Ad-Hoc Query on Health Screening

Requested by UK EMN NCP on 22nd September 2010

Compilation produced on 15th November 2010

Responses from Austria, Belgium, Cyprus, Estonia, Germany, Hungary, Italy, Latvia, Lithuania, Netherlands, Portugal, Slovak Republic, Spain, Sweden, United Kingdom plus Norway (16 in Total)

Disclaimer: The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.

1. Background Information
The UK Border Agency is conducting a review of the UK’s programmes around migrant health screening and migrants’ access to healthcare services. We would like to gain a better understanding of how these issues are managed by partner nations across the EEA. This will help the UK to explore options for policy development.

We would be grateful for responses to the following questions – and any further comments – by 14th October.

Questions:
1. Are new (non EEA) migrants subject to health screening so as to identify and manage public health issues?
   a) When and how is screening employed, is it before travel, at the borders or in country?
   b) What conditions does your Member State routinely screen for (e.g. tuberculosis)?
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c) Where screening does take place, what is the impact upon a new migrant’s immigration status where an infectious or non-infectious health condition is discovered? Would an adverse finding lead to exclusion or requirements to undergo medical treatment?

d) Does your Member State have specific programmes relating to migrants from countries with a high incidence of tuberculosis? Where and how is such screening conducted?

e) Where such screening is conducted, has there been any assessment of how effective that screening is?

2. Are your own nationals and other EEA nationals subject to any health screening relating to travel and migration (such as those arriving from residence outside of the EEA)? Where travellers are subject to such screening, is this conducted in accordance with legislation relating to immigration and border controls?

2. Responses

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<tr>
<th>Query</th>
<th>Wider Dissemination?</th>
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<tbody>
<tr>
<td>Austria</td>
<td>No</td>
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<tr>
<td>Belgium</td>
<td>No</td>
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<tr>
<td>Cyprus</td>
<td>Yes</td>
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- Austria: This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.
- Belgium: This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.
- Cyprus: 1. Only for those who are entering Cyprus for employment purposes:
  a) Before travel and after their arrival
  b) Tuberculosis, Hepatitis B and C, HIV, Syphilis
  c) Screenings take place in public or private hospitals. In case that a infectious health condition is discovered, the migrant must leave the country.
  d) No
  c) Not applicable
  2. No
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| **Estonia** | Yes | 1. a-c): New migrants: New migrants who are staying or residing in Estonia on the basis of a visa or a residence permit are not medically examined for identification and management of public health issues and are not subject to health screening. A visa or a temporary residence permit shall not be issued if there is doubt that the entry of the alien into Estonia may endanger public health and a visa or a temporary residence permit shall be revoked (withdrawn) in case there is doubt that the alien who stays or resides in Estonia may endanger public health.  
Asylum Seekers: According to the Act on Granting International Protection to Aliens the Police and Border Guard Board has the right to arrange, if necessary, medical examination after the submission of an application for asylum. In practice, it is not used. Asylum seekers are generally required to stay at the reception centre for asylum seekers. Reception centre for asylum seekers shall, as necessary, provide emergency care and medical examinations. The medical examinations will be provided only if the asylum seeker has complaints about his or her health, i.e. the reception centre does not provide medical examinations automatically for all asylum seekers. 
If an infectious or non-infectious health conditions is detected during the medical examination of an asylum seeker, then it doesn’t give grounds for the rejection of the asylum application. After the discovery of infectious or non-infectious disease asylum seeker is forwarded to an appropriate medical specialist who shall determine the necessary treatment.  
d – e.: There are no specific programmes.  
2. Neither our own nationals nor EEA nationals are subject to medical examination or screening relating to travel and migration. If necessary, they can ask to have their health condition checked out via the general health care system. |
| **Germany** | Yes | 1. Migrants are only subject to systematic health screening in the cases stated in the answer to question 1a. On the basis of general health regulations, the competent authorities are empowered under the act to prevent infection ('Infektionsschutzgesetz (IfSG), Section 16) to undertake the necessary measures to combat infectious diseases at any time, however. As the health authorities of the federal Länder are responsible for the respective measures, it is only possible to provide a general outline of the legal basis here.  
a) In accordance with IfSG, Section 36 (4), persons who are to be admitted to communal accommodation for the homeless, refugees, asylum applicants or a reception centre of the Federation for repatriates (Germans from the republics of the former Soviet Union and their dependents who have been admitted to the country with them) are to present the director of the establishment with a medical certificate before or directly after their admission, confirming that there is no indication that they are suffering from potentially infectious tuberculosis. On admission to communal accommodation for refugees, asylum applicants or a reception centre of the Federation for repatriates, the certificate must be based on an x-ray of the lungs which has been taken in Germany in the case of persons aged 15 or over; at the time of initial admission the medical findings must not be more than six months old, while in the case of renewed admission a corresponding period of twelve months applies. |
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In accordance with Section 62 of the Asylum Procedure Act, foreigners who are to live at a reception centre or in communal accommodation are obliged to undergo a medical examination for infectious diseases, including x-ray of the respiratory organs. In course of the humanitarian admission process for Iraqi refugees (2,500 persons from Jordan and Syria in the period from March 2009 to April 2010) and in connection with the admission of African refugees (100 persons from Malta in October 2010), the health checks were carried out in the respective countries of residence prior to the refugees' departure for Germany.

b) IfSG, Section 36 (4) specifically stipulates the examination for tuberculosis, while Section 62 of the Asylum Procedure Act provides more generally for examination for infectious diseases and of the respiratory organs. With regard to the admission of Iraqi and African refugees, the examinations serve to establish whether a risk to public health might apply in case of travel and/or after entering the federal territory. A need for treatment may also be determined after entering the federal territory. The nature of the examinations carried out is also dependent on whether certain health risks are widespread in the country of residence prior to departure for Germany. A general survey of the prevailing health status is conducted. It is also established whether any acute infectious diseases apply. TBC examinations took place in both admission processes. A check to ascertain whether the refugees are fit to travel was also carried out very shortly before departure for Germany. HIV tests were conducted in the admission process for African refugees from Malta.

c) If a foreigner who is suffering from an infectious disease refuses the necessary medical measures and thereby poses a risk to public health, this may result in his deportation on a discretionary basis (Residence Act, Section 55 (2), no. 5). In the case of the admission process for Iraqi and African refugees, the establishment of an infectious state of health results in exclusion from admission where there is a risk to public health or to the other refugees on the journey to Germany, unless the condition can be cured by the time of completion of the admission process. In case of non-infectious, negative findings, a decision on admission is also contingent on the scope of any medical care which may become necessary in Germany.

d) Examination measures applying solely to nationals of certain countries of origin are not known here. The defining characteristic for the persons who are required to undergo the medical examinations stated in the answer to question 1a. is their accommodation at communal establishments in which an increased risk of infections being passed on applies on account of the large number of persons living in close proximity to one another. Consequently, IfSG, Section 36 (4) also stipulates such examinations for the residents of homes for the elderly, nursing homes and similar establishments.

The local health authorities are required to report concrete cases of tuberculosis which are discovered in the course of these examinations to a central institute by way of an obligatory reporting system; the country of birth and nationality of the person suffering from the disease are to be stated when reporting such cases.

e) Cases from the examination process which are subject to reporting requirements (see answer to question 1a.) are incorporated in the general reporting system (see answer to question 1d.). No analyses of the efficiency of the examination process are known here. The examinations in the admission processes for Iraqi and African refugees are considered to be necessary. The results of the examinations unfortunately resulted in the exclusion of certain persons from admission.

2. No systematic health screening of Germans and EU citizens takes place to our knowledge in connection with their travel activities, in
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| Hungary | Yes    | 1. According to our immigration law visas (for a stay not exceeding three months) may be granted to third-country nationals (non EEA) who satisfy the requirements set out in Article 5 (1) e) of the Schengen Borders Code (Regulation (EC) No. 562/2006 of the European Parliament and of the Council of 15 March 2006 establishing a Community Code). It means that they may not enter the territory of the Republic of Hungary and stay (for up to three months) if they represent a sufficiently serious threat affecting public health. But border officers and consuls who issue visas do not have the possibility to check the health status of the applicants.

Third-country nationals may enter into the territory of the Republic of Hungary and stay for a period longer than three months, if they are not considered to be a threat to public health of the Republic of Hungary.

Applications for residence permits shall contain a statement from the applicant third-country national as to whether or not he/she suffers from a disease or disorder (specified in a decree issued by the minister in charge of the healthcare system), or is suffering from a contagious or pathogenic condition, or if he/she receives compulsory and regular treatment for any disease that constitute a potential threat to public health, or for a contagious or pathogenic condition. New residence permits or the extension of existing ones shall be refused, or if already issued shall be withdrawn from third-country nationals who suffer from any disease that is considered to constitute a threat to public health, and who refuse to submit to the appropriate compulsory medical treatment, or who fail to abide by the Hungarian health regulations while staying in the territory of the Republic of Hungary.

The situation is different with the persons seeking and submitting application for recognition (asylum-seekers). After submitting the application for recognition the refugee authority shall immediately notify the Chief Medical Officer in place of competent of the reception centre to carry out the needed medical examinations.

a) See above.
New applicants for resident permit shall make a statement regarding to a potential threat to public health.

b) Tests of refugees cover blood (AIDS, Hepatitis B, Hepatitis C and syphilis), stool, skin (scabies and leprosy) and lung (tuberculosis) examinations. There are no compulsory examinations regarding to migrants.

c) For answer of “stay for not exceeding three months” see 1.

Applications for residence permits shall contain a statement from the applicant third-country national as to whether or not he/she suffers from a disease or disorder specified in a decree issued by the minister in charge of the healthcare system, or is suffering from a contagious
or pathogenic condition, or if he/she receives compulsory and regular treatment for any disease that constitute a potential threat to public health, or for a contagious or pathogenic condition.

If according to the third-country national's statement, the health condition specified above exists, the regional directorate shall notify the health authority in charge of the healthcare system competent according to the third-country national's Hungarian place of domicile.

The health authority referred to above that is in charge of the healthcare system may engage the third-country national to attend the necessary medical examinations, or to present an official medical report issued by the competent authority of his/her country of origin bearing the contents specified in specific other legislation.

If the health authority referred to above that is in charge of the healthcare system finds that the third-country national suffers from a disease that constitutes a potential threat to public health, and he/she is in violation of the rules of conduct, official resolutions and legal regulations concerned with medical treatment or therapy, the said health authority shall notify the regional directorate without delay.

The immigration authority may order the expulsion of a third-country national under immigration laws, and impose an entry ban on him/her, or an entry ban shall be imposed in itself in connection with a third-country national whose entry and residence represents a threat and is potentially dangerous to public health.

d) Only the persons seeking and submitting application for recognition (asylum-seekers) will be a subject to health screening and the above mentioned examinations. There is no program in the case of migrants.

e) Because migrants will not be subject to health screening we do not have assessments of this. We only have statistics of infected asylum-seekers, of course anonymously.

2. At the time of registration of residence, EEA nationals and family members who are third-country nationals shall - enclosed with their application for residence card - supply a statement if they suffer from any infectious disease or contagious parasitic disease as specified in other departmental legislation and considered to being a threat to public health, or if they receive compulsory and regular treatment with regard to the mentioned diseases. If, according to the EEA national's or his/her family member's statement the health condition specified above exists, the regional directorate shall notify the micro-region (or Budapest district) institute of the health authority of jurisdiction by reference to the residence of the EEA national or family member.

The Institution may engage the EEA national or his/her family member to undergo the necessary medical examinations.

If the Institution finds that the EEA national or his/her family member suffers from a disease that is considered to being a threat to public health, and he/she is in violation of the rules of conduct, official resolutions and legal regulations concerned with medical treatment or therapy, the Institution:

a) shall take the necessary disease control measures; or
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<tr>
<td>Italy</td>
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**EMN Ad-Hoc Query: Health screening**

b) shall - in accordance with Subsection (1) of Section 40 of the FMRA - initiate the expulsion of the EEA national or his/her family member and propose the duration of the exclusion.

1. In Italy ad hoc health screenings for migrants are not foreseen in order to issue the visa (at diplomatic-consular offices) and neither at the border. After the entry, migrants have to be enrolled in the Healthcare National Service and to be assigned to a general physician under which the foreigner can apply for eventual diagnosis or therapy. There is no rule providing for compulsory health visit. Regards the problem of tuberculosi, however, there are guidelines under the Ministry of Health according to which immigrants can be classified:

1. high-risk individuals:
   a. usually, all those who come from highly endemic countries in the first two years of residence in Italy;
   b. those who, after the first two years, remain in living and socio-economic conditions at high risk for tuberculosis.

2. subjects with a risk level comparable to that of the resident population:
   a. those who come from countries with low prevalence of tuberculosis;
   b. those who come from countries with high prevalence of tuberculosis, after the first two years of residence in Italy. In patients recently immigrated (group 1.a.), screening should be performed as soon as possible after arrival in Italy. It may be operationally useful to exploit the occasion of issuing the residence permit;

In subjects related to Group 1.b. it's provided for periodic annual screening of cutinegatives and screening of the disease for cutipositives that have not undergone prior chemotherapy or have not completed the expected cycle. The guidelines highlight the importance of developing programmes that will improve the supply of control actions such as:

- to use all the opportunities in order to facilitate the contact with health facilities, such as access to health care facilities, hospital, release of health certificates, more.
- to conduct active research programmes (in collaboration with voluntary and community representatives) aimed particularly at those groups of immigrants that for their living conditions are at high risk of tuberculosis.

The presence of infectious disease does not affect the legal status of immigrants in the sense that it does not include provisions for the revoking the residence permit or the expulsion from Italy.

2. As regards Italian citizens who decide to emigrate to other countries there are no health checks, except in cases of military or civilian personnel for missions in specific countries at risk to health.
**EMN Ad-Hoc Query: Health screening**

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| Latvia   | Yes    | a) Screening is employed after person has arrived in the country to receive a residence permit.  
b) Latvia requires only screening for tuberculosis due to the relatively high spread of this disease in the country.  
c) An immigrant should be checked after arrival in Latvia and before s/he has received a residence permit’s sticker. Where tuberculosis in active form would be discovered, the person would have to return to his/her home country. If person would become infected after some period of staying in Latvia, s/he would have to provide a document certifying that s/he agrees to undergo the necessary treatment.  
d) No, Latvia does not have any special programmes. Screening should be carried out in any of institutions providing medical services in Latvia.  
e) There has not been any assessment. Until 1st July of 2010 any medical certificate issued abroad was accepted. However in several cases it turned out that these certificates (especially those, issued in Russian Federation) have been forged or issued without a necessary screening. From 1st July only certificates issued in Latvian medical establishments are accepted. |
| Lithuania| Yes    | 1. Yes.  
a) In the border control posts of international sea and airports of the Republic of Lithuania medical quarantine and hygiene control is implemented by permanently functional divisions of public health centers - medical quarantine posts (MQP), and in presence of unfavorable conditions of dangerous and especially highly contagious diseases in neighboring states, land MQP are established according to the laws. Systematic health screening of persons crossing outside borders is not employed, but responsible staff members question persons crossing borders, if they arrive (directly or through transit zones) from territories where dangerous and highly contagious diseases are spread and require prophylaxis and check-up documents from contagious diseases set by international law. Also legal acts set the order of compulsory posting (in aircrafts, ships, other means of transportation) about possible infected persons, standard pre-epidemic measures, prophylaxis and control measures of dangerous and contagious diseases, especially measures of localizing and liquidating the centers of dangerous diseases. Separate requirements in the Lithuanian legal acts are set to inspect ships, aircrafts, and cargos (according to the international laws).  
Health screening is required for third country nationals seeking to obtain a residence permit in Lithuania.  
b) There are a lot of legal acts which determine health screening of nationals (e.g. when starting employment, education). When a dangerous disease is detected compulsory measures such as hospitalization and isolation may be introduced.  
The list of dangerous contagious diseases, of which infected persons are considered insured, and insured by compulsory health insurance:  
1. HIV  
2. Diphtheria or carrying the germ  
3. Meningococcal infection or carrying the germ |
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<tr>
<th>No.</th>
<th>Disease(s) or Condition(S)</th>
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<tr>
<td>4.</td>
<td>Tuberculosis</td>
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<tr>
<td>5.</td>
<td>Typhoid or carrying the germ</td>
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<tr>
<td>6.</td>
<td>Paratyphoid or carrying the germ</td>
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<td>7.</td>
<td>Syphilis</td>
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<td>8.</td>
<td>Plague</td>
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<td>9.</td>
<td>Cholera or carrying the germ</td>
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<td>10.</td>
<td>Monkey smallpox</td>
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<td>11.</td>
<td>Yellow fever</td>
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<td>12.</td>
<td>Viral hemorrhagic fevers:</td>
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<td></td>
<td>• Marburg virus</td>
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<td></td>
<td>• Ebola virus</td>
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<td>• Lassa fever</td>
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<td>13.</td>
<td>Anthrax</td>
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<td>14.</td>
<td>Acute respiratory syndrome</td>
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c) Screenings take place at medical institutions. When a contagious disease is determined then mandatory treatment is prescribed.

d) No.

e) -

2. For Lithuanian residents national legal acts apply. International health care rules of World Health organization adopted in 2005 are being used. The Ministry of Health care has prepared recommendations for travelling Lithuanian citizens. Lithuanian nationals, who are going to endemic countries, must have a vaccination from yellow fever and a valid international vaccinating or prophylactic measures’ certificate.

The relevant legal acts can be found here:


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**Netherlands** | Yes
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1. a) Asylum seekers undergo a medical screening in the Netherlands before submitting their asylum application. Regular migrants who seek to stay in the Netherlands for a period longer than three months must first take a tuberculosis test within the three-month period following the application for a residence permit and, if necessary, undergo treatment. Several nationalities are exempted from this obligation (EU/EEA citizens and citizens from Australia, Canada, Israel, Japan, Monaco, New-Zealand, Surinam, USA and Switzerland. Also the examination requirement does not apply to the following groups:

- persons who have a valid residence permit in an EEA country, an EU country, or Switzerland or an EU residence permit for long-
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<tr>
<td>Portugal</td>
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- Term residents issued by another EU country, or persons who are a family member of this long-term resident and have been admitted to the other EU country as a family member of him/her;
- Persons born in the Netherlands;
- Persons who have already underwent a tuberculosis test in connection with a previous application for a residence permit, in case they apply for continued residence;
- Children who apply for a residence permit as a foster child or adoption child and who have passed a tuberculosis examination in the country of origin if this is evidenced by a recent medical declaration to be submitted along with the application.

During resettlement missions a medical pre-departure assessment is being carried out to see if the refugee is able to travel, under what conditions and if there is a risk for contamination of other passengers during the flight by a refugee with an alleged communicable disease. These questions are currently answered by the Office for Medical advice (BMA) of The INS by means of a medical assessment on basis of general data and specific indicators in relation to the refugee in question. The Dutch Resettlement Policy does not entail medical exclusions.

**b) Tuberculosis**

c) The tuberculosis examination is carried out by the Municipal Health Service (GGD).

If tuberculosis is detected the alien needs to undergo a medical treatment. If a regular migrant or asylum seeker refuses to undergo the medical treatment for tuberculosis, the residence permit can be denied or withdrawn. In general, the departure of an illegal alien is being postponed until he finished the medical treatment of tuberculosis.

d - e) No

2. Neither Dutch nor EEA nationals are subject to medical examination or screening under immigration laws.

- A person arrived at PT border could be submitted to a health and sanitary control screening examination. Under the national Immigration Law, a medical exam may be imposed on a third-country national in order to establish that he / she does not have any of the above mentioned diseases, (as defined by World Health Organization, or on other infectious or parasitic contagious diseases) and to determine any adequate medical measures.

The refusal of entry on grounds of public health may only be based on diseases that have been defined in the applicable instruments of the World Health Organization, or on other infectious or parasitic contagious diseases which have been object to protection measures in national territory.

- World Health Organization proceedings are followed, in particular in what concerns to tuberculosis (Tuberculosis and Air Travel-OMS/HTM/TB/2008-2009 – Guidelines for Prevention and Control) for purposes of tracking and control of the disease.

- The general procedures are the follows: 1. Identification of the flight and passengers. 2. It is operated by Public Health to obtain
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<td>Slovak Republic</td>
<td>Yes</td>
<td>According to the Act on Stay of Aliens a third country national is obliged to submit to a police unit a document confirming that he/she does not suffer from a contagious disease which endangers the public health within 30 days from his/her entry or from granting of a temporary or permanent residence permit. The above mentioned document with respect to the contagious disease shall not be older than 30 days and is issued by a specialist in the field of infectious diseases. If an alien fails to submit this document, the police unit will revoke his/her residence permit. If the alien has been issued a residence permit and the medical institution discovers that the alien suffers from a contagious disease which endangers the public health, the confirmation document is not issued. This can lead to the cancellation of the residence permit as the alien did not fulfil the conditions under the Act on Stay of Aliens. According to the Act on Stay of Aliens a third country national is obliged to submit to a police unit a document confirming his/her health insurance within 30 days from his/her entry or from granting of a temporary or permanent residence permit. If an alien fails to submit this document the police unit will revoke his/her residence permit. The aliens who are apprehended and placed in the detention facility for aliens are obliged to undergo a medical examination in the extent determined by a physician, including the necessary diagnostic and laboratory examination, vaccination and preventive measures determined by an authority for protection of health, particular attention is paid to vulnerable persons. Should the alien’s health condition require a health care which cannot be secured in a facility, a police unit will secure such health care in a medical establishment outside the facility. As for the asylum seekers in line with the Act on Asylum and within the asylum system they have to undergo the complex entrance medical tests including blood tests and X ray examination and are in the quarantine for 30 days or until the results of the test are not known in the reception centre.</td>
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<td>Spain</td>
<td>Yes</td>
<td>1. In Spain health screening for migrants, prior to arrival and/or on arrival to the country, is not recommended. Reasons are that, apart from the ethical issues involved, such practices are not effective from the public health point of view. 2. Spanish nationals are not subject to any health screening relating to travel and migration.</td>
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<tr>
<td>Sweden</td>
<td>Yes</td>
<td>1. No. All asylum seekers are offered a general medical examination but this check-up is voluntary and not specifically on certain conditions. 2. No.</td>
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| United Kingdom | Yes      | 1. Immigration law allows immigration (border) officers and entry clearance (visa) officers to require any person who is neither an EEA national or a settled person to undergo a medical examination. This can be abroad (as part of an entry clearance/visa application) or on arrival at a Port. There are also powers to require a medical examination after entry.

a) See above.
b) The UK currently employs routine screening for the detection of active tuberculosis. In the main, only those seeking to remain in the UK for over six months are screened. A medical examination can be required of those who are clearly unwell.

c) Screening for tuberculosis can take place pre-entry (through a pilot with the International Organization for Migration covering 15 countries), on arrival (through Port Medical Inspectors at our larger Ports) or after arrival (through National Health Service primary care bodies). The Port Medical Inspector may recommend refusal of entry where there is a medical condition that may impact upon an applicant’s ability to maintain and accommodate themselves (including becoming a burden to the NHS) or where the person represents a risk to the wider public health. Where screened abroad, an application to travel will be delayed until the applicant who displays potential active tuberculosis has undertaken medical treatment and passed a subsequent medical examination. Those detected on arrival can be refused entry or released into the care of a hospital for immediate treatment. In other circumstances, some may be refused entry.

d) The UK screens for tuberculosis in 15 countries. This is a pilot programme run in partnership with the International Organisation for Migration. All persons arriving from countries with a high incidence of tuberculosis are liable to medical screening for the active form of that disease.

e) The UK is currently reviewing the effectiveness of our current screening programmes.

2. Neither UK or EEA nationals are subject to medical examination or screening under immigration laws. They may, however, be subject to such screening through public health legislation. |
| Norway       | Yes      | a) Screening is mandatory and happens happen in country, at the transit reception facilities.

b) Applicants are required by law to undergo screening for tuberculosis

c) In infectious affliction is found it will not affect immigration status, but the applicant will have to undergo medical treatment

d) There are no programmes concerning special areas/regions with high prevalence of infectious diseases

e) -

Neither Norwegian nor EEA nationals are subject to medical examination or screening under immigration laws.
Disclaimer: The following responses have been provided primarily for the purpose of information exchange among EMN NCPs in the framework of the EMN. The contributing EMN NCPs have provided, to the best of their knowledge, information that is up-to-date, objective and reliable. Note, however, that the information provided does not necessarily represent the official policy of an EMN NCPs' Member State.