

EXECUTIVE BOARD OF THE HEALTH
MINISTERS' COUNCIL FOR
COOPERATION COUNCIL STATES



Rules and Regulations for Medical Examination of Expatriates Recruited for work in the GCC States

Revised & Edited Prof. Tawfik A. M. Khoja

Third Edition Muharram1432H/ December 2010 © Excutive Board of the Health Ministers' Council for GCC States, 1430

King Fahd National Library Cataloging-in-publication Data

Khoja, Tawfik A. M.

Rules and regulations for medical examination of expatriates recruited for work in the Arab States of the Gulf Cooperation Council

132 P.; 24 cm.

ISBN 9960-9606-4-1

344.5300101 dc

3438/1430

L.D. No. 3438/1430

ISBN 9960-9606-4-1

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In the Alame of Allah the most Gradians the most Mercifal

but Allah is the best to take care (of him), and He is the most Merciful of those who show mercy

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Acknowledgments

The Director-General of the Executive Board of the Health Ministers' Council for Cooperation Council States highly expresses his thanks and gratitude to the members of the GCC Technical Committee, advisers and all those who contributed in the preparation, revision , amendment, and issuance of these rules and regulations, third edition.

Special thanks are due to:

GCC Technical Committee members and advisers who prepared and reviewed the first and second edition, namely:

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In the Name of Allah The Most Gracious The Most Merciful

Praise be to The Lord of Our Guidance to the straight path and peace and blessings on His sincere prophet Mohamed and on His kinsfolk and companions and on those who are guided by his path till the Day of Judgment.

The development leap, that the GCC States has undergone during the last decades, and the accompanying progress in all aspects going along with the development projects and the services of the infra-structure in all over the region by the praise and virtues of Almighty Allah first, and then by the dignified care of our rulers preserved by Almighty Allah hopefully, was and is still, undoubtedly, in need of more manpower from other countries to help in the continuous movement of growth, development and construction in the area.

Therefore, it was logical to the GCC States to be concerned with taking suitable preventive measures to have pre-departure medical check up of those labors to ensure their medical fitness for the expatriate's post of which they are coming for and prior to this, to be sure that they are free from infectious diseases or other diseases which might threat the safety and security of the Gulf Society, since the immigrants do not affect only health, but their effect also extends beyond that to the psychological and economical aspects of the community, in addition to their performance. All that matters are, directly or indirectly, related to the Public Health

Based on this, the Health Ministers' Council for GCC States, in its 38th conference in January 1995 (Shaaban 1415H) passed a resolution authorizing the Executive Board to initiate the program of pre-departure medical check up to the manpower migrating to work in the Gulf States. The Executive Board since that date had moved to form a committee of specialists comprising of one member from each GCC State to set up the health requirements needed to be fulfilled by workers coming for work in the region, determine the clinical, pathological and radiological tests to be conducted for assurance of their physical and psychological fitness. This committee which was lately named as "Central Committee for Expatriate workers' Check-up Project" was also charged to set the required standards in the Health Centers assigned to conduct such medical check up, starting at the countries exporting large numbers of workers, provided that this experience is to be widely applied gradually in the light of its results.

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Efforts exerted by the E.B. in this respect resulted also in the formation of the «Gulf Technical Teams for Inspection and Evaluation of Health Centers». Those teams are to visit all health centers on list, whether approved or applying for approval, in all Asian and African countries to check the standards of health centers required by GCC States to conduct pre-departure medical check up of the expatriate workers seeking jobs in the GCC States.

Since its foundation in 1995, the program has developed to currently covers ten states, seven of which are in South-East Asia: (India, Pakistan, Sri Lanka, Bangladesh, Philippines, Indonesia and Nepal) and three in Africa (Egypt - Sudan - Ethiopia). The average number of manpower coming from these countries to work in the region exceeds 1.7 million workers every year. These workers undergo medical tests in their countries through the approved Health Centers (totaling now more than 220) to ensure their fitness before being given entry Visas to the Member States. Some of them are subjected to reexamination immediately after their arrival to the region to ensure the accuracy and credibility of the tests carried on them in their countries. The Executive Board takes out suitable measures towards in violation Health Centers.

In view of the successes achieved by the program the Executive Board in cooperation with the member states is working on extending the umbrella of the program to include other countries in Asia and Africa. Now the GCC Approved Medical Centers' Association "GAMCA" offices are set up in most countries and cities where large numbers of expatriates come from.

After the establishment of the program, it was important for the Executive Board to set rules and regulations to organize its work and modify the implementation measures to explain duties and obligations of each party, starting with the Executive Board itself, passing by the Ministries of Health, the Embassies and Consulates of the Member States, the Central Committee and Technical Teams of the program and GAMCA Offices, ending by the Health Centers at the home countries of the expatriates.

Indeed, these rules and regulations were prepared and then put forth to the Council in its 51st conference, (May 2001). Safar 1422H. The Council approved the By-laws. Since that time, it has become enforced with all its 23 articles and appendices. Then it was published in Arabic and English, and was circulated to the member states, Embassies, Consulates and health centers as well as to GAMCA offices in the countries covered by the umbrella of the program.

After that, according to the permanent quest of the Executive Board and the competent committee to improve the performance of the centers and to apply the concept of comprehensive quality management and achieve the equal distribution and reduce the unfit cases detected among foreign workers to work in the GCC States, the Executive Board worked on the amendment and updating the rules and regulations of expatriates so as to achieve these goals. Therefore, the amendments done by the relevant committee were approved by the Council in resolution No. (9) of its 58th Conference (Muscat, 2005) and the second edition of book was also printed in both English and Arabic and was distributed and took effect from the beginning of 1427 H(2006).

In the same context, towards improving the program and keeping pace with new developments the book of rules and regulations underwent the third amendment _which is in our hands now_ on the basis of: Resolution No. (13) of the 66th conference of the Health Ministry' (Sana'a 8-9/2/1430 H 3-4/2/2009).

Last but not least, it is my great honor and pleasure to praise the efforts of their Excellencies the Health Ministers in the GCC States, Who were after His Almighty Allah, credited for the success of this program. I do also appreciate my colleagues, the Members of the Executive Board of the GCC States, the members of the Central Committee and the Technical Teams for Inspection and Evaluation of expatriates' medical examination centers, for their efforts and their continuous co-operation in the implementation of this Program and to overcome all the difficulties.

I hope that Member States will take advantage of this new edition of the book in everything related to this vital joint Gulf program and that The Almighty Allah preserves our states from every evil and blesses us gathered in our health and wellbeing.

I pray to Allah to make our work pure for His Almighty, then for the health of our nations.

Prof. Tawilk A. M. Khoja Director General

Mission of the Health Ministers' Council for Cooperation Council States

Since the GCC States constitute one regional community in its Islamic religion Arabic language, population, similarity in geography, history, traditions, economic sources, social and cultural circumstances, therefore they had to unify their efforts in different aspects of life to face the rapid changes, and the overall development requirements. According to these principles, the Health Ministers' Council for GCC States, was established in 1397H (1976G.) for coordination between the GCC States in the field of health to join the common world efforts symbolizing one goal for better achievement of health and expectation for health mission in the Gulf States based on these principles:-

- Common development & coordination between the member States in the preventive, curative and rehabilitative fields.
- Dissemination of the health knowledge among the citizens of the region taking into consideration the environmental, social circumstances, customs traditions, and Islamic rites, concepts and principles.
- Identify the concepts and directions of the different health and scientific issues unifying and arranging the priorities as well as adopting the common executive programs in Gulf States such as: family health / environmental health / health planning / improvement of health system performance / quality assurance / primary health care / health education,...etc.
- Assessment of the existing systems and strategies in the health fields and supporting the successful experiences in the Gulf States to exchange such achievements in other member States.
- Open channels with the international experiences and coordination as well as maintaining the cooperation with the Arab and International Organizations in the health fields.
- Procurement of safe and efficient pharmaceutical products, hospital sundries and equipment of high quality at appropriate prices, through central group purchase program and Gulf central registration of pharmaceutical products and companies.
- Organizing conferences, seminars, and training courses to raise the national medical capacities.

Other aims which the Council had made giant leaps on the way of realizing their targets.

The 26th Session The 51st Conference Geneva ⁻ May 2001

Resolution No. 4 Incoming Expatriates

Based on Resolution No. (9) of the 50th Conference based on recommendation No. (7) of 52nd Meeting and No. (11) of 53rd Meeting of the Executive Body, and based on the report of the expert committee formed by His Excellency Minister of Health at the Kingdom of Saudi Arabia to propose Rules and Regulations of states for the Expatriate Laborers Program supervised by the Executive Board of the Health Ministers' Council for GCC States, Riyadh.

Taking into consideration the contents of the resolution to review, amend and develop the former rules, conditions and regulations proposed and based on the results of practical application and experience, and comments received from the member states.

Observing the amendments introduced by the Executive Body in its fourth periodic meeting No. 54 held in Riyadh from 16-19/4/2001, included in recommendation No. 2 of the above mentioned meeting.

Keen on facing difficulties, to avoid problems and objections received by the Executive Board against the resolutions of the committee as related to financing operation, suspension, penalties, and cancellation of membership which has been communicated to their excellencies the ministers through the memorandum of the Executive Board No. 1936 dated 9/8/2000.

Decisions

Approving the proposal of the projected statute organizing the medical examination of expatriates and its rules, regulations and conditions of penalties as enclosed in the amendments while taking into consideration the following:

1- Complaints received by the Executive Board against the expatriates committee or against one of its members from unapproved centers or those on which penalties were imposed on them shall be referred to the country/countries concerned whereby the complaint(s) will be looked into by a concerned department at the Ministry of Health in accordance to the ministerial resolution of the Health Ministers' Council No. (9) of the 50th Conference held in Kuwait.

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- 2- Disputes that arise between the owners of the health centers and their employees, or between the employees themselves shall be referred to the concerned authorities in the country where the health center is located without any interference on the part of the Executive Board which should not involve itself in any of those problems in accordance to the resolution mentioned above.
- 3- Any fraud, fake results, or irregularity discovered by the country in the GCC shall be circulated by the concerned country to other member countries to seek their views concerning the involved center. All collected remarks of the countries shall be submitted to the General Director, Executive Board of the Health Ministers' Council for GCC to take necessary action which will reflect a unified action to be applied by the member states in accordance with the rules regulations and conditions of the statute of expatriate labors program.
- 4- No new health centers will be endorsed in a town or city except in limited numbers. The committee will study the needs for opening new health centers according to the numbers of expatriate labor from that city, town or country, human manpower, operating capacities of a center/or centers needed in relation to its location, and availability of all conditions required in the center according to the statutes.

Resolution # 13 was issued by the Health Ministers' Council for Cooperation Council States, Conference 66, San'a, Yemen, 2009 which included in item No. 2, the approval of the proposed amendments by the specialized committee which were previously endorsed by the Council by resolution # 4, Conference 51, Geneva, May 2001 and amended according to resolution # 9 to the conference 58 of the Health Ministers' Council in Muscat 2005. Item No. 1 of the said resolution reads as follows:

Approval of the proposed amendments made by the Gulf Committee on the Rules and Regulations of the Medical Examination of Expatriates as in the annexed table. The Executive Board is assigned to print it in Arabic and English as well as to circulate and disseminate it to member states.

The Executive Board of the Health Ministers' Council for GCC States Rules and Regulations for Medical Examination of Expatriates Recruited for Work in the Cooperation Council States

Article 1: Definitions

Council: "Health Ministers' Council for Cooperation Council States.

Executive Board: Executive Board, Health Ministers' Council for the Cooperation Council States.

Director General: Director General of Executive Board Health Ministers'
Council for the Cooperation Council States.

Expatriate Worker: Any person recruited from abroad to work in any of the Cooperation Council States.

Approved Center: Centers approved by the Executive Board of the Health
Ministers Council for Cooperation Council States for
conducting pre-departure medical check up of the manpower
recruited for work in Cooperation Council States.

Central Committee for Expatriate Workers' Check-up Project:

The committee concerned with controlling health centers affairs of expatiates' medical examination centers in the Executive Board.

Gulf Technical Team for Inspection and Evaluation of Expatriates' Medical Examination Center Abroad:

The team which inspects and evaluates the Expatriates' medical examination centers.

GAMCA: (Gulf Approved Medical Centers Association): Medical Centers approved by the Cooperation Council States.

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CONDITIONS AND REGULATIONS

Article 2:

Medical examination of expatriates aims:

- To protect citizens of Gulf Countries from diseases and the spread of infection.
- To make sure that expatriates are medically fit, with the objective that the
 expatriate is not exposed to any complication due to his / her medical
 unfitness the work recruited for, and thus increasing his load, psychologically,
 physically and financially.
- 3. To make sure that expatriates are free from any contagious disease which can be transmitted through contact.

Article 3:

The Council determines the necessary and required health conditions of incoming individuals who are recruited to work in the Gulf Countries based on the proposals made by the Central Committee for Expatriate Workers' Check-up Project and after the approval of the Executive Body.

Article 4:

The Executive Board of the Health Ministers' Council for Cooperation Council States is the only authority which can approve or disapprove or stop, suspend or cancel endorsement (Permit, authorization) of any health center in each of exporting countries of expatriates in accordance to the conditions of these rules and regulations. It will undertake the job of follow up activities of these centers, their evaluation and ensure their adherence to the conditions, procedures, basic rules of physical examinations informed to them by the Executive Board of the Health Ministers' Council for Cooperation Council States. No agency, association, or organization, will interfere in the affairs of health centers and in the enforcement of these rules and regulations.

Article 5:

1- GAMCA is responsible for directing expatriates for the medical check up to authorized the health centers by the Executive Board of the Health Ministers' Council for GCC States, in such a way to secure equal distribution of those expatriates to the medical centers. GAMCA offices receive the results of medical examinations and endorse. GAMCA coordinating offices will not

- approve or accept medical certificates from any other agencies. Every agency carries full responsibility for any violations, including GAMCA offices.
- 2- GAMCA office should supply the Executive Board with authorized specimen of the seals, stamps, signatures, & forms in use. GAMCA will update them whenever the need arises. The Executive Board will disseminate these to the member countries.
- 3- GAMCA offices in the expatriates exporting countries shall have their internal rules and regulations for these work in such a way that helps implementing the tasks assigned by the Executive Board, without contradiction with these regulations.
- 4- GAMCA offices in coordination with the Executive Board facilitate the functions of the technical teams such as arranging hotel accommodation, local air flights reservation and arranging for a private vehicle for the team and other things like showing the way to the health centers. The Executive Board bears the expense of the technical teams' transportation if needed.

Article 6:

The Executive Board shall not interfere in any judicial or non-judicial disagreements or disputes that arise between health centers and the health authorities of countries where these centers exist, or between expatriates and the owners, or employees, or supervisors, or whoever are referred for medical examination unless disputes are related to the application of conditions, regulations and controls stipulated in these rules and regulations. These are to be referred to the concerned country or countries, to take the suitable action.

Article 7:

Health centers requesting its endorsement as medical centers for expatriate checkup will apply to the Executive Board or Ministry of Health in any of the Cooperation Council countries in accordance with article 15 of these rules and regulations.

Article 8:

Embassies and consulates of Cooperation Council countries will assume the following roles:

 Inform the Ministry immediately of any infractions or breach made by the approved health centers through official channels to inform the Executive Board.

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- Deal with health centers approved by the Executive Board of the Health Ministers' Council for GCC States in accordance with article 5 of these rules and regulations.
- 3. Provide necessary facilities to technical teams assigned to inspect and evaluate health centers during their visits.
- 4. Inform approved health centers of statutes, rules and regulations, conditions of employment, forms, and any required statistics.
- Referral of expatriates for medical examinations to the accredited GAMCA office in the city, and in case there is no GAMCA office, they are referred directly to the health centers.
- 6. Suspend dealing with the approved health centre/centers decided to be cancelled or temporarily suspended by the Executive Board.
- Receive and follow up of technical information as well as results of technical teams visits made by the its teams related to selection of new centers or imposing penalties by the Executive Board on the violating centers through formal channels.

Article 9:

Approved Health Centers should abide by the following:

- Examine all cases referred to them by coordinating offices (GAMCA)
 wherever they exist, or from embassies or consulates of the Cooperation
 Council States. Medical examinations will be carried out only upon
 request.
- Carry out all conditions set by the Executive Board to examine expatriates
 coming to the Cooperation Council Countries accurately and honestly and
 will follow utmost adherence to the precautions, and these centers shall
 bear full responsibility for any negligence, deficiencies or infringement in
 medical examinations.
- 3. Carry out medical examination for every expatriate in accordance with appendix "A".
- 4. Conduct all clinical, laboratory and x-ray examinations in the home country of expatriates and to deliver the health certificate from the approved center in accordance with Appendix "B". Ensure that the expatriate is free from any of the diseases listed in Appendix "C", and to indicate the results of examinations on medical forms indicting results in numbers in some tests and as "positive" or "negative" «reactive» or «no-reactive» for others according to the type of tests done and as recommended internationally.

- 5- Confidentiality and privacy should be protected as related to the results of the tests.. It is prohibited to disclose these results which should be sent in an appropriate way that secure its privacy and its safe delivery (either through e-mail, or in confidential sealed envelopes, to the authority requesting examination, after signature of the authorized offices in the approved center whose signature is acknowledged at that authority).
- 6- A health center is approved for one year and renewable or terminated according to its adherence to the conditions, rules and regulations. Reevaluation is done periodically and as needed.
- 7- Quarterly reports will be sent to the Executive Board of the Health Ministers' Council for GCC States in all cases examined by health centers.
- 8- Take necessary procedures and precautions to counteract any fake or fraudulence of medical examination reports, and the approved center shall bear all consequences if negligence is proved.
- 9- Provision of the Executive Board of the Health Ministers' Council for GCC States with the official stamps and signatures of authorized persons in the health center, forms and medical certificates and with their updates as required and their dissemination to the member states by the Executive Board.
- 10-Establishing an advanced computer network in the center to be electronically connected with GAMCA office. The electronic finger prints as well as the digital photographs are to be endorsed.
- 11-Write guidelines and put on a board near the reception area in the center clarifying the documents needed for medical examination.
- 12-The center is obliged to issue medical reports within 3 days. In case it is exceeded, the reasons of the delay are explained and if candidate desires to have delay reasons in writing, the center is obliged to do so.
- 13-The commitment to hand over a certified copy of the fitness medical report to the candidate to be handed over to the concerned bodies in the host country on re-examination.

Article 10:

All accredited centers and GMCA offices are to be committed to introducing a system of electronic connectivity for expats program, which will link the accredited centers and GMCA offices to the Executive Office to ensure the equitable distribution of expats as well as validity of the health certificates and health reports.

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Article 11: Duties of the Executive Board

The Executive Board of the Health Ministers' Council for GCC States will carry out the following duties:

- 1. Supervise the implementation of rules, regulations and conditions of medical examination of expatriates according to the rules incorporated in this document and propose any amendments thereof.
- 2. Endorse health centers in each country, add new centers, invalidate any of these centers in accordance with the articles of this statute and according to other decisions of the council.
- Examine the documents and information submitted by the health centers and ensure their adherence to the conditions of expatriates medical check-up.
- Supervise the steering of technical teams to visit centers applying for admission, ensure their capacities, and validate available information relevant to them through evaluation forms prepared by the Executive Board.
- 5. Inform the medical examination center about its endorsement, and provide a certificate of membership against the payment of prescribed fees.
- 6. Inform embassies or consulates of the Cooperation Council States about the list of approved centers through the formal channels.
- 7. Continue supporting the department of expatriates in the Executive Board by personnel, personal computers and required means of communication in order that the department will be able to carry out the following duties:
 - a- Follow up, register, and document the administrative, and technical affairs of the endorsed expatriate centers.
 - b- Provide help to the Gulf technical committee and the technical teams arising from it in managing their operations, and provide them with the necessary facilities.
 - c- Collect information related to the medical examination of expatriates from available sources including:-
 - Embassies and consulates of the GCC countries through formal channels:
 - Reports of evaluation committees of the approved health centers.
 - Reports of approved centers.
 - Reports of GCC countries about unfit expatriates.
 - d- Feed the computer database with available information, analyze and present it to the technical committee to issue appropriate recommendations.

- e- Follow up collection of registration fees, annual membership fees, fines, and all other financial matters related to expatriates, and to record on regular basis in regular ledgers that show revenues and expenses.
- 8. Non-acceptance of terminated centers applying for reevaluation or to be included on a list of centers that request future visits.
- 9- In case of the technical committee could not visit a country for a whole year, the Executive Board shall implement the penalities on the approved centers in that country according to the data about unfit cases received from the GCC countries for that year.
- 10- Informing the embassies about technical team visit reports through proper channel.
- 11- All disputes arising between owners of approved medical centers and their employees, or between the employees themselves shall be dealt with by the concerned authorities in the country where the center is located, the country or concerned member countries without any involvement of the Executive Board which should stay away of these problems according to Resolution No. 4 of 51st conference of the Council.

Article 12:

Endorsement of the name: "The Central Committee for Expatriate Workers' Medical Check up Project» for the program.

Article 13:

The Gulf Central Technical Committee will hold its meetings upon the invitation of the Executive Board annually and whenever necessary. The committee will be in quorum when two thirds of its members at minimum are present. Recommendations are issued by unanimous decision to be endorsed by the Director General of the Executive Board of the Health Ministers' Council for GCC States who will issue the relevant executive orders, and submit a report to the Council of Health Ministers.

The committee undertakes the following functions:

- 1- Follow up reports and information available to the Executive Board about the approved centers.
- 2- The committee shall study and propose opening a number of centers in each region in such a way that matches the expected numbers of expatriates to be examined annually.

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Article 14:

The Gulf Technical Teams for Inspection and Evaluation of Expatriates' examination centers undertakes the following functions:

- 1. The technical teams arising from the central technical committee will visit the center under license to ensure the availability of its human and material resources, and to verify information submitted from the center about its available facilities on the evaluation form (Appendix D). The committee will present the form with its recommendations either to approve or disapprove the endorsement of the center including the reasons for the decision to the Executive Board of the Health Ministers' Council for GCC States.
- 2. Propose amendment in the criteria and control procedures for the selection and evaluation of expatriate examination centers.
- 3. Propose amending the list of diseases that the health centers will abide by in their medical examinations.
- 4. Undertaking the following:
 - a- Inspection of the new centers and making sure that they are fulfilling all requirements for examination of the expatriates.
 - b- Evaluation and follow up of the work of the approved centers and reporting on that to the Executive Board.
- 5. Any new center will not be evaluated unless it is included in the list prepared by the Executive Board of the Health Ministers' Council for GCC States, in charge of preparing a schedule for the committee which will abide by it.
- 6. Recommend to license new centers or cancel licenses of centers violating their commitments, or renew or not any endorsed centers.
- 7. Review violations committed by the approved health centers and recommend imposing appropriate penalties and fines according to the rules and regulations mentioned in this document.
- 8. Complaints received by the Executive Board against the expatriate program technical teams or against any of its members from non-approved or penalized or fined centers are referred to the concerned country/countries to review then by the concerned department in the Ministry of Health according to Council resolution # 9 issued by the 50th conference in Kuwait, and resolution #4 issued by the 51st conference in Geneva, 2001.
- 9. Other duties assigned to it by the Executive Board of the Health Ministers' Council for GCC States.

CONDITIONS FOR LICENSING EXPATRIATE HEALTH CENTERS

Article 15:

- 1. The center should be licensed by the local/national health authorities, according to the system followed in the country where the center exists.
- There should be a real need to endorse new centers in the location, in the city, town, in such a way that the number of centers will match the number of expatriates to be examined annually.
- 3. A center requiring endorsement to medically examine expatriates will submit a request to any Ministry of Health in the GCC States or to the Executive Board directly along with the documents including the required information, notably:
 - a. Location and size of the center.
 - b. Human and physical facilities available in the center.
 - c. Medical services available in the center.
 - d. Number of expatriates that can be examined monthly in the center.
 - e. Pledge to abide by rules and conditions for medical examination of expatriates.
 - f. Pledge to pay inspection fees, registration and annual membership fees, on time, by a cheque certified to the Executive Board.
 - g. Enclose a certified cheque paid to the order of the Executive Board, in payment of inspection fees upon the request, for endorsement.
- 4. The location of the center must be easily accessible to expatriates.
- 5. The size and facilities of the center must be compatible with the expected number of expatriates to be examined.
- The center will have the necessary equipment and reagents to carry out required tests in accordance with the latest international criteria and standards of quality control. It will also provide approved certificates of quality control for its laboratories.
- 7. The medical team in all divisions of the center should be highly qualified up to the efficient standards and training to carry out the medical examinations, in all required specialties. The number of personnel in the medical team should match the magnitude of work required.
- 8. The administrative staff in the center should be highly organized and efficient in order to ensure that the administration requirements are met to guarantee the issuance and validity of certificates issued by the center.

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- 9. Regular and accurate records should be available about the expatriate examined as well as the results of the laboratory tests carried out.
- 10. Availability of the necessary personal computers, and various communication means e.g. telephone, fax, etc.
- 11. The presence of contracts for physicians, technicians and administrative workers in the center.

Article 16:

Duties and Responsibilities of the Approved Centers:

- 1. Pledge to the Executive Board rules and regulations of expatriates examination according to this document.
- Conduction of all required medical examinations according to the approved form issued by the Executive Board.
- 3. All medical and physical fitness examinations should be carried out accurately and according to scientific criteria and international standards.
- 4. Maintenance of equipment, tools and devices must be carried out continuously. The equipment will be upgraded to cope with the new methods of examination provided to expatriates.
- 5. The identity of the Expatriate to be medically examined will be ascertained and the specimen examined in the laboratory and radiography department (X-ray) will be subject to stringent controls required to ensure that the results are matched with the correct expatriate.
- 6. Guarantee that the medical fitness certificate given to the expatriates should be authenticated and validated. Procedures will be taken to prevent counterfeit and fraudulent actions. The center will be responsible to counter any deceit, fraud or counterfeit in issuing these certificates, in case of any negligence on the part of the center.
- 7. Pledge to pay inspection and registration fees and membership subscription at fixed times to the Executive Board.
- 8. To submit reports on a quarterly basis to the Executive Board on the total numbers of expatriates examined, and indicate the numbers of unfit expatriates and reasons for their unfitness.
- 9. To report to the Executive Board any changes that may take place in the center from the time of its first inspection by the Gulf technical committee, as it relates to the location, building, equipment, supplies, human resources, telephone and fax numbers, other means of communication or any other information of importance.

- 10. Commitment to implementation of financial and administrative penalties arising from violation of any article of these rules and regulations or breach of any condition set by Executive Board for examining expatriates.
- 11. All issued certificates will be stamped with the seal of the center after a medical examination has been carried out, and all other clinical, laboratory and x-ray tests have been accomplished. Adherence to the regulations issued in this respect should be made.
- 12. All required medical examinations will be carried out on individuals 12 years and above and others seeking residence with the Expatriate in the Gulf States.

Article 17:

Expatriates' Medical Examination Centers are committed to pay the following fees:

- The inspection and registration fee amounting to US\$ 1000,00 paid once at the beginning of licensing the center and at re-evaluation whenever necessary, refundable if the committee could not inspect the center.
- 2. An annual subscription fee of US\$ 1200,00.
- 3. Any other fees approved by the council, and according to this document.

Article 18:

Validity of expatriate medical examination reports issued by the health centers are for three months.

Article 19:

The Administrative and Financial division/department in the Executive Board will supervise and follow up all matters of administration and finance, keep records and ledgers, records of inspection fees, registration and annual subscriptions, penalties, and payment of expenses of the program, draw a balance between revenues and expenses, and all financial and accounting issues of the program.

Article 20:

Any fraud, wrong result or irregularity discovered by any Gulf country is circulated by the concerned country to the other member countries and all the collected remarks are submitted by the same country to the Executive Board of the Health Ministers' Council for GCC States to take necessary action.

The GCC countries will apply a unified action in accordance to the enclosed by-laws of these rules and regulations.

Rules & Regulations for Medical Framination of Frantriates Recruited

Penalties

Article 21:

A violation or a breach or break to any of the articles of these rules and regulations by an approved health center will be punished by one or more of the following penalties in accordance to the list of penalties.

- 1. A warning.
- 2. A US\$ 1000.00 to US\$ 6,000.00 fine.
- 3. Suspension for a fixed period of time.
- 4. Withdraw the license or revoke the license of the center.

Article 22

No new health centers will be endorsed, and the Gulf technical committee for inspection and evaluation of expatriates' examination centers will take into consideration the realistic needs for opening new centers, in the country or city according to the number of expatriate workers and the available human and operational capacities and experiences in the centers to be endorsed in accordance with articles 14 and 15 mentioned above.

Article 23

The Director General will issue the executive orders of these rules and regulations.

Article 24

The General Director of the Executive Board is hereby authorized to accredit the centers recommended by the technical teams for inspection and evaluation of expatriates' medical examination centers.

Article 25

These rules and regulations articles will take effect from Jan. 1st, 2010 after approval of the amendments made by resolution # 13 of the 66th conference of the Health Ministers" Council. (Sana'a, Safar 1430 H / February 2009) All other rules, or decisions contrary to these rules will be considered null and void.

Article 26

The Arabic version will be binding in all disputes as well as interpretation of these rules and regulations.

LIST OF PENALTIES

FIRST: ADMINISTRATIVE AND FINANCIAL VIOLATIONS IN ONE YEAR:

NO.	TYPE OF VIOLATION	PENALTY
1	Irregularity in sending quarterly reports and inaccuracy or information.*	US \$1000
2	Lack of purchasing bills of equipment, apparatus and reagents used to carry out examinations.	US \$1000
3	Non-payment of the annual fees to the Executive Board	US\$ 3000.00
4	Change of the location of the center to another location without permission of the Executive Board.	Revocation
5	Changing the location to another which is not fulfilling the requirements.	R <mark>evocatio</mark> n
6	Non-payment of imposed fines within a month from date of notification on the part of the Executive Board.	Suspension for 3 months
7	Opening a center or branch centers without prior approval of the Executive Board.	Revocation

When the violation takes place the Executive board implements the penalty one month after the end of the quarter.

Rules & Regulations for Medical Examination of Expatriates Recruited

SECOND: TECHNICAL VIOLATIONS IN ONE YEAR

NO	TYPE OF VIOLATION	PENALTY
1	Lack of accurate and complete records	US \$1000
2	Incomplete, inaccurate laboratory examination	US \$2000
3	Non upgrading of equipment compatible to volume and efficiency	Warning
4	Non upgrading of equipment compatible to volume of the work and efficiency despite the request from the technical team during the last visit	US \$3000
5	Non printing the code of the center on the equipment with a metal fixed label.	US \$1000
6	Non printing the code of the centre on the readings of lab results.	US \$2000
7	Failure to provide quality control certificate for the center	US \$1000
8	X-ray not clear, or lack of identification information or lack of code of the center	US \$1000
9	X-ray films records - not kept for one year	US \$2000
10	Use of expi <mark>red</mark> reagents	US \$5000
11	Use of reagents of poor rated quality with finding unfit cases.	US \$ 2000
12	Inefficiency of technicians and specialists	Fine US\$ 2000 Plus exclusion of the inefficient person
13	No contracts for physicians, technicians and administrative workers in the center	Warning
14	The unfit cases in the quarterly statistical reports showing less than 3.5% of the total cases.	US \$1000
15	An increased variation of tested candidate in health center exceeded 10% compare to GAMC statistics	Warning and if repeated fine US \$1000

NO	TYPE OF VIOLATION	PENALTY
16	In Case of variation among, tested candidate in	Fine US \$2000-
	health facility and the GAMCA (more than 10%	3000 and if
	with proof that this disparity is due to unequal	repeated fine is
	distribution by GAMCA office	to be increased to
		US \$5000

NB: All administrative and technical warnings given to a center in each single visit are added, and a following penalty is given:

2-3	Warnings	\$ 1000 Penalty
4-5	«	\$ 2000 «
6-7	«	\$ 3000 «
> 7	«	Suspension for 3 months

Rules & Regulations for Medical Examination of Expatriates Recruited

THIRD: UNFIT CASES RECORDED IN THE COOPERATION COUNCIL COUNTRIES WITHIN A YEAR

NO	DISEASE	TYPE OF VIOLATION	PENALTY
1	2	From 1-5	U.S.\$ 1000/- Fine for each case
	AIDS	6-10	Suspension for 3 months
	17	* 11 or more	Revocation
2		From 1-5	U.S.\$ 1000/- Fine
	HBs Ag	6-10	U.S.\$ 3000/- Fine
	17	11-15	U.S.\$ 5000/- Fine
	11 14	16-20	Suspension for 3 months
	11 ///	21-30	Suspension for 6 months
		* 31 or more	Revocation
3		From 1-5	U.S.\$ 1000/- Fine
	HCV	6-10	U.S.\$ 3000/- Fine
		11-15	U.S.\$ 5000/- Fine
		16-20	Suspension for 3 months
		21-30	Suspension for 6 months
	11 11	* 31 or more	Revocation
4	14	From 1-5	U.S.\$ 1000/- Fine
	T.B. OR any	6-10	U.S.\$ 3000/- Fine
	pathology in	11-15	U.S.\$ 5000/- Fine
	chest X-ray	16-20	Suspension for 3 months
	13	21-30	Suspension for 6 months
		* 31 or more	Revocation
5		From 1-5	U.S.\$ 1000/- Fine for each case
	Leprosy	6-10	Suspension for 3 months
		* 11 or more	Revocation

NO	DISEASE	TYPE OF VIOLATION	PENALTY
6	Microfilaria	From 1-5 6-10	U.S.\$ 1000/- Fine U.S.\$ 3000/- Fine
		11-15	U.S.\$ 5000/- Fine
	/	16-20	Suspension for 3 months
	//	21-30	Suspension for 6 months
		* 31 or more	Revocation
7	Non infectious	From 15-25	U.S.\$ 2000/- Fine
	diseases,	26-40	U.S.\$ 4000/- Fine
	pregnancies,	* 41	Suspension for 3 months
	sexual and	11/2	30 30 10 11
	psychological	1931	3/11/11/11
	diseasesetc.	1.5	23-711-124-111-1

(*) In case the number of unfit cases reaches the maximum that entails imposing the penalty of interim, the Executive Board shall take necessary action for immediate suspension and notify the countries regardless of the time the violation was made and without waiting for the report to be submitted by the technical committee visiting the mentioned center.

FOURTH: PENALTIES FOR REPEATED VIOLATIONS WITHIN A YEAR

NO.	TYPE OF VIOLATION	PENALTY
1	The center had previously received the penalty of suspension due to exceeding the maximum limit of unfit cases and repeated the same or other violation	Temporary suspensions for 3 months + \$ 6000 fine
2	The center had received the penalty of temporary suspension (3 months) twice and repeated the same violation or others	Ousted completely from the list of approved centers

- In case a center is found to have issued a medical examination report without carrying out a real medical examination-the center will be cancelled from the list of accredited centers.
- In case of un calcified violation carried out or discovered by visiting technical team during a filled visit, the team shall set a penalty according to the magnitude and importance of the Violation.

Gulf Cooperation Council Standards and Accreditation terms and reference for health centers concerned with medical fitness to GCC

The criteria set out below: -

- 1- Are the minimum requirements for the accreditation of health facilities for the medical fitness in GCC and are subject to change according to the latest technology developments in scientific methods of medical investigations.
- 2 All standards are mandatory at the selection of new centers and at the reevaluation.

I- General requirements:

- 1- The location of the facility to be at a main street and in an easily accessible place during working period.
- 2- Basement is not accepted as a location of a facility.
- 3- The neighboring activity should be appropriate.
- 4- The facility to be in a separate building or as part of a building which has an appropriate entrance.
- 5- The Minimum required area for medical fitness facility should not be less than 225 m².
- 6- The height of the ceilings between 200-280 cm.
- 7- All the interior paint to be of homogeneous color, and the curtains of metal sections.
- 8- The institute should include the following section in the interior arrangement:
 - A Office of the Medical Director.
 - B Reception and registration office.
 - C -Medical examination rooms for both sexes.
 - D X-ray Room and waiting area for x-ray.
 - E A room for blood samples.
 - F A laboratory.
 - G A reporting section.
- 9 Existence of a valid license from the local health authorities.
- 10- Existence of a comprehensive quality control certificate either local or international.
- 11- All medical profession in the facility should carry valid licenses from the local health authority.

- 12- Presence of employment agreements; authorized or approved by local authorities for all staff. The contract must clarify the duration of the contract, the profession and the working hours (full time /partial).
- 13- Existence of medical waste disposal procedure.
- 14- Availability of an infection control manual in the center.
- 15- Maintain a record of attendees for the stafe in the center.
- 16- Keeping & maintaining the purchasing bills for the equipment, reagents and solutions.
- 17- Fixing to each system a metal card which is difficult to be removed containing the code number of the center.
- 18- The man power in the facility should include: -
 - A- A medical director (physician).
 - B- General physicians; including at least one female physician (Bachelor of Medicine and Surgery from a recognized university + experience (5) years in the field of work).
 - C-Laboratory Supervisor [medical lab specialist] (physician, Master or equivalent in clinical pathology + 3-year experience after the Master s).
 - D- Two laboratory specialists (appropriate university degree + 3-year experience) (we can remove this)
 - E- Laboratory technicians (at least 2)
 - F- Radiology specialist (physician, Master or equivalent in Diagnostic Radiology + 3-year experience after the Master s)
 - G- X-ray technicians, including a female (appropriate scientific qualification + 3-year experience).
 - H- Nursing staff, including at least 2 females.
 - I- Phlebotomist employed to collect blood samples.
 - J- Administrative employees [a receptionist and data entry persons (fully aware of computer and have an accredited certificate in this field).
 - K- Ordinary workers of both sexes (for cleaning and general assistance)

II- The reception and registration:

A - The registration system:

- 1- The existence of an electronic registration system (a computer with scanner for saving copies of ID cards and passports of candidates in the basic database).
- 2- Presence of an electronic fingerprint or equivalent security system.
 Using of software which is compatible with that which is used in the GAMCA office to facilitate the flow of data.

- 4- The existence of an internal computer network to link the reception and registration unit to all other activities, including the medical reports' unit.
- 5- The possibility of communication with GAMCA office through the Internet (providing an appropriate technology to internet access such as DSL or any other appropriate technology).

B- The candidates waiting rooms:

- 1- Waiting area in the health facility should be at least 50 m² (divided in to two separate rooms for both men and female, each one has a lavatory).
- 2- Appropriate ventilation system.
- 3- Availability of health education materials (TV, magazines, leaflets...ext).
- 4- The presence of a clearly stated educational messages, outlining the importance of the medical fitness in country of origin and that this medical will be repeated in the end destination country prior to the issuing permanent residence visa (Iqama). The massage should point out the importance of the forgery of the fitness report.

III - The office of the Medical Director:

An area of 4x6 m, with appropriate cabinet allocated in sid the room to keeping the records and documents i.e. staff contracts, license, certificates, authorizations and quality control records, signing in and out records for the staff, purchase invoices of reagents, solutions and equipment, maintenance contracts...... Etc.).

IV- Activities of clinical examination:

A - Examination rooms:

- 1- The examination room should be at least 20 m².
- 2- Examination rooms should include female examination room and one room for vision testing.

B - General requirements for the examination rooms:

- 1- Rooms are at least 4X4 meters.
- 2- Adequate ventilation.
- 3- Good illumination.
- 4- Easy to clean floors (flagstones, marble and tiles).

C - Equipment:

- General medical examination rooms:
 - a desk + doctor chair + Chair for the candidate.
 - a regular examination table.
 - a partition
 - A side light bulb
 - An x-ray lantern
 - A stethoscope
 - A Sphygmomanometer a blood pressure gauge (mercury)
 - a thermometer (digital)
 - tongue depressors (disposable)
 - medical gloves(disposable)
 - an ear endoscope (auriscope)
 - tuning fork
 - a bin for medical waste (distinct)
 - hand washbasin.
 - a washtub for hands antisepsis+ antiseptic alcohol hand gel
- Gynecological examination room (We don't required this for medical fitness).

in addition to the above:

- gynecological examination table
- vaginal speculums
- sterile medical gloves
- Eye examination room
- digital device for measuring vision acuity (Digital)
- funduscope
- equipment for diagnosis of color blindness
- device to measure the intraocular pressure.

V. Laboratory:

- 1- To be included in the license of the medical facility, whether in the same level of deferent level in the same building.
- 2- The total area utilized should be at least 50 m²
- 3- Samples should be will maintained and not to max samples and reagents.

- 4- In case samples are withdrawn in the lab a suitable place should be kept a way machinery in the lab and candidates to be recorded through a system which allows checking the and identity of the candidate using the electronic fingerprint before withdrawing samples.
- 5 The presence of a room for blood sample extraction (a minimum area of 3x4 m) and equipped with the following:
 - A- Table & chair for the candidate
 - B- Tubes for the collection of samples of different types and sizes
 - C- Alcohol swabs
 - D- A trash bin to collect medical waste
 - E- Basin
- 6- The laboratory should include the following units: -
 - hematology unit
 - microbiology unit
 - parasitology unit
- 7- It is conditioned that each of the previously mentioned units to be isolated from the others in well-ventilated place (the existence of appropriate size suction fans) and contains:-
 - basin and a system of disposal of samples and waste
 - Medical Refrigerator (capacity not less than 18 feet3) equipped with a thermometer. - microscope (good quality)
- 8 In addition to the above, the hematology unit should contain:
 - 2 deep freezers
 - 2 centrifuge systems
 - 1 water bath
 - Automatic cell counter
 - Rotary device (FOR CBC TUBE MIXING)
 - A good quality device for the testing of HbsAg, HCV and HIV
 - Incubator
 - Autoclave
 - Safety Cabinet for the Conservation of sputum samples of tuberculosis
 - Oven
- 9- The presence of complete reagents for all the tests listed below and are consistent with the latest scientific developments and valid (with reference to the date of expiry), and the quantity to be sufficient to cover the expected number of expatriates to be examined.

Tests required:

- HIV ELISA screening I&II
- HbsAg ELISA screening
- HCV antibodies ELISA screening
- Swab for Gonococcus
- Complete urine analysis including Schistosoma.
- Stool analysis for parasites including Schistosoma.
- Stool culture for salmonella& Shigella.(no one is doing this)
- Stool culture for Vibrio Cholera, no one is doing this)
- Blood sugar if(positive in urine), urea, creatinin, SGPT, SGOT.
- VDRL and TPHA
- Pregnancy test for females.
- Malaria & microfilaria.
- Sputum Exam. For acid fast bacilli.

10- The existence of a quality assurance program for the tests including: -

- Periodic maintenance contract for services and calibration for devices and equipment (the existence of maintenance contracts with specialized companies, and to allocate a file for each device showing the dates of the periodic maintenance and calibration).
- The existence of a mechanism to verify the results of the tests.
- The test to be conducted on a standard sample and another one on a reference sample at each cycle to examine the samples of candidates.

VI- X-ray examination:

- 1- The total area utilized should be at least 25 m².
- 2- Walls, doors and windows, flooring if not in the ground floor and ceiling lined with lead to protect against leakage of radiation.
- 3- The candidates to be registered in the computer after matching the electronic fingerprint with that taken in the reception and registration unit.
- 4- X-ray equipment:
 - A. Digital X-ray. The X-ray film and data to be recorded to the health center computer system.
 - B. X-ray films of various sizes and with high quality and working validity.
 - C. X-ray film cassettes of various sizes.
 - D. Large x-ray lantern.
 - E. Double sided lead lined walls to protect X-ray technician.
 - F. Radiation protective gown.

- G. Protector of the reproductive system of men and another for protection of the ovaries of women.
- H. Automatic film development system.
- I. Radiation detector.

VII - Medical reports' unit:

- 1- Area of not less than 12 m2.
- 2- The equipment:
 - A- A computer connected to the internal network of the facility.
 - B- A scanner.
 - C- The authority of entry to the site of GAMCA Office to report the data and the results of medical check-up tests of the candidates.
- 3- The presence of an appropriate mechanism to prevent the falsification of medical reports, of which a copy is handed to the candidate.
- 4- A computer program for saving the data of the candidates who have been examined in the center and were issued medical reports with a copy of the reports have been issued and signed by the medical specialists and approved by the medical Director and sealed by the stamp accredited by the embassies and consulates(by the scanner).

VIII - General Services:

(including bathrooms and a kitchen) occupying an area of at least 25 m².

* * * * *



Regulation for coordinating the work between The Executive Board of the Health Ministers' Council for the Cooperation Council States

and

the GCC Approved Medical Centers' Association "GAMCA"

Starting from the sincere desire and adherence of The Executive Board for the Health Ministers' Council for the Cooperation Council States to organize and coordinate work between the approved medical centers for conducting predeparture medical check up of the candidates seeking work in Gulf countries and recognizing the importance of supervision and control of the work of these medical centers abroad on the part of the Executive Board, in order to assure proper flow of work...

DECISIONS I- Organizational Structure

Article (1):

The GCC Approved Medical Centers Association (GAMCA) consists of all approved medical centers in any city in the country which conducts and implements the pre-departure medical check up program for expatriates recruited for work in the Arab Gulf countries.

The association should have at least three (3) medical centers and each center is represented in the association by its medical director.

Article (2):

A representative one of the member centers is elected by the association (GAMCA) to be the Chairman. He has to be a resident in the same city «the location of GAMCA», in order to be fully aware of the technical matters contained in the specified medical certificate of the check up of the expatriate workers. It is not obligatory to be a physician.

Article (3):

Chairmanship is for One year - renewable once only, and it is entitled to re-run after a period not less than two years.

Article (4):

Each association shall prepare the by-laws for the work system in the office in such a way that does not contradict with those set by The Executive Board for the Health Ministers' Council for the Cooperation Council States. The rules and regulations of the office and the center shall not get into force unless approved by the Executive Board.

Article (5):

The association shall specify the appropriate place which should be fully equipped with required technical and administrative facilities including personal computer(s), fax and telephones as well as linking the GAMCA with internet.

The location of GAMCA has to be independent, and not be in the same building with other health centers using the same technical equipment of the association and not be owned by any of the owners of the member centers in the association.

II- Responsibilities and Duties

The GAMCA should be responsible for :

Article (6):

Undertaking coordination between the offices of recruiting the national workforce and the member medical centers in such a way that ensures equal distribution of candidates to be checked up in the centers which are members in the association. (GAMCA).

Article (7):

Receiving medical reports from the approved centers and to ascertain their credibility through scrutinizing and verifying the Executive Board endorsed signatures and seals of the approved centers put on the certificate of medical fitness issued by them.

Article (8):

Endorsing the certificates issued by the approved centers only after verifying their accurateness. It is absolutely prohibited to endorse any certificate which does not bear the legally required seals and signatures.

Article (9):

Providing the Executive Board with all endorsed forms of the certificates as well as the seals and signatures periodically. The Executive Board shall be informed with any change that may take place in the forms, seals, or signatures of any center. This is in order to allow circulation of this change to all the member states by the Executive Board.

Article (10):

Preparing lists of medially unfit cases detected in the approved health centers including the reason of medical unfitness, full personal information including passport number, entry status which will be sent to the Executive Board for circulation to all member states and to be sent to all medical centers in the country.

Article (11):

Exchange of information electronically through the personal computers / internet between the GAMCA offices present in all cities of the country if there were more than one city having GAMCA offices. This is to coordinate work and allow circulation about any detected (unfit) case to all medical centers.

Article (12):

Commitment with full confidentiality of the check up results which should never be divulged for any reason except to the examined person himself.

Article (13):

GAMCA offices are required to sign a contract agreement with the recruitment offices to ensure recovery of the costs of the unfit cases detected after arrival to the GCC states from the medical centers that have given the reports of the medical fitness of those cases, if the recruitment offices have the desire to sign the contract.

III-Violations and Over-passings by the Approved Centers

Article (14):

GAMCA office is concerned with receiving the complaints of the medical centers which are members of the association about the occurrence of or over passings violations from any of the approved centers as well as any complaints referred to it by the Executive Board and ascertaining the seriousness of the complaints and hence the whole issue is raised to the Executive Board to take necessary actions.

IV- Responsibilities of GAMCA towards the Executive Board

Article (15):

GAMCA offices only receive instructions with respect to the rules and regulations and work procedures to respond to it by the Executive Board of the of Health Ministers' Council for the Cooperation Council States, and they have the right to contact with the embassies and consulates in matters relating to facilitating the work entrusted to them.

Article (16):

Linking all approved centers with GAMCA office through PC net online, whereby GAMCA office is connected with the embassies of the Cooperation Council States.

Article (17):

The association (GAMCA) is fully responsible for all mutual correspondences between the Executive Board and the approved medical centers, the Executive Board contacts centers through correspondence with GAMCA Office with a copy sent to the correspondent center. The centers on addressing the Executive Board will do so through GAMCA Office with a copy to the Executive Board.

Article (18):

Informing the Executive Board with any violations committed by the approved medical centers to take appropriate actions. In the event of any proved violation committed by any of the medical centers which deserve a suspension of the center, GAMCA office must notify the Executive Board before taking any action.

Article (19):

Providing the Executive Board with quarterly reports including statistics about the number of workers examined, results of examinations and the ratios of unfit cases among the workers examined every three months and the reasons for their unfitness.

Article (20):

GAMCA Office implements all requests from the Executive Board with regard to facilitating the task of the visiting technical team representing the Gulf Cooperation Council.

Article (21):

GAMCA Office is committed to all the contents of the "Rules and Regulations for Medical Examination of Expatriates Recruited for Work in the Gulf Cooperation Council States" in letter and in spirit, and in the case of the existence of abuses or violations, the association is obliged to implement the sanctions and penalties owed by the decision of the Director General of the Executive Board, for example, if a disparity in the examined numbers was found among the centers by more than 10% and it is found that this difference is due to a lack of equal distribution by GAMCA, a penalty of \$ 2000-3000 is imposed against GAMCA Office, and in the case of repetition, the penalty is raised to \$ 5000.

Article (22):

GAMCA Office is to adhere to the implementation of instructions issued by the Executive Board with respect to the examination of expatriates.

Article (23):

All associations of medical centers for examination of expatriate workers (GAMCA) should comply with these rules and regulations.

Non-compliers will submit themselves to the consequences of these rules and will be held responsible in front of the Executive Board.

The regulations will enter into force as of January 01, 2010.

* * * * *



Annex (A) MEDICAL REPORT

		Serial No:	
Last Name:		First Name:	
Height: Ft	in	WtLbs	
Sex:		Status:	
Age:		Nationality	
Passport No:		Place of Issue:	
Position applied for:		Recruiting Agency:	
History of any significant past illr			
1) Psychiatric and neurological di			
(Epilepsy, depression, schizopl	nrenia	101	
2) Allergy			
3) Others			
		and the undersigned physician to furn	
information the company may need pertai			
do hereby release them from any and all le			
contained above is true and any false state		::	
MEDICAL EXAMINATION	uic of Examine	LABORATORY INVESTIGATION	
	I DEGLILEG	v - v	RESULTS
TYPE OF MEDICAL EXAMINATION	RESULTS	TYPE OF LABORATORY	RESULIS
	_	INVESTIGATION	
Rt.		URINE:	
EYE:		SUGAR	
Lt.		ALBUMIN	121
Rt		BILHARZIASIS*	103
EAR:		*(IF ENDEMIC	
Lt		13.4	
SYSTEM EXAM:	100	STOOL ROUTINE	1.7
CARDIO-VASCULAR		1. HELMINTHES	1.1
B.P		2. GUARDIA	101
HEART .	4.5	3. BILHARZIASIS (If Endemic	/ /
RESPIRATORY SYSTEM:		Culture).	0.00
<u>LUNGS</u> .		4. SALMONELLA	/
CHEST X-RAY .		SHEGELLA V.CHOLERA (If	
GASTRO INTESTINAL		Endemic)	
ABDOMEN:		100	
OTHERS			
HERNIA		BLOOD	+
VARICOSE VEINS		HAEMOGLOBIN	
	-	THICK FILM FOR	
EXTREMITIES		1. MALARIA	
DEFORMITIES		2. MICRO FILARIA SEROLOGY	
SKIN		1. F.B.S.	
VENEREAL DISEASES		2. L.F.T.S.	
CLINICAL		3. CREATININE	
C.N.S.		ELISA	
PSYCHIATRY		1. HIV, 1, 2 TEST 2. HBs Ag	
		3. Anti HCV	
		VDRL	
		TIPHA (IF VDRL POSITIVE)	
		PREGNANCY TEST	
		FREGNANCT TEST	

Notes about med	dical and laboratory investigations	
Dear Sir,		
Mentioned abov	re is the medical report for Mr. / Mr.	rs
He / She is fit		
	For the above mentioned job	
Unfit		
		Chief Physician
		Name:
	Stamp:	Signature:

- (1) Stamp of the medical center on the photo and application.
- (2) Chest: Free of pathological changes.
- (3) The medical report and x ray should be submitted to the health authorities in GCC countries.

Annex (B)

Guidelines of Medical Tests Required for Foreign Manpower

Firstly: History of any significant past illness:

A) Nervous System:

Applicant should not be suffering from any previous nervous or neurological disease, at any period during life time, such as epilepsy, melancholia, or any other similar disease. He should also be free from any clinical symptoms or signs that indicate the presence of any nervous or neurological diseases.

B) Allergy:

Applicant should be free from all types of allergic diseases or the presence of clinical symptoms or illness indicating his suffering therefrom.

Secondly:- Medical Examination:

a) Visual Acquity:

Visual acquity should be suitable for the job the applicant will perform, bearing in consideration that jobs which require sharp vision such as drivers should not be less than 6/6 or 6/9 either with or without eye-glasses, in addition to colour differentiation, and that the two eye-vision and visual field should be quite normal and should not be suffering from any apparent squint in addition to near vision efficiency.

Applicant should not be suffering from contagious eye diseases such as (granular conjunctivitis, purulent conjunctivitis, trachoma), and other eye diseases that require prolonged medical treatment or surgical operations such as (cataracts and glaucoma).

b) Hearing:

Applicant's hearing power should be normal and should not be suffering from any infections in the middle or inner ear.

(1) CLINICAL EXAMINATION:

1-a- Blood pressure:

should be within normal limits.

1-b- Heart:

heart beatings must be regular and consistent and heart function should be normal and free from congenital defects and organic diseases.

1-c- Lungs:

Applicant should not be suffering from bronchial asthma or any other lung diseases.

Chest X-ray should indicate that the applicant is free from Tuberculosis or any signs indicating the existence of fibrosis, calcifications, bronchiectasis or tumor.

1-d- Abdomen:

Applicant should be free from any type of hernias (whether umbilical or inguinal) or ascites, provided that the internal organs should be healthy and not enlarged and the digestive system should be safe from any tumors.

1-e- Extremities:

Extremities should be free from any congenital or pathological abnormalities and legs should be free from varices, and the vertebral column should also be free from any abnormality or disk prolapse.

1-f- Skin:

Applicant should be free from leprotic pathological manifestations and other chronic skin diseases such as (Eczema and psoriasis) or any other infectious skin diseases such as (chronic tinea, other fungal skin infections and scabies).

2) OTHERS

- 2-a- Applicant should be free from all rheumatic diseases, lymphoid glands and thyroid gland enlargement or any apparent tumors.
- 2-b- In case of females: Applicant should not be pregnant and should be free from all types of vaginal bleedings, uterine prolapse and breast tumors.

3) VENEREAL DISEASES

Applicant should be free from clinical symptoms and signs for any venereal disease, clinically and laboratory (TPHA or VDRL or any other specific type of analysis).

Thirdly: Laboratory Investigations

1. Urine:

A complete urine analysis shall be made, on condition that its results should be within the normal limits, provided that it should not contain sugar, albumin or bilharzia in endemic areas.

2. Stool:

An analysis should be made for the stool for any gastro intestinal parasites. A stool culture should be done in order to ascertain that it does not include salmonella, shigella and cholera (in endemic areas).

3. Blood:

- 3-a A complete blood picture shall be made on condition that the results should be within the normal limits, and that hemoglobin percent should not be less than 10g/100ml.
- 3-b- A film shall be taken for malaria to make sure that it does not exist.
- 3-c- Necessary analysis shall be carried out so as to know the percentage of sugar in blood, which should not exceed the normal level.

4. Serology should include:

- a- Ascertaining that applicant is not suffering from HIV infection through Elisa test, and results of this test must be "Non reactive".
- b- HBsAg and Anti-HCV results should be "Negative".
- c- Liver functions tests: SGPT & SGOT results should be within normal level.
- d- Kidney function test (creatinine) results should be within normal averages.

Annex (C)

SUBJECTS WITH THE FOLLOWING DISEASES ARE CONSIDERED UNFIT TO WORK / RESIDE IN GCC COUNTRIES

Infectious Diseases

- 1- HIV AIDS Reactive.
- 2- Hepatitis (B) Surface Antigen Positive and Anti HCV.
- 3- Microfilaria Positive & Malaria Blood Film Positive.
- 4- Known Leprosy Patient.
- 5- Tuberculosis any type.
 - A- Pulmonary by chest X ray showing active or past evidence of old T.B. Including minimum Fibrosis, calcification and Pleural thickening.
 - B- Tuberculous Pleural Effusion.
 - C- Tuberculous Lymphadenitis.
- 6- Venereal Diseases, VDRL Positive and TPHA Positive.

Non Infectious Diseases

- 1- Chronic Renal Failure
- 2- Chronic Hepatic Failure
- 3- Congestive Heart Failure
- 4- Uncontrolled Hypertension
- 5- Uncontrolled Diabetes Mellitus
- 6- Known case of cancer
- 7- Psychiatric Diseases and Neurological Disorders
- 8- Physical Disability eg. colour blindness for drivers, deafness etc
- 9- Any major operation
- 10- Hemoglobin below 10 mg/dl

Others

1. Pregnancy.

Executive Board of the Health Ministers' Council for GCC States

Annex (D)

Assessment Form for the GCC New Medical Fitness Center

Date:..../...../ State :..... City :..... Name of the Center: I: General requirements: Center accreditation from the local health authorities Existence of quality assurance certificate From local body From international body Existence of organizations or countries dealing with the center Daily capacity II: General location and structure of premises; Area, internal organization and location Hygiene appropriate Existence of maintenance and cleaning contracts III: Equipment and capabilities A - Registration facility and record maintaining system: Using computer for registration of candidates and issuing reports. Using finger print with photo in candidate registration. - Existence of a system for saving candidates' files, copies of medical reports and x-ray films. Existence of a mechanism for identification of personal data and prevention of faking medical reports issued by the center. B - Medical equipment for clinical examination: Number of examination rooms are appropriate for anticipated number of candidates is appropriate.

 Areas of examination room 	ns for required tests are appropriate.
- Equipment for required tests	s is appropriate.
C - Man power:	sistency with global developments. of medical specialties for required medical examinations
with appropriate numbers: General medicine	Internal medicine
General surgery Dermatology Laboratory specialist - Number of nurses and healt	Ophthalmology Gynecology Radiologist th- related services for anticipated number of candidates
is appropriate IV: Laboratory: 1 - Location:	
Inside the center Appropriate organization Appropriate hygiene 2 - Equipment:	Outside the center Accessibile and area properness
Blood Cell Counter Centrifuge Vortex Mixer Satety Cabinet Stop watch	Chnemistry Analyser Automated Analyser ELISA Automatic Microscope Retrigerator with thermometer
- Appropriate equipment for r - Existence of required reage - Validity of reagents (validity - Existence of a record for la	y and expiry dates)
3 - Manpower:Existence of required numbExistence of qualified technique	per of specialists nicians with the required number

V: Radiology (x-ray)
1 - Location:
- Inside the center
- Outside the center
- Appropriate location
- Appropriate x-ray system in items of size, safety and modernity
- Existence of an ultrasound device
- Leading (walls, ceilings, floors and doors)
2 - Manpower:
- Existence of qualified technicians in appropriate number
3 - X-ray
1. Machinery - Digital x-ray - normal X-ray ofMA andKV
2- films:
- Appropriate (in terms of location)
- Archiving films for 1 year
Overall assessment
Excellent Very good Good Unacceptable
11 Table 4- State 3
Recommendations of the Team
Names and signatures of Team members
1
2
3
4

Requirements mentioned above are the minimum requirements needed

