



Government of India/भारतसरकार
Ministry of Home Affairs/गृहमंत्रालय
[Police Division-II]
PMA Cell

Subject :- Change of Medical form to MS-3 in place of MS-2 used for clearance of officers deploying with UN Peacekeeping Missions.

The Department of Peacekeeping Missions of United Nations has forwarded the new medical form to be used for clearance of officers with the instruction that UN will be using this (MS-3) form in place of MS-2 from now onwards.

2. Therefore, the new medical form MS-3 may please be uploaded on the MHA's website in the head of Forms (New UN Medical Standards for Peacekeeping and Special Missions(MS-3) along with this communication.

Encl: MS-3 form (02 pages)


(Harish Chandra Rai)

Under Secretary to the Government of India

☎/☎:23092527

SO(IT), MHA for uploading on the MHA website.(Under the Head of forms to replace it with UN Medical standards for Peacekeeping and Special Missions (MS-2)

MHA ID No. 21023/08/2017-PMA

(Dtd 18 January, 2019)

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**EMPLOYMENT MEDICAL
REVIEW QUESTIONNAIRE**

This questionnaire is used to evaluate the health status of new recruits and current employees who require medical clearance in accordance with ST/AI/2011/3. Based on the responses further medical evaluation may be required.

If there is insufficient space, or if you wish to provide additional documents, submit these as attachments with this questionnaire.

Family Name (In Block Capitals)		Given Name	Previous Name	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Current Address (Street, Town, District Or Province, Country)			Date of Birth	Birthplace
			E-mail Address	Telephone
Index Number	Proposed Job Title	Proposed Job Location/Mission		

1. Have you had a medical check-up in the last 2 years?

No Yes *Date of check-up:*

If "No" we strongly suggest you undertake a checkup with your usual doctor before you continue with this questionnaire. Please document any findings your doctor considers significant or which you consider may be relevant to your proposed role.

2. Do you have any health condition (medical, surgical or psychological) requiring ongoing health care?

No Yes *If "yes" please provide details (please include the date of the initial diagnosis, the actual diagnosis and treatment).*

Diagnosis	Date	Treatment

3. Have you been admitted to a hospital for at least 2 consecutive days in the last 5 years, or have you been absent from work for more than 30 calendar days total in the last 12 months due to health reasons?

No Yes

If "yes" please provide details of the reason for hospitalization or the reason(s) for your absences.

4. Are you regularly taking any prescribed medications?

No Yes

If "yes" please provide details (please include name of EACH medication, dose and frequency).

Name	Dose	Frequency	Name	Dose	Frequency

5. Do you have any condition which will need medical, surgical or psychological intervention or treatment within the next 12 months? (Please also indicate "Yes" here if you are pregnant and provide your estimated date of delivery).

No Yes

If "yes" please provide details.

6. Do you have any physical or mental health conditions which could make it difficult for you to live and work in, or travel to, a remote area with limited access to health care facilities?

No Yes

If "yes" please provide details.

7. Have you been vaccinated against yellow fever?

No Yes *If "Yes", please provide date of vaccination*

8. Are there any vaccines you cannot receive? (Please list vaccine and reason, such as known allergy, religious beliefs, etc.)

No Yes

If "yes" please provide details.

Note: There are a number of vaccinations which are protective of health and which are recommended for employment in different countries. If you have a vaccination record or International Health Record ("Yellow Book") attach either a scan or an electronic record of this with this questionnaire, labelled "Vaccine Record".

9. Have you ever suffered from a physical or psychological condition which has been recognized by your previous employer as caused by your work?

No Yes

If "yes" please provide details.

10. Do you currently have, or will you need any workplace accommodations for medical conditions, and/or disability? (For example do you have travel limitations, or need a special desk, etc.)

No Yes

If "yes" please provide details.

11. Are you aware of any other factors which could affect your health or your ability to perform your duties at the intended duty station? (Such as access to health care, family circumstances, etc)

No Yes

If "yes" please provide details.

Declaration - Please read, sign and either check ACCEPT or DECLINE the declaration

I, _____, hereby declare that the answers to all questions are to the best of my knowledge a complete and accurate representation of my health. I also acknowledge that failure to disclose a known physical and psychological condition, including conditions under investigation, may result in withdrawal of medical clearance for employment, denial of benefits, termination or dismissal in accordance with the relevant administrative directives of my employing organization.

Date :

You must check one box : ACCEPT DECLINE

Signature: