



AD HOC QUERY ON 2021.29 Detection of vulnerabilities in the international protection procedure Part 2

Requested by EMN NCP Luxembourg on 27 April 2021

Responses from Austria, Belgium, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Germany, Hungary, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Slovakia, Slovenia, Spain, Sweden (22 in Total)

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1. Background information

Luxembourg is interested on learning who the detection of vulnerabilities in the framework of the international protection procedure is carried out in other Member States. As some of the information was already collected through the FR EMN NCP ad-hoc query an update of the information is required. This ad-hoc query also focuses on the implementation of articles 18 (medical examination) and 24 (detection of vulnerability in order to establish special procedural guarantees) of Directive 2013/32/EU of the European Parliament and of the Council on common procedures for granting and withdrawing international protection.

2. Questions

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1. Is the medical examination for detecting vulnerabilities based on:

Available choices: i) article 18 (1) of the Directive, ii) article 18 (2) of the Directive, iii) both, None of the above. Please explain

2. If you answer to question 1 that the medical examination is based on article 18 (1) can you indicate what measures are taken to ensure that the applicant undergoes a medical examination? If you answer NO, please continue to question 7.

3. At what moment of the procedure the medical examination can take place? Is there a preclusion for the medical examination to take place?

4. Who is in charge to practice the medical examination?

5. Does the physician has to have a specific training to be selected? YES/NO.

Available choices: Yes, No, Not Applicable

6. If you answer YES to question 5, what kind of specific training (e.g. Istanbul Protocol, ...)?

7. How is the medical examination organized?

8. If you answer to question 2 that the medical examination is based on article 18 (2), can you please indicate how your MS informs the applicants for international protection (AIPs) that they may, on their own initiative and at their own cost, arrange for a medical examination concerning signs that might indicate past persecution or serious harm. Can you explain how and what information is provided to the AIP?

9. Which are the most common vulnerabilities detected between AIPs in your MS? (if they are the same as you mentioned while answering to AHQ 2019.070 please just mention it)

We would very much appreciate your responses by **8 June 2021**.

3. Responses

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¹ If possible at time of making the request, the Requesting EMN NCP should add their response(s) to the query. Otherwise, this should be done at the time of making the compilation.

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		Wider Dissemination ²	
	EMN NCP Austria	Yes	<p>1. i) article 18 (1) of the Directive Medical examinations for detecting vulnerabilities are based on Article 18 (1) of the directive. ---Source: Ministry of the Interior</p> <p>2. Applicants of international protection undergo a medical examination when being admitted to a federal care facility. The corresponding procedures are organized and monitored by the case owner.</p> <p>--- Source: Ministry of the Interior</p> <p>3. The initial medical examination is voluntary and takes place when being admitted to a federal care facility. For single women it is ensured that female social workers as well as female doctors are made available. Medical examination, if deemed necessary, takes place at the earliest possible time after the detection of a possible vulnerability. There is no preclusion as such.</p> <p>--- Source: Ministry of the Interior</p>

² A default "Yes" is given for your response to be circulated further (e.g. to other EMN NCPs and their national network members). A "No" should be added here if you do not wish your response to be disseminated beyond other EMN NCPs. In case of "No" and wider dissemination beyond other EMN NCPs, then for the Compilation for Wider Dissemination the response should be removed and the following statement should be added in the relevant response box: "This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further."

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			<p>4.</p> <p>5. No</p> <p>6. -</p> <p>7.</p> <p>During the initial medical examination, all applicants undergo a general examination (physical examination including vital parameters, injuries) and a chest x-ray (tuberculosis). The asylum seekers are questioned about their health status using a standardised self-anamnesis sheet (especially about illnesses, taking medication, operations and vaccinations).</p> <p>The purpose of these initial examinations is to avoid infections in the reception centers, to prevent that extinct diseases redistribute in Austria and to provide an adequate care for current illnesses or to identify a need for special care.</p> <p>The AIP is informed of the planned procedure and the reasons for it in a language he or she understands. After he or she consents, the appropriate medical expert is selected from pool of approved experts, following the needs of the case in question, contacted and a date for the examination is settled, then transport and an interpreter for the examination are arranged. Relevant information about the AIP 's condition is given to the medical expert. The AIP is once again informed.</p> <p>Any decision on the case is delayed until the expert 's inform is available, and the AIP is informed on the results on the medical examination and given the opportunity to comment on it before a final decision is made.</p> <p>The AIP (respectively his or her legal representative) can contribute medical informs he or she commissioned and paid for by him/herself which will be taken into account as well.</p> <p>---</p> <p>Source: Ministry of the Interior</p> <p>8. -</p> <p>9. The most common vulnerabilities detected in the Austrian reception system at the federal level are</p>
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			<p>unaccompanied minors, single women and persons with special medical needs. Special reception conditions are provided not only for these groups, but also for AIPs with other potential vulnerabilities or other groups (eg. LGBTIQ).</p> <p>---</p> <p>Source: Ministry of the Interior</p>
	<p>EMN NCP Belgium</p>	<p>Yes</p>	<p>1. iii) both</p> <p>2. Both paragraphs of article 18 of Directive 2013/32/EU of the European Parliament and of the Council on common procedures for granting and withdrawing international protection have been implemented in Belgian law (cf. article 48/8 of the 15 December 1980 Belgian Immigration Act) yet, in practice, the determining authority (i.e. the Office of the Commissioner General for Refugees and Stateless Persons - CGRS) will generally leave it up to the applicant to arrange for a medical examination concerning signs that might indicate past persecution or serious harm, on their own initiative and at their own cost. As such, it is considered the applicant's prerogative to consult with a medical examiner of his choice, in order to further substantiate his/her claim for international protection and provide the CGRS with additional evidence. Usually, the CGRS will only specifically request the applicant to consult with a medical examiner of his or her choice to provide such additional proof when no decision on the need for international protection can be reached based on all information available in the case file. As a rule, all pieces of evidence will be taken into account and evaluated as part of the refugee status and subsidiary protection assessment. There are no specific requirements as to the shape, form or content of such evidence, although it can be noted that e.g. medico-legal reports which have been drafted by qualified medical examiners taking into account Istanbul Protocol directives will generally carry more weight in the overall evaluation of all elements of the case.</p> <p>3. See question 2</p> <p>4. See question 2</p>

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			<p>5. Yes</p> <p>6. See question 2</p> <p>7. See question 2</p> <p>8. See question 2</p> <p>9. In addition to the answer provided in AHQ 2019.070 (see below), it can be noted that mental health issues, particularly PTSD, are invoked on a regular basis by or on behalf of the applicant. Ways to better identify such issues and their possible negative impact on the asylum procedure process in a timely manner and ways to provide adequate support where needed are currently considered and developed, as well as ways to better evaluate the possible consequences of these issues in relation to the need of international protection.</p> <p>(Answer provided in AHQ 2019.070): Unaccompanied minors and applicants who invoke gender based violence. The CGRS has specific coordinators for those two types of vulnerable applicants. However, there is no exhaustive list of groups of vulnerable persons. Moreover, an applicant can have several characteristics making him/her a vulnerable person with specific procedural needs.</p>
	<p>EMN NCP Bulgaria</p>	<p>Yes</p>	<p>1. iii) both</p> <p>The establishment of belonging of a person to a vulnerable group is possible at each stage of the administrative procedure for granting international protection – from the moment of registration of the foreigner in the State Agency for Refugees until the conclusion of the procedure by an effective decision. Art. 29(4) of Law on Asylum and Refugees (LAR) provides for that during the obligatory initial medical examination, the belonging of the foreigner to a vulnerable group is also established. This examination is performed on public health grounds under Art. 13 of Directive 2013/33/EU and differs from the medical examination under Art. 18 of Directive 2013/32/EU. The possibility for conducting a medical examination in connection with marks that could be a result of past persecution or serious harm, with the consent of the</p>

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			<p>foreigner and at the initiative of the interviewing authority, has been introduced in Art. 61a(7) of LAR, in accordance with Art. 18(1) of Directive 2013/32/EU. This provision allows the examination to be carried out on the initiative of the foreigner and at their expense, in accordance with Art. 18(2) of Directive 2013/32/EU. In case the results of these medical examinations reveal that the applicant for international protection belongs to a vulnerable group, this circumstance will be taken into account by virtue of the Law (Art. 30a(2) of LAR).</p> <p>2. The conduct of an initial medical examination under Art. 29(4) of LAR is mandatory for all applicants for international protection and aims to establish their initial state of health. Conducting a medical examination in connection with marks that could be a result of past persecution or serious harm has been introduced as a dispositive option. The examination is carried out at the discretion of the interviewing authority or at the request of the applicant for international protection.</p> <p>3. The initial medical examination is mandatory and takes place immediately after the registration of the applicant for international protection in SAR. The medical examination in connection with marks that could be a result of past persecution or serious harm may be carried out only with the consent of the applicant for international protection. Their refusal is an obstacle for a medical examination to take place but is not an obstacle to deciding on an application for international protection.</p> <p>4. The initial medical examination is performed by a physician, a nurse or a paramedic. For performing an examination in connection with marks that could be a result of past persecution or serious harm, the determining authority may assign an expert medical report to be elaborated under Art. 49 of the Administrative Procedure Code in order to clarify some issues requiring specialised knowledge. In these cases, an expert shall be appointed, who is approved in a list under Art. 8(1) of Ordinance No 2 of 29 June 2015 on the registration, qualification and remuneration of experts, adopted by the Minister of Justice. Only an expert who meets the requirements specified in the Ordinance may be approved to perform this task.</p> <p>5. Yes</p> <p>6. The medical persons (physicians, nurses or paramedics) performing the medical examinations are part of</p>
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			<p>the staff members engaged in the reception and the procedure of asylum seekers. They undergo regular training sessions organised by the State Agency for Refugees, the Bulgarian Red Cross, the National Commission for Combating Trafficking in Human Beings, the International Organization for Migration, etc.</p> <p>7. The initial medical examination takes place in health services at the territorial divisions of SAR. The medical person takes a medical history from the applicant for international protection and measures their main vital signs. The medical person also examines the external signs of the applicant for international protection (hair, skin, joints, etc.) which may give indications of the presence of a disease. During the examination, the medical person may perform tests for the presence of parasitic or contagious diseases that could pose a risk to the applicant and to the public health. With the consent of the foreigner, samples of biological material may be taken for laboratory tests. The examination is free of charge for the foreigner and the results are reflected in an appendix to the registration form.</p> <p>8. The information about the right to a medical examination of the applicants on their own initiative and at their own cost was introduced with the latest amendments to LAR of October 2020. Applicants are given the opportunity to organise a medical examination at their own cost at any time before a decision is held. This possibility is explained by SAR officials during the procedure for granting international protection.</p> <p>9. The most frequently identified cases of persons registered in SAR who belong to a vulnerable group are related to unaccompanied minors.</p>
	<p>EMN NCP Croatia</p>	<p>Yes</p>	<p>1. i) article 18 (1) of the Directive</p> <p>2. Medical examination for detecting vulnerabilities is based on Article 18 (1) of the Directive. Member state, subject to the applicant's consent, arrange for a medical examination of the applicant concerning signs that might indicate past persecution or serious harm. The medical examinations shall be carried out by qualified medical professionals and the result thereof shall be submitted to the determining authority as soon as possible. The abovementioned medical examinations shall be paid for out of public funds. According to Act on International and Temporary Protection applicants who need special reception and/or</p>

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			<p>procedural guarantees, especially victims of torture, rape or other serious forms of psychological, physical or sexual violence, shall be provided with the appropriate health care related to their specific condition or the consequences of those offences. The Ministry competent for health care shall provide for that medical examination. The costs of that health care and the medical examination regarding vulnerable persons shall be borne by the ministry competent for health care. In addition, the Ordinance on health care standards for applicants for international protection and aliens under temporary protection determines the scope of health care for vulnerable groups.</p> <p>The consent of the applicant is required to conduct a medical examination. In addition, it obligatory to inform the applicant of the need for medical examination with an explanation of the reasons for which the examination should be conducted, as well as the note on the legal obligations of the applicant to undergo a medical examination and cooperate with competent authorities during the proceedings. If the applicant is an unaccompanied minor it is required to obtain the written consent of the special guardian.</p> <p>3. At any stage of the procedure, a medical examination can take place. There is no preclusion for the medical examination to take place.</p> <p>4. The Ministry competent for health care shall provide for that medical examination. The costs of that health care and the medical examination regarding vulnerable persons shall be borne by the ministry competent for health care. In addition, the Ordinance on health care standards for applicants for international protection and aliens under temporary protection determines the scope of health care for vulnerable groups.</p> <p>5. No</p> <p>6. N/A</p> <p>7. Ordinance on health care standards for applicants for international protection and foreigners under temporary protection determines and prescribes the scope of health care for vulnerable groups. Persons deprived of legal capacity, children, unaccompanied children, the elderly and infirm, seriously ill persons, persons with disabilities, pregnant women, single parents with minor children, persons with mental disabilities and victims of trafficking, victims of torture, rape, or other mental, physical and sexual violence,</p>
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			<p>such as victims of female genital mutilation are entitled to adequate health care. A pregnant woman or a woman in labor is entitled to health care, in connection with the monitoring of pregnancy and childbirth, to the same extent as the insured person from the compulsory health insurance. Children up to the age of 18 are provided with the right to full health care in accordance with the regulations governing the right to health care from compulsory health insurance. All persons mentioned above shall be entitled to psychosocial support and assistance in appropriate institutions.</p> <p>The medical examination is performed by several different profiles of experts with the conduct of appropriate diagnostic tests. Therefore in medical examination of the age in the procedure are included dentists, specialist radiologists, specialist pediatricians, forensic specialists: as well as an examination of the person (if necessary, in agreement with the pediatrician). The examinations included in the procedure are a dental orthopantomogram (orthopteran) and an X-ray of the wrist. The proposed procedure may be amended in the future, in accordance with new professional achievements and international recommendations. The foreseen deadline for the preparation of the expertise is ten working days from the day of receipt of the request, depending on the number of cases and the current availability of members of the expert team. Any emergencies will be resolved, by agreement, as a matter of priority. The person inquiring about medical examination should undertake the obligation to bring and accompany the examinee to the places where the examinations and examinations will be performed. The costs are borne by the competent Ministry.</p> <p>8. N/A</p> <p>9. The most commonly detected forms of vulnerabilities in Croatia are minors, unaccompanied minors, elderly and infirm persons, pregnant women, and single parents with minor children (as stated in AHQ 2019). Less commonly detected forms of vulnerabilities would be persons with disabilities, persons with mental disorders and victims of trafficking in human beings, victims of torture, rape, or other psychological, physical, and sexual violence. Few cases of victims of female genital mutilation, persons divested of legal capacity, and seriously ill persons were noted as well.</p>
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	<p>EMN NCP Cyprus</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. iii) both 2. This is an integrated part of the asylum procedure. In order to complete the asylum application, medical examinations should also be concluded. Vulnerabilities may be detected during these medical examinations or during the vulnerability screening. 3. Medical Examinations should be taking place at the beginning of the procedure (upon submission of asylum application) even before the vulnerability interview. 4. The physician. 5. Yes 6. Istanbul Protocol for detecting vulnerabilities. 7. By the lodge of the asylum application by the applicant, (s)he is given a specific period of time to conclude the medical examinations. If the asylum application is submitted at the First Reception Centre, an appointment with the medical staff of the Centre is scheduled for the completion of the medical examinations. 8. There is no cost for the medical examinations. Applicants are informed about this procedure upon submission of asylum application by the competent officer at the point of submission. General medical tests may not identify certain vulnerabilities, which may be detected during the vulnerability screening or during the asylum interview where the competent officer may refer the applicant to the medical board established for this purpose. 9. Most common vulnerabilities detected in Cyprus are people with mental health disorders, sexual violence, trafficking, torture and minors.
	<p>EMN NCP</p>	<p>Yes</p>	<ol style="list-style-type: none"> 1. None of the above. Please explain

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	Czech Republic		<p>The medical examination is not always performed, only if necessary. For completeness, the Czech Republic has implemented Article 18/2 of the Directive.</p> <p>2. N/A</p> <p>3. N/A</p> <p>4. N/A</p> <p>5. Not Applicable</p> <p>6. N/A</p> <p>7. N/A</p> <p>8. This information is provided in connection with the provision of data to the submitted application for international protection pursuant to the Section 10 of the Asylum Act. (Note: according to the Directive, this is the "lodging an application" phase).</p> <p>9. Same as in the AHQ 2019.70.</p>
	EMN NCP Estonia	Yes	<p>1. i) article 18 (1) of the Directive</p> <p>2. Yes, if the Police and Border Guard Board suspect that a person may be vulnerable and may need a medical examination to confirm this, board will conduct an examination with the person's consent. As it is a voluntary action the board will inform a person about medical examination and if necessary, the person will be advised by an adviser more detailly.</p> <p>3. There is no exact time for it, need for medical examination can happen throughout the procedure, but</p>

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			<p>usually during the initial proceedings.</p> <p>4. Practical responsibilities lies on the Social Insurance Board.</p> <p>5. No</p> <p>6. It is not obligatory, but recommended. Trainings are not specified.</p> <p>7. This is organised by the Social Insurance Board on a case by case basis.</p> <p>8. N/A</p> <p>9. Situation is the same as in 2019: In Estonia the number of applicants for international protection is small, hence the number of applicants with vulnerabilities is even smaller. The forms of vulnerabilities detected in recent years have been elderly persons, pregnant women, single parents with minor children, person with mental health problems.</p>
	<p>EMN NCP Finland</p>	<p>Yes</p>	<p>1. i) article 18 (1) of the Directive</p> <p>2. According to law, we cannot force the applicant to go to the medical examination and/or deliver the medical certificate to the asylum officials. Asylum officials can only ask for a medical certificate and hope that the reception officials manage to convince the applicant of the relevance of it for the application.</p> <p>3. It can be done at any point during the process, depending on when the need for special procedural guarantees is detected. If it is obvious that medical or other problems are not connected to the international protection needs, the applicant has to arrange the certificate at their own cost and it can be taken into consideration for receiving a residence permit based on humanitarian grounds.</p> <p>The aim is to assess any special needs due to a person's vulnerability at the initial health examination at the reception center. The nurse may initiate a medical examination at a later stage. If necessary, the reception</p>

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			<p>centre may give the information contained in the client's medical records to the asylum unit if they have the client's written consent.</p> <p>4. A general practitioner contracted by the reception centre or a medical specialist either at public or private healthcare.</p> <p>5. No</p> <p>6. No special training of the international protection is required. The asylum unit will define what kind of medical examination is needed (physical/ psychiatry).</p> <p>7. If the asylum unit asks for the medical examination, the reception center will organize it according the request.</p> <p>8. -</p> <p>9. The same as in 2019, but the percentage of mental problems seems to be rising steadily, as the applicants have been in Finland since the 2015-2016 influx, making new claims and thus being in the processes for several years.</p>
	<p>EMN NCP France</p>	<p>Yes</p>	<p>1. i) article 18 (1) of the Directive</p> <p>2. The provisions of the Code on Entry and Residence of Foreign Nationals and Right to Asylum (Code de l'entrée et du séjour des étrangers et du droit d'asile, CESEDA) correspond to the provisions of Article 18 (1) of the Directive and provide that the French Office for the Protection of Refugees and Stateless Persons (l'Office français de protection des réfugiés et apatrides, OFPRA) shall propose a medical examination subject to the consent of the third-country national, and in case of their refusal to undergo a health examination this does not prevent the determining authority from taking a decision on their application for</p>

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			<p>international protection. The medical examination is paid for by the determining authority. Furthermore, the medical examination proposed by the French Office for Immigration and Integration (l'Office français de l'immigration et de l'intégration, OFII), as provided for in article L.522-1 of the CESEDA, is based on article L.321-3 of the Social Security Code.</p> <p>According to article L.522-1 of the CESEDA, upon the registration of the asylum application at the one-stop shop for asylum seeker and the assessment of vulnerability, OFII agents inform asylum seekers of the possibility to benefit from a free health examination. The medical examination cannot take place without the consent of the asylum seeker. Besides, if the third-country national mentions having health problems and presents medical documents to justify a situation of vulnerability and benefit from the material reception conditions adapted to their situation, these documents are submitted to and examined by an OFII doctor, who issues an opinion (article R.522-2 of the CESEDA).</p> <p>In addition, during the examination of the asylum application by the OFPRA, the office may also ask an asylum seeker to undergo a medical examination (L.531-11 of the CESEDA). In the case where asylum is requested for a minor by her parents or legal representatives due to the risk of sexual mutilation that she is at risk of, the office informs by letter the parents or representatives of the need to undergo this examination before the application examination interview (Order of 27 August 2017). The minor's consent must be sought. Refusal to undergo this examination does not prevent the OFPRA from examining the asylum application.</p> <p>3. See Q2.</p> <p>4. See Q5 and Q6.</p> <p>5. Yes</p> <p>6. The doctors in charge of coordinating a zone give an opinion based on the medical certificate completed by the asylum seeker's doctor, in order to adapt the material conditions of reception. The OFII Medical Service Department provides training for all health personnel involved in the medical missions of the OFII. If necessary, each new doctor or nurse receives a personalized training. Training courses are regularly organised for OFII health personnel in the regions or during a dedicated national day</p>
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			<p>run by external specialist experts, sometimes from countries of origin.</p> <p>Regarding the medical examination offered by the OFPRA, a joint order of the ministers responsible for asylum and health, issued after consultation with the General Director of the OFPRA, sets out the categories of doctors who can carry out the medical examination, as well as the procedures for elaborating medical certificates. For female asylum seekers who apply for protection on the grounds of a risk of female genital mutilation, the Order of 23 August 2017 defines the modalities of the medical examination proposed by the OFPRA. These examinations must be performed by practitioners registered to list of the Order of Physicians, who hold a diploma or university title in forensic medicine recognized by the National Council of the Order of Physicians or a right to practice issued by the Order of Physicians in forensic medicine, and practicing within a forensic unit.</p> <p>7. For the OFII, the "vulnerability" envelopes are given by the agents operating at the one-stop-shops each time an asylum seeker makes a request or spontaneously mentions having a health problem during their interview. The OFII agent gives the asylum seeker a confidential "health vulnerability" envelope containing a certificate which the asylum seeker can have filled in by the doctor of their choice. This certificate is sent in a confidential envelope to the OFII's zone coordinating doctor for their opinion. These doctors are invited to give their opinion on the declared medical vulnerabilities. Their opinions guide the modalities of care that must be applied to the asylum seeker. In particular, the doctors decide when it is urgent to admit the asylum seeker in an accommodation near a specialised health center for the care they need.</p> <p>Since 1 June 2021, the OFII's medical service has launched a pilot test in three major French cities of a preventive consultation (called "Health Appointment" -Rendez Vous Santé) offered to all new first-time asylum seekers as soon as they arrive at the one-stop shop. This consultation allows the assessment of the health status of the asylum seeker and their family, the identification and detection of health problems, and an early referral to address their health problems. The asylum seeker is given a personal health passport, as well as addresses or ad hoc appointments for care. This consultation is done in the presence of professional interpreters and tools translated into the most frequently encountered languages. The implementation of this health appointment in the medical services of the three territorial directorates of the OFII is being tested for a period of 6 months. At the one-stop-shop, the OFII agent will propose the health appointment to all asylum seekers volunteering.</p> <p>If the OFII doctor observes any health vulnerabilities, they will report this to the OFII zone coordinating</p>
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			<p>doctor, who will give their opinion to the asylum officer (cf. Q5). This experiment may be extended to the entire country in 2022. Indeed, a medical examination should be systematically offered to asylum seekers who volunteer, as soon as their application is registered at the one-stop shop, in order to enable the early identification of vulnerabilities related to the physical and mental health of asylum seekers, and to direct them towards appropriate care. In addition to the vulnerability interview conducted by the OFII at the one-stop shop, this health appointment, which is paid for by the OFII's medical services, will provide a response to the specific difficulties encountered by this group in terms of access to healthcare (lack of knowledge of the healthcare system, limited command of the language). This appointment will be based on a common component comprising a clinical assessment (including the identification of mental health problems), a screening for tuberculosis, HIV, and hepatitis B and C, completed with an individualized component depending on identified risk factors. Adults will be given a catch-up on their vaccinations. Information and referral (possibly with an appointment) to local health care structures (health care access offices / local free vaccination or screening centers, public psychiatry) will also be provided.</p> <p>According to OFPRA's guide of procedures, the protection officer will direct the asylum seeker to the appropriate medical facilities, defined by a joint order of the ministers responsible for asylum and health. The officer will also inform the asylum seeker of the two-month deadline under which they have to provide their medical certificate. After this period, a decision may be taken on the application for international protection. Regarding the medical certificates stating the absence of female genital mutilation, the OFPRA informs the parents or the legal representatives of the minor concerned by letter of the need to undergo this medical examination and of the three-week deadline under which they have to send this certificate to the OFPRA. The letter specifies that if they refuse to carry out this examination or don't transmit the certificate, or if the OFPRA receive a certificate establishing female genital mutilation, the public prosecutor will be notified without delay (article R.561-4 of the CESEDA).</p> <p>Regarding the conduct of the medical examination, the doctor will remind the minor, her parents or legal representatives at the beginning of the examination of the need to send the certificate to OFPRA. At the end of the examination, the doctor will give a medical certificate (established in accordance with the model provided in the annex to the order of 23 August 2017) to the parents or legal representatives of the minor concerned. They shall also send a certificate of presentation at the medical examination of the minor signed</p>
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			<p>by the health establishment at the OFPRA. Then, her parents or legal representatives must send the medical certificate to the OFPRA by post.</p> <p>8. N/A.</p> <p>9. See France's answer to the AHQ 2019.070.</p>
	EMN NCP Germany	Yes	<p>1. None of the above. Please explain In Germany, early detection of vulnerable persons is based on Art. 22 of the Reception Directive (2013/33/EU). The Federal States are responsible for implementing the Reception Directive. In Germany, there is no uniform concept for the early identification of vulnerable persons in the reception facilities. If necessary for the further processing of the application, a medical examination pursuant to Art. 18 (1) ACP may be arranged with regard to indications of past persecution or serious harm suffered in the past, subject to the applicant's consent. In practice, such an examination is usually only arranged if it is necessary for the further processing of the application and the applicant has specifically alleged an act of persecution (e.g. traces of injuries attributable to torture) on the basis of a characteristic present in him or attributed to him by an actor of persecution. In addition, applicants can be informed that they are free to arrange their own medical examination for signs of past persecution, article 18 (2).</p> <p>2. We kindly refer to our answer in question one.</p> <p>3. n/a</p> <p>4. n/a</p> <p>5. Not Applicable</p> <p>6. n/a</p>

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			<p>7. We kindly refer to our answer in question one.</p> <p>8.</p> <p>9. We kindly refer to our answer to Ad-hoc query on 2019.70, namely that The Federal Office does not register such data.</p>
	<p>EMN NCP Hungary</p>	<p>Yes</p>	<p>1. None of the above. Please explain Social workers from the asylum authority are required to fill out a PROTECT questionnaire with the applicants specifically designed to detect victims of trafficking in human beings. The questionnaire includes questions concerning sexual abuse and exploitation as well. If vulnerability is detected on the basis of the results of the questionnaire or if the victim of trafficking in human beings turns for help to the social worker, the social worker notifies the psychologist and/or psychiatrist.</p> <p>2. -</p> <p>3. -</p> <p>4. -</p> <p>5. Not Applicable</p> <p>6. -</p> <p>7. -</p> <p>8. -</p> <p>9. Post-traumatic stress disorder</p>

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	EMN NCP Italy	Yes	<p>1. i) article 18 (1) of the Directive</p> <p>2. It should be noted that in all reception centres, including hotspots, the first entry medical examination and first aid interventions are always guaranteed, also aimed at ascertaining any pathologies requiring isolation or specialist visits or a diagnostic and/or therapeutic course at public health facilities, as well as at ascertaining any situations of vulnerability.</p> <p>In addition, during the current Covid-19 health emergency, migrants undergo an initial medical screening at the hotspot and then on board the quarantine ships. Migrants who are not self-sufficient or suffering from transmissible diseases, as well as pregnant women, are not allowed to board the quarantine ships but carry out the period of health surveillance at facilities specifically identified on the territory through the competent Prefectures. The same destination is assigned, in dedicated centres, to unaccompanied foreign minors.</p> <p>Once transferred to the reception centres, migrants are entitled to social assistance aimed at assessing their personal situations, also with reference to the identification of particular needs that require a prompt report to the doctor in charge of the health centre, who takes care of them and identifies the most suitable assistance and care paths, as well as reporting vulnerable cases to the competent Authorities for the assessment of specific conditions of fragility.</p> <p>In addition, by decree of the Ministry of Health of 3 April 2017, the Guidelines on interventions for the care, rehabilitation and treatment of mental disorders of refugees and persons who have suffered torture, rape or other serious forms of psychological, physical or sexual violence were adopted, including any specific training and refresher programmes aimed at health personnel, the application of which is expressly extended to asylum seekers in reception.</p> <p>Particularly relevant is the regulation of the certification of torture outcomes introduced by Legislative Decree 142/2015, which adds paragraph 3-bis to Article 8 of Legislative Decree 25/2008. The aforementioned article in recalling the guidelines states that: "where necessary for the purposes of examining the application, the Territorial Commission may consult experts on particular aspects such as health, cultural, religious, gender or child-related issues. The Commission, on the basis of the elements provided by the applicant, may also order, with the consent of the applicant, medical examinations aimed at ascertaining the results of persecution or serious harm suffered, carried out according to the guidelines referred to in Article 27, paragraph 1-bis, of the Legislative Decree no. 251 of 19 November 2007, and subsequent amendments. If the Commission does not order a medical examination, the applicant may carry out the medical examination at his/her own expense and submit the results to the same Commission for the</p>
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			<p>purpose of examining the application".</p> <p>3. The above-mentioned Guidelines state that activities aimed at identifying vulnerabilities should begin as early as possible, compatibly with the different arrival contexts. However, if the vulnerability condition emerges at a later stage, clinical-diagnostic assessment activities can also take place thereafter.</p> <p>4. No. However, as established by Art. 27, par. 1-bis of the Legislative Decree no. 251/2007 of 19 November 2007, and subsequent amendments, implementing the Directive 2004/83/EC, the provision of specific training and updating programmes for health personnel operating within the international protection pathways has been introduced. In addition, it is important to highlight that, once operators in reception centres identify asylum seekers with special needs, they are sent to health facilities, with adequate specialised expertise, for diagnostic confirmation and appropriate and timely therapeutic care. In addition, some Prefectures have launched memoranda of understanding with NGOs, experts in the field of assistance to migrants, in order to ensure psychological, psychiatric and health support services on site.</p> <p>5. Not Applicable</p> <p>6. Following the first medical examination at the first reception centre, as well as the interview with the medical-psychological staff of the host structure, also with the involvement of non-healthcare workers, each person identified as vulnerable will be reported and addressed, for a thorough clinical-diagnostic assessment and for a possible take-over, to the services of the National Health System with specialised competences, or to other structures recognised by it, in order to avoid psychological deterioration and/or the chronicisation of clinical pictures (psychological and somatic) and to adapt reception conditions and asylum procedures to their specific needs. In general, during the examination, the doctors involved must take into account the age, gender, gender identity and sexual orientation, as well as the cultural origin of the applicant. The environment in which examinations are carried out must ensure that confidentiality is protected. Finally, where necessary, interviews should be carried out in the presence of an appropriately trained cultural-linguistic mediator.</p> <p>7. NA</p>
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			<p>8.</p> <p>9. Currently, there is no standardised national vulnerability detection mechanism in reception centres, making it impossible to obtain a complete picture of the vulnerabilities found among asylum seekers throughout the country.</p>
	EMN NCP Latvia	Yes	<p>1. i) article 18 (1) of the Directive</p> <p>2. Asylum seekers must undergo a medical examination on the same day as they arrive at the asylum center, but no later than the next working day carried out by the medical staff of the asylum center.</p> <p>3. The procedure takes place when asylum seeker arrives in Accommodation center for asylum seekers.</p> <p>4. Only Family physician from asylum seekers center medical unit can do the examination.</p> <p>5. No</p> <p>6. N/a</p> <p>7. The examination of the asylum seeker's state of health includes:</p> <ul style="list-style-type: none"> •examination of questionnaires (history, complaints) and possibly medical documentation; •general inspection; •anthropometry (body weight, height); •examine the procedures for the detection of tuberculosis with regulatory enactments regarding the procedures for the performance of compulsory medical and laboratory examination of persons, compulsory and compulsory isolation and treatment in cases of infectious diseases; •Cases of investigation necessary for the performance of assignments, taking into account the state of health and manifestations of symptoms of asylum seekers, as well as the special epidemiological situation of the asylum seeker's countries of origin or countries where asylum seekers are maintained before entering

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			<p>Latvia. If necessary, medical practitioners shall consult with the Center for Disease Prevention and Control and the limited liability company "Riga East Clinical University</p> <p>8. N/a</p> <p>9. They are same as mentioned in AHQ 2019.70. "The most frequently detected forms of vulnerability are persons with mental health disorders, followed by such forms of vulnerability as pregnant women and single parents with minor children; less frequently – unaccompanied minors and persons with serious illness."</p>
	EMN NCP Lithuania	No	This EMN NCP has provided a response to the requesting EMN NCP. However, they have requested that it is not disseminated further.
	EMN NCP Luxembourg	Yes	<p>1. iii) both Luxembourg transposed article 18 (1) of the Directive in article 16 (1) of the Law of 18 December 2015 on international protection and temporary protection (Asylum Law) and article 18 (2) of the Directive in article 16 (2) of the Asylum Law.</p> <p>2. Article 16 (1) of the Asylum Law states that if the Minister in charge of Immigration deems it relevant to the assessment of international protection in section 37 of the Law, he takes the necessary measures to ensure that the applicant, with his/her consent, undergoes a physical examination in order to discover signs of persecution or serious harm which occurred in the past. This article applies only when, in the course of the examination of the application, it is necessary to verify signs of torture or other serious forms of torture by means of a medical examination, in which case the applicant is given an appointment to see a doctor for a medical consultation. A report is then sent to the Directorate of Immigration and entered into the file for consideration by the agent in charge of the case. The medical examination is carried out at the expense of the State by a physician designated by the Minister</p>

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			<p>and the results are communicated to the Minister as soon as possible. For the identification and documentation of signs of torture or other serious physical or psychological abuse, including sexual abuse, the medical examination will take into account the "Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment " (Istanbul Protocol).</p> <p>3. The medical examination can take place at any stage in the procedure when the agents of the Directorate of Immigration or the staff of the ONA detected that the applicant presents signs of persecution or serious harm to body or health in the past.</p> <p>With regard to the procedure for the examination of applications for international protection, a distinction should be made between three kinds of medical examinations: the one covered by Article 16 which usually takes place after the interview to check whether the applicant has signs of torture or violence and which is relevant to the examination of the application; the medical examination provided for in Article 19 2) of our Law of 18 December 2015 which relates to the assessment of special procedural safeguards for vulnerable persons; and the medical examination provided for in Article 13 4) b) to determine whether the circumstances which make the applicant unfit or unable to participate in an interview are of a temporary or permanent nature.</p> <p>With regard to reception of AIPs, doctors from the Directorate of Health hold primary health care consultations up to 4 times a week. Through those consultations, they always consider and assess when appropriate if there are any vulnerabilities. Within the Sanitary Inspection and together with ONA and Red Cross they work on how to better address those vulnerabilities.</p> <p>4. The physician of the Directorate of Health appointed by the Ministry of Health (Sanitary Inspection). As for the medical examinations ordered by the Directorate of Immigration, for the medical examination to assess special procedural guarantees and the medical impediment to an interview, the Directorate of Immigration uses a referral medical practice in Luxembourg City. For the medical examination for signs of torture, it is adapted to the complexity and the medical field concerned: for example, if it is a gynaecological field, then a gynaecologist will be assigned, otherwise, in principle/often, a doctor from the National Laboratory of Health (LNS) is assigned to this task.</p> <p>5. No</p>
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			<p>Concerning the doctors assigned by the Directorate of Immigration for the medical examination of signs of torture, they take into account the manual established by the Istanbul Protocol in accordance with the law, however training is not mandatory, but recommended.</p> <p>6. N/A. However, when examining the applicant, the guidelines of the "Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment" established by the Istanbul Protocol of 1999 will be taken into account. Where appropriate, the outcome of the medical examination will be used to determine whether the applicant requires special procedural safeguards.</p> <p>7. When it is decided to order a medical examination, the applicant is given a summons to visit the referring doctor; this summons is explained with the help of an interpreter, who is also present with the doctor for better understanding and exchange during the medical consultation. A mission is sent to the doctor on the purpose of the consultation and possibly the applicant's medical file, if the applicant has submitted certificates to the file. The doctor then sends a report/record of the consultation to the Directorate of Immigration.</p> <p>8. Article 16 (2) of the Asylum Law states that the applicant is informed that he or she may, on his or her own initiative and at his or her own expense, take the necessary steps to undergo a medical examination for signs of past persecution or serious harm. This information is provided in writing in the information leaflet received at the beginning of the application for international protection and in the language of the applicant. It specifically states: "You may be subject to a medical examination for signs of persecution or serious harm if you claim to have suffered such harm in the past. You have the possibility to undergo this medical examination on your own initiative and at your own expense, if such an examination is not required by the MAEE. " In addition, and by way of indication, at the end of the interview, the applicant is always offered the possibility of providing, on his or her own initiative, any useful document (medical or not) that may support his or her statements.</p> <p>9. Some of the most common types of vulnerability that are detected during the international protection procedure are: victims of trauma (i.e. victims of rape, torture and any other form of violence and coercion) and mental disorder (post traumatic syndrome,...). Unaccompanied minors are also a big part of this group</p>
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			considered as vulnerable.
	EMN NCP Malta	Yes	<p>1. None of the above. Please explain The International Protection Agency does not carry out medical examinations to determine vulnerability. The screening is done by non-medical practitioners and is based solely on readily apparent signs and the applicant's oral declarations, including any documentary evidence that he/she might have.</p> <p>2. N/A</p> <p>3. N/A</p> <p>4. N/A</p> <p>5. Not Applicable</p> <p>6. N/A</p> <p>7. N/A</p> <p>8. N/A</p> <p>9. N/A</p>
	EMN NCP Netherlands	Yes	<p>1. i) article 18 (1) of the Directive</p> <p>2. The applicant must give permission for the medical examination to take place. They have to sign a consent form for the medical examination (Forensisch Medisch Onderzoek - FMO), the requesting of information from the Asylum Seeker 's Health Centre (GCA) and the Forensic Medical Company Utrecht</p>

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			<p>(FMMU), and for the distribution of the report with the IND (Immigration and Naturalisation Service). The cooperation of the applicant in the medical examination is therefore verified by the IND when they receive the report. However, the applicant may not give permission for an FMO. The IND will then ask about the underlying reasons, which can be taken into account by the IND in the assessment of the asylum application.^[1]</p> <p>^[1] Work instruction IND, 2016, 'Forensich medisch onderzoek naar steunbewijs (FMO)', https://ind.nl/Documents/WI_2016-4.pdf, last accessed on 3 June 2021</p> <p>3. To determine whether a medical examination (Forensich Medisch Onderzoek - FMO) is necessary, an assessment will be carried out of the asylum story and its credibility. It is therefore logical that the medical examination is conducted after the interview, because at that moment the asylum motives of the foreign nationals become known. Nevertheless, it may occur that there are indications earlier in the procedure. For example, when the applicant is having trouble or is unable to provide a statement and there are indications that an FMO is needed for the assessment of the asylum application. It is therefore also possible that an FMO is initiated during an appeal procedure or because third parties raise concerns that an FMO is necessary.^[1]</p> <p>^[1] Work instruction IND, 2016, 'Forensich medisch onderzoek naar steunbewijs (FMO)', https://ind.nl/Documents/WI_2016-4.pdf, last accessed on 3 June 2021</p> <p>4. See below question 6.</p> <p>5. Yes</p> <p>6. The medical examination (Forensich Medisch Onderzoek or FMO) is conducted by independent qualified medical professionals. Given the forensic nature of this medical examination it is carried out by forensic experts. Medical professionals with forensic expertise means that they have experience with medical examinations and the reporting for the purpose of judicial processes. The IND has therefore signed a cooperation agreement with the Netherlands Forensic Institute (NFI) and the Netherlands Forensic Institute Psychology (NIFP).^[1]</p>
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			<p>[1] Work instruction IND, 2016, 'Forensich medisch onderzoek naar steunbewijs (FMO)', https://ind.nl/Documents/WI_2016-4.pdf, last accessed on 3 June 2021</p> <p>7. The medical examination (Forensich Medisch Onderzoek or FMO) is conducted by the Netherlands Forensic Institute (NFI) and/or The Netherlands Institute for Forensic Psychiatry and Psychology (NIFP). Three different types of medical examinations are possible:</p> <ol style="list-style-type: none"> 1. A physical examination (internal and/or external); 2. A psychiatric examination (which may possibly be supplemented with a psychodiagnostic examination); 3. A combination of both the abovementioned examinations. <p>The physical examination will be carried out by NFI, meanwhile the psychiatric examination and/or the psychodiagnostic examination will be conducted by the NIFP. When a combination of the two studies is carried out then both organizations will be involved. The results will then be written up in one joint report.[1]</p> <p>[1] Work instruction IND, 2016, 'Forensich medisch onderzoek naar steunbewijs (FMO)', https://ind.nl/Documents/WI_2016-4.pdf, last accessed on 3 June 2021</p> <p>8. N/A</p> <p>9. As mentioned in AHQ 2019.070 this is not registered in our system.</p>
	<p>EMN NCP Poland</p>	<p>Yes</p>	<p>1. None of the above. Please explain The medical examination provided by the Border Guard is carried out during application. That examination is aimed at establishing the state of health of the person applying for asylum in general. This is not performed based on Art. 18 of the Directive. For the needs of the Department of Social Assistance of the Office for Foreigners on November 2, 2015, Procedure No. 1/2015 on the treatment of foreigners requiring special treatment in the field of social assistance was established which details all stages of social assistance to a vulnerable person by category. The Department of Social Assistance of the Office for Foreigners introduced</p>

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			<p>an internal procedure (Procedure No. 1/2015 adopted on 2 November 2015 and updated in June 2018), which outlines all the stages of social assistance provided to vulnerable persons divided by categories. To implement appropriate identification and medical care for vulnerable persons were provided with appropriate provisions in the contract with the entity providing health services (contract No. 570 / UDSC / 2015 of 30 June 2015). The provisions of the contract include the obligation of medical personnel to participate in the process of identifying foreigners who require special treatment in proceedings for international protection or in the scope of social assistance provided to them, in particular as regards accommodation and meals. Once identified, vulnerability is recorded in foreigners' files stored by the Department of Social Assistance. The assessment whether a foreigner needs special procedural guarantees or in special social assistance (inter alia special reception needs) is made by: a) doctor (physician) during special three-stage preliminary procedure within the Sanitary-Epidemiological Filter in the reception centers, b) psychologist, if during the medical examination the foreigner is referred to a psychologist's consultation, c) psychologist, at the request of an employee of the Department of Social Assistance of the Office for Foreigners, if there are new circumstances when the foreigner uses social assistance, d) psychologist, at the request of an employee of the Department of Refugee Proceedings of the Office for Foreigners, if there is such need during the procedure for granting international protection e) reception staff working at all centers for foreigners, during conversations and observations. Doctors, psychologists, and employees of centers for foreigners identifying the foreigner as requiring special treatment report the special needs in the scope of proceeding or social assistance to the proper departments in the Office for Foreigners which are responsible for securing all reported needs. The Office for Foreigners assesses vulnerable persons immediately after applying for international protection, and at all times until the end of the proceedings when new circumstances arise concerning the applicant or the person represented by the applicant. Each case is considered individually depending on the specific needs of the foreigner. However usually, immediate and priority help is directed to people with coupled disability, bedridden persons, and children.</p> <p>2. n/a</p> <p>3. Described in 1.</p> <p>4. n/a</p>
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			<p>5. Not Applicable</p> <p>6. n/a</p> <p>7. n/a</p> <p>8. n/a</p> <p>9. Minors (accompanied), victims of serious physical and psychological violence.</p>
	EMN NCP Slovakia	Yes	<p>1. None of the above. Please explain The medical examination of applicants is carried out in accordance with Act no.480/2002 on Asylum, Article 23 par.3. All applicants are required to undergo a general medical examination. The medical examination shall also include the identification of the vulnerabilities according to article 18 of the Directive.</p> <p>2. N/A</p> <p>3. N/A</p> <p>4. N/A</p> <p>5. Not Applicable</p> <p>6. N/A</p> <p>7. N/A</p> <p>8. N/A</p>

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			<p>9. They are the same: Unaccompanied minors (UAMs), single pregnant women, single parent with minors, persons with serious illness or disabilities, persons with mental and psychological disorders, old persons in the retirement age, or close to retirement age.</p>
	<p>EMN NCP Slovenia</p>	<p>Yes</p>	<p>1. None of the above. Please explain</p> <p>2. Vulnerability of an individual is determined in medical examination which is always carried out within preliminary procedure (article 42 of IPA). Nonetheless, medical examination isn't required for determining and detecting vulnerability, because the latter can also be determined later on at any point in the international protection procedure, without medical examination. Medical examination determined in paragraph 1 of article 18, Asylum Protection Directive (2013/32), can be done pursuant to article 39 of IPA, which states that a relevant expert opinion shall be obtained where the official does not have the expertise required to examine and consider a fact relevant for a decision in a procedure under IPA. Under this provision, vulnerability could also be assessed.</p> <p>3. N/A</p> <p>4. N/A</p> <p>5. Not Applicable</p> <p>6. N/A</p> <p>7. N/A</p> <p>8. N/A</p> <p>9. UAMs, mental health issues, single parents with minor children, victims of rape, torture or other forms of</p>

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			violence, including minors (not just unaccompanied).
	EMN NCP Spain	Yes	<ol style="list-style-type: none"> 1. None of the above. Please explain 2. Our answer is NO because it is based on medical examination provided by the applicant himself or support organizations. 3. 4. 5. Not Applicable 6. 7. 8. Gender, children and sexual orientation. 9.
	EMN NCP Sweden	Yes	<ol style="list-style-type: none"> 1. i) article 18 (1) of the Directive 2. The medical examination is voluntary. 3. This will be decided on a case-by-case basis.

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			<p>4. The health care system. This will be decided on a case-by-case basis.</p> <p>5. Not Applicable</p> <p>6.</p> <p>7. The voluntary medical examination will be organised through the health care system on a case-by-case basis.</p> <p>8. Not applicable</p> <p>9. Please see the previous AHQ</p>
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