent risk</b> or with a <b>current sporadic outbreak</b> ( <a href="#">CDC - Areas with Risk of Dengue</a> ) 2 doses at 0, 90 days		
	<b>Japanese encephalitis</b>	For 1-month mission or longer in Asian or Western-pacific <a href="#">Countries with high risk of Japanese encephalitis</a> 2 doses at 0 and 7-28 days. 3 <sup>rd</sup> does at 12 months if exposure persists. Booster every 10 years.		
<b>RECOMMEND</b>	<b>Typhoid fever</b>	1 tablet at 0, 3 and 5 days or a single injection. Booster every 3 years.		
	<b>Hepatitis A</b>	2 doses at 0, and at least 6 months Serological evidence of immunity accepted.		
	<b>COVID-19</b>	1 dose if age > 65 years, pre-existing comorbidities eg. diabetes, immunodeficiency, or pregnant.		
	<b>Influenza (grippe)</b>	Depending on seasonal outbreak.		

As per WHO Vaccination Recommendations: <https://www.who.int/travel-advice/vaccines>

\*\*As per FOPH Switzerland: <https://www.bag.admin.ch/dam/de/sd-web/D7EigkutJgqR/bag-bulletin-15-2021-tollwut-prep-und-pep.pdf>

Full Name (Health professional): .....

Signature and stamp:

Contact (Phone/ Email): .....

Scan and upload a copy of this document signed by the doctor  
at the end of the Pre-departure Health Questionnaire completed via the QR Code  
For any queries, contact [medical-certificates.gva@geneva.msf.org](mailto:medical-certificates.gva@geneva.msf.org) / +41 (0)22 849 89 67



## MEDICAL FITNESS CERTIFICATE

<b>First Name:</b>	<b>Last Name:</b>
<b>Date of Birth:</b>	<b>Position: Medical / Non-medical</b>

### TO BE FILLED BY EXAMINING DOCTOR

I undersigned,....., Medical doctor, hereby certify that I have examined and reviewed all the medical records and information as part of their preparation for work in a foreign country, for Médecins Sans Frontières (MSF). **I declare that I:**

<i>Please tick yes or no for each statement</i>	YES	NO
Have checked the <b>patient's general health status</b> by undertaking an adequate medical history, comprehensive physical examination, and laboratory tests, as per the Pre-departure Medical Check Requirements (Page 1), and based on patient's age, and health status.		
Have checked the patient's <b>mental health history</b> , including their level of rest, stress management, sleep quality and anxiety control.		
Have checked all country-specific <b>vaccinations</b> , as per Vaccination Requirements (Page 2)		
Have verified that any <b>chronic mental or physical illness</b> is stabilized and under control.		
If applicable, have identified the <b>living conditions</b> or <b>medical monitoring conditions</b> that need to be arranged to keep the chronic illness(es) stable.		
If applicable, have <b>prescribed the medication</b> needed to control the chronic illness(es) for the entire duration of assignment (plus 2 months extra buffer).		
Have prescribed appropriate <b>malaria prophylaxis</b> if indicated.		

**I certify that they are:**

<input type="checkbox"/> <b>FIT</b>		<input type="checkbox"/> <b>UNFIT</b>
<input type="checkbox"/> <b>Unconditional</b> No restriction of context, location or living conditions (Valid for 2 years if < 50 yrs old)	<input type="checkbox"/> <b>Conditional</b> Management of certain health condition(s), or need for regular medical follow-up. (Valid for 1 year)	<input type="checkbox"/> Temporarily unfit until _____  <input type="checkbox"/> Permanently unfit Discuss with Staff Health Unit

**Date:**

**Examining Doctor** (Signature and stamp)

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