

## قرار وزاري رقم ( 183 ) لسنة 2025 م

### في شأن اعتماد المعايير الوطنية لوحدة الرعاية الصحية المتنقلة

#### وزير الصحة ووقاية المجتمع:

بعد الاطلاع:

- على القانون الاتحادي رقم (1) لسنة 1972 م بشأن اختصاصات الوزارات وصلاحيات الوزراء وتعديلاته،
- وعلى القانون الاتحادي رقم (4) لسنة 2015 م في شأن المنشآت الصحية الخاصة وتعديلاته ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (5) لسنة 2019 م في شأن تنظيم مزاولة مهنة الطب البشري ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (6) لسنة 2023 م بشأن مزاولة غير الأطباء والصيادلة لبعض المهن الصحية،
- وعلى المرسوم بقانون اتحادي رقم (4) لسنة 2016 م بشأن المسؤولية الطبية، وتعديلاته ولائحته التنفيذية،
- وعلى قرار مجلس الوزراء رقم (20) لسنة 2017 م باعتماد المعايير الموحدة لترخيص مزاولة المهن الصحية على مستوى الدولة وتعديلاته،
- وعلى قرار مجلس الوزراء رقم (11) لسنة 2021 م في شأن الهيكل التنظيمي لوزارة الصحة ووقاية المجتمع.

#### وبناء على مقتضيات المصلحة العامة،،،

قرر ما يلي:

المادة (1): تعتمد المعايير الوطنية لوحدة الرعاية الصحية المتنقلة المرفقة بهذا القرار.

المادة (2): ينشر هذا القرار في الجريدة الرسمية ويعمل به اعتباراً من اليوم التالي لتاريخ نشره.

أحمد بن علي الصايغ

وزير الصحة ووقاية المجتمع

صدر بتاريخ: 09/10/2025

مرفق القرار الوزاري رقم (183) لسنة 2025 م  
في شأن اعتماد المعايير الوطنية لوحدة الرعاية الصحية المتنقلة

## National Standard for Mobile Healthcare

### Unit



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**PURPOSE:**

This standard defines specifications for mobile healthcare units, aiming to ensure the highest levels of safety and quality for patients within mobile medical practices in the United Arab Emirates

**SCOPE:**

This standard applies to all mobile healthcare units licensed by concerned health authorities to provide mobile healthcare services according to the specifications of this Standard.

**ABBREVIATIONS:**

**UAE:** United Arab Emirates

**MHU:** Mobile healthcare unit

**ENT:** Ear, nose and throat

**BLS:** Basic Life Support

**ACLS:** Advanced Cardiac Life Support

**PALS:** Pediatric Advanced Life Support

**ATLS:** Advanced Trauma Life Support

**FANR:** Federal Authority Nuclear Regulation

**LED:** Light-emitting diode

**ECG:** Electrocardiography

**RTA:** Roads and Transport Authority

**CE:** Conformité Européenne

**ARTG:** Australian Register of Therapeutic Goods

**OHS:** Occupational Health and Safety

**CCTV:** Closed-Circuit Television

**DICOM:** Digital Imaging and Communications in Medicine

**PACS:** Picture Archiving and Communication System

**PPM:** Planned Preventive Maintenance

**DEFINITIONS:**

**Mobile Health Unit:** is a specially designed vehicle or structure that can be transported or relocated to offer primary healthcare services in response to the immediate or short-term healthcare needs of communities.

**Healthcare Professional:** a licensed healthcare personal working in healthcare facilities and required to be licensed as per the applicable laws in United Arab Emirates.

**CCTV (Closed-Circuit Television):** is a TV system in which signals are not publicly distributed but are monitored, primarily for surveillance and security purposes.

**Occupational Health and Safety:** are guidelines, methods, and practices designed to protect the health and safety of staff. It aims to prevent injuries, illnesses, and accidents at work by identifying potential hazards, evaluating risks, and applying safety protocols. Additionally, OHS includes staff training, adherence to regulations, and fostering a safety-oriented culture within organizations.

**Concerned Health Authority:** The Ministry or any governmental federal or local authority in charge of health affairs in the State, each within its respective area of competence.

**FANR (Federal Authority for Nuclear Regulation):** is the national regulatory authority of the United Arab Emirates for licensing and oversight of nuclear related activities in the UAE

#### **1. LICENSURE REQUIREMENTS:**

All licensed Mobile Healthcare Units must:

- 1.1. Adhere to the United Arab Emirates (UAE) laws and regulations.
- 1.2. Apply to an existing licensed facility, or as a standalone facility in accordance with the local health authority's guidelines and regulations.
- 1.3. Ensure avoiding promoting and advertising for any kind of medical product or service unless permit or license has been taken from regulatory authority.
- 1.4. If the unit is vehicle, it should provide:
  - Trade license of the vehicle chassis dealer agency within UAE



- Trade license of the conversion body builder
- 1.5. Meet the design requirements as per the Health Facility Guidelines related to each health authority.
  - 1.6. Integrate to transmit medical record data and other information to concerned authorities according to each health authority information exchange platform.
  - 1.7. Offer short-term services as they move from one location to another, or they may be utilized for longer periods of time in case of pandemic situations and to cover underserved or remote communities
  - 1.8. Inform health authorities to confirm permitted operation hours.
  - 1.9. Comply with the concerned health authorities' licensure requirement to provide mobile primary healthcare services which may include but not limited to:
    - Dental Health Care
    - Mobile Vaccination Unit
    - Asthma Assessment/ Risk Evaluation.
    - Cancer Screening (Mammography, Colorectal and Cervical)
    - Obesity Management and Education
    - Blood donation unit
    - Primary Care and outpatient services
    - Mobile Health Promotion/ Prevention Unit
    - Mobile Pharmacy
    - Mobile Optical Unite

- Telemedicine
- Comprehensive screening program, visa, premarital, pre-university, and pre-employment screening
- Mobile Imaging Unit: Mobile Imaging Unit must comply with the general radiology and medical imaging requirements as per FANR requirement
- Counseling and Mental Health Screenings
- Lifestyle Counseling, including guidance on nutrition, physical activity, and smoking cessation

1.10. Confirm with the relevant authorities regarding the use of city areas such as:

- Police
- Civil defense
- Municipality
- RTA

1.11. Clarify the registration process for professional staff (doctors, nurses, and technicians) associated with the MHU, including the necessary certifications and documentation as required by the health authorities.

## **2. HEALTHCARE PROFESSIONAL REQUIREMENTS:**

2.1. The MHU services should be provided by licensed healthcare professionals according to the scope of services provided.

- 2.2. All healthcare professionals should have up-to-date medical malpractice insurance according to articles 25 and 26 of the UAE Federal Law number 4/2016 concerning Medical Liability.
- 2.3. All healthcare professionals providing MHU services shall maintain as minimum a valid Basic Life Support (BLS) certification. In addition, healthcare professionals may require maintaining Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), Advanced Trauma Life Support (ATLS) certifications as needed based on the scope of services provided.

### **3. DESIGN REQUIREMENTS:**

MHU design requirements will be evaluated individually based on the scope of service and according to each health authority design guideline with the minimum setup requirements as follows:

#### **3.1. Signage:**

- 3.1.1. A prominent sign displaying the name of the MHU must be placed at the entrance.

#### **3.2. Location:**

- 3.2.1. The location of the MHU must comply with all relevant local environmental laws and regulations.
- 3.2.2. The MHU should ideally be located near key transportation hubs, residential areas, and important community infrastructure, such as hospitals and

ambulatory care centers. Additional consideration should be given to remote areas and localities, ensuring access to healthcare for underserved populations.

- 3.2.3. The MHU must be positioned on a solid, level surface elevated enough to prevent water accumulation during heavy rains and ensure structural stability during operation.
- 3.2.4. Access routes should not obstruct emergency exits of adjacent buildings unless permitted to serve both buildings.
- 3.2.5. If water supply or drainage and electrical supply is required, connection should be maintained to provide safety for the public and environment
- 3.2.6. Any changes in the MHU's location must be approved by the concerned health authority.

**3.3. Parking and Drop-Off Zones:**

- 3.3.1 The site must include safe drop-off zones and adequate parking for patients, with provisions for wheelchair and stretcher access.

**3.4. Access:**

- 3.4.1. Access for staff and patients to the MHU must be carefully considered.
- 3.4.2. Patient access must adhere to disability, privacy, and safety guidelines.
- 3.4.3. Stairs and landings must comply with local construction codes.
- 3.4.4. Ramps are required for accessibility and should meet disability guidelines.
- 3.4.5. Handrails should be provided for patient safety as needed.

**3.5. Entrance/Reception:**

- 3.5.1. The entrance must be well-lit and clearly marked.

- 3.5.2. Ensure to provide protection from the elements during patient and staff transport to and from the MHU through the installation of permanent or temporary walkways.

**3.6. Waiting Areas:**

- 3.6.1. The facility should provide waiting areas as close to the MHU entrance as possible. Ideally, patient and staff restrooms should be located near the unit if not available internally.

**3.7. Clinical Areas:**

- 3.7.1. Clinical areas must have convenient access to relevant departments and essential resources for service delivery.
- 3.7.2. The internal layout should facilitate direct access to services for both patients and staff.
- 3.7.3. Patient privacy must be ensured in all clinical areas.

**3.8. Environmental Considerations:**

- 3.8.1. Natural light should be utilized in patient areas when suitable, and exhaust must be directed away from these areas.

**3.9. Size requirements:**

- 3.9.1. The size of the MHU should be based on the service plan, which considers the population being served and the demand for services, as well as design limitations, considering clearances for beds and chairs, as well as space for resuscitation equipment.

- 3.9.2. The MHU must include areas for storing medical supplies, electricity generators, air conditioning units, internal lighting systems, external lighting, and access to fresh water and wash basins.

**3.10. Occupational Health and Safety (OHS):**

- 3.10.1. The MHU design must address risks associated with confined spaces and treatment areas to minimize the potential for injury. Attention should be given to shelving, storage units, door openings, and entrance stairs.

**3.11. Safety and Security:**

- 3.11.1. The physical structure of MHU should be developed and maintained to ensure a safe and secure environment for patients, families, staff, and visitors. It should be located in a clean area and adhere to any applicable local bylaws.

- 3.11.2. The design should consider:

- Potentially slippery or wet floors.
- Protrusions or sharp edges.
- Stability and height of equipment.
- Appropriate floor coverings.
- Emergency exits.

- 3.11.3. If MHU is a vehicle, it should include an audible reversing warning alarm, activated by the selection of the reverse gear.

- 3.11.4. MHU should include CCTV coverage for main entrances and supply areas, security doors and windows, and impact-resistant safety glass.

- 3.11.5. A communication system must be established to maintain contact with healthcare facilities and support staff.
- 3.11.6. All electrical systems and equipment must meet established safety standards.
- 3.11.7. Proper weight distribution of equipment and supplies is essential to prevent imbalances and accidents.
- 3.11.8. Adequate insulation and weatherproofing must be implemented to protect patients, staff, and equipment from extreme weather.
- 3.11.9. Fire protection measures, including manual fire extinguishers and a fire detection system, must comply with the UAE Fire and Life Safety Code.
- 3.11.10. Interior finish materials should be fire-retardant or non-combustible, and support fixtures such as grab rails, and shelving must be able to withstand heavy loads.

#### **4. MANAGEMENT OF EQUIPMENT:**

- 4.1. The equipment that is used in MHU shall be registered with the Ministry of Health and Prevention (MOHAP) in the UAE
- 4.2. Ensure sufficient equipment is available for the patient population served to support the provision of safe and quality health care provided at the facility. (Refer to appendix 1)
- 4.3. Ensure medical equipment is securely positioned in a sheltered area when the MHU is not in use, to protect the equipment from damage and external elements.

- 4.4. The equipment that is used in MHU should be calibrated before functioning in mobile units and PPM should be up to date.
- 4.5. All staff using equipment must have completed training in the safe clinical use of the equipment and demonstrated documented competence.
- 4.6. The mobile healthcare unit shall install and operate the equipment required for the provision of the proposed services in accordance with the manufacturer's specifications.
- 4.7. Equipment must be located and stored in a way that ensures safe and effective use.
- 4.8. The mobile healthcare unit shall use eco-friendly equipment if applicable.

## **5. POLICIES AND PROCEDURES:**

The Mobile healthcare unit (MHU) must develop and enforce the following policies and procedures:

- Appointment Policies
- No smoking policies.
- Sample transfer policy
- Laboratory test reporting policy
- Radiography finding report policy
- Radiography report/image transfer policy; DICOM or PACS reporting system
- Crash cart/emergency medication policy
- Patient Identification Procedures/ international safety goal related policy.



- Credentialing and Privileging Protocols
- Assessment Policies
- Screening Policies
- Medication Management Procedures
- Referrals and Follow-Up Processes
- Personnel Training and Orientation Standards
- Infection Control Policies
- Medical Waste Management Procedures
- Consent Policy
- Fall Management
- Sentential event and incident reporting policy.
- Lost and found
- Business continuity
- Patient Safety and patient right policy.
- Patient Complaint Management Procedures
- Preventive Maintenance Program: Ensure all essential mechanical, electrical, and patient-care equipment is maintained in safe operating condition.
- Blood Donation Service Procedures: Document procedures for blood collection, including:
  - Performance of venipuncture
  - Insertion of vascular access devices (e.g., cannulas)

- Maintaining asepsis
- Labelling and transporting blood tubes to the laboratory
- Patient aftercare
- Providing education and information
- Management of adverse events during phlebotomy

## **6. PATIENT-CENTERED CARE:**

### **6.1. Patient Management**

- 6.1.1. All patients must be registered upon visiting the Mobile healthcare unit (MHU).
- 6.1.2. Each patient must undergo a comprehensive assessment. Document all findings, medications, and investigations clearly. Include the working diagnosis, the consultant's or specialist's signature, and the date and time of the assessment.
- 6.1.3. An emergency medication kit must be available at all times according to each health authority requirements
- 6.1.4. Vaccinations must be administered in accordance with the latest health authority regulations, standards, and guidelines.
- \* Report all adverse events following immunization according to UAE standards for Adverse Events Following Immunization (AEFI).
- 6.1.5. Patient privacy and confidentiality must be upheld during all examinations and treatments.
- 6.1.6. Develop and implement patient complaint management system.

- 6.1.7. Develop and implement protocols for patient transport, including methods, special equipment, required personnel, and protection from severe weather.
- 6.1.8. Treat every patient with respect and dignity, regardless of social, economic, cultural, or other status.
- 6.1.9. Identify patients who need secondary health care and refer them to appropriate hospitals.
- 6.1.10. Provide referrals for comprehensive care, laboratory investigations, and follow-up for chronic conditions and medications services.
- 6.1.11. Use standard, uniform medical referral forms and ensure proper means of transportation. (Electronic Form is recommended)
- 6.1.12. Ensure continuity of care by noting the tentative date for the next visit and details of follow-up on each prescription.

## **6.2. Patient Health Information**

- 6.2.1. Refer to Article (5) of Federal Law Number (4) of 2016 regarding Medical Liability, professionals are required to acquire informed/general consent or acknowledgement form before performing procedures according to type of service.
- 6.2.2. Retention of records shall be as per applicable UAE laws and legislation.
- 6.2.3. Medical records must be kept confidential and held securely whether in paper or electronic format.

## **6.3. Patient Rights and Responsibilities**

- 6.3.1. The facility must put in place a written policy for patient rights and responsibilities. Information on patients' rights and responsibilities shall be communicated and displayed in at least two languages (Arabic and English) at the entrance, reception, waiting area(s) of the premises, and on the website. For more information on patients' rights and responsibilities, refer to Ministerial Resolution No. (14) of 2021.

## **7. INFECTION CONTROL:**

- 7.1. Implement stringent hand hygiene protocols, including the use of handwashing facilities with handbasins and antiseptic hand rubs at treatment areas and entry/exit points of the facility.
- 7.2. Enforce standard precautions to prevent cross-infection between potentially infectious patients.
- 7.3. Ensure all staff receive comprehensive training and education on infection control procedures.
- 7.4. Employ proper antiseptic and disinfectant measures to eliminate infection risks.
- 7.5. Identify and address potential infection risks and challenges promptly.
- 7.6. Handle patients with infections with extra caution
- 7.7. Monitor compliance to waste segregation and disposal.

## **8. EMERGENCY CARE:**

The MHU must have a comprehensive emergency services and evacuation plan, including but not limited to:

- 8.1. Ensure reliable communication systems are in place, such as satellite phones or radio systems, to maintain contact with hospitals and coordinate emergency patient transfers, especially in remote areas.
- 8.2. Designated personnel to assist with patient transfers.
- 8.3. Provisions to address medical needs during emergency transfers.
- 8.4. Ensure the availability of healthcare professionals trained in emergency medicine, capable of performing life-saving interventions, including emergency intubation when needed.
- 8.5. **Emergency Intubation:**
  - 8.5.1. It can be performed in mobile medical units, particularly in remote areas where immediate airway management is critical.
  - 8.5.2. Personnel must be adequately trained and experienced in performing intubations.
  - 8.5.3. MHUs should be equipped with the necessary tools for intubation, including laryngoscopes, endotracheal tubes, and alternative airway devices like supraglottic airways.

## **9. KEY PERFORMANCE INDICATORS:**

A record of key performance indicators (KPIs) must be maintained. This includes tracking metrics such as:

- Patient volume and Demographics
- Average Visits per Patient

- Number of Lab tests/month
- Clinical Outcomes
- Referral rate to ambulatory health services
- Rate of adverse events (e.g., following vaccination)
- Average Waiting Times: Monitor the average waiting time for patients to receive services
- Patient Satisfaction Surveys
- Follow-Up Compliance
- Nursing Clinical KPI's e.g. Patient Falling incidents, Hand Hygiene,

#### APPENDIX1: MEDICAL EQUIPMENTS

Equipment must include the following depending on the scope of MHU but not limited to:

MEDICAL EQUIPMENTS	
General medicine	<ul style="list-style-type: none"><li>• Cabinets and Hand Wash Sink</li><li>• Examination Table</li><li>• Examination Lights</li><li>• Instrument Table</li><li>• Doctor's Stool</li><li>• Stethoscope</li><li>• Thermometer</li><li>• Hazardous Waste Container</li><li>• Patient Weigh Scale</li><li>• Blood pressure monitor</li><li>• Pulse oximeter</li></ul>
Dental clinic	<ul style="list-style-type: none"><li>• Dental Chairs</li><li>• Dental X-Ray Machine (Film or Digital)</li><li>• Dentist Workstation</li><li>• Dentist's Stool</li><li>• Cabinets and Hand Wash Sink</li></ul>

<b>Ophthalmology clinic</b>	<ul style="list-style-type: none"> <li>• Phoropter</li> <li>• Screening Table</li> <li>• Instrument Stand</li> <li>• Slit Lamp</li> <li>• LED High Intensity Exam Light</li> <li>• Manual Recline Exam Chair</li> <li>• Eye Chart</li> <li>• Autorefractometer</li> <li>• Auto Projector</li> <li>• Direct Ophthalmoscope &amp; Battery Handle</li> </ul>
<b>ENT clinic</b>	<ul style="list-style-type: none"> <li>• Exam Table</li> <li>• Basic instruments: nasal speculums, disposable ear speculums, tuning fork, disposable ear suction machine and tips</li> <li>• Examination Lights (cordless headlight)</li> <li>• Wire Glove Dispenser</li> <li>• Wall Clothes Hanger</li> <li>• Doctor's Airlift Stool</li> <li>• Hazardous Waste Container</li> <li>• Stainless Steel Instrument Table</li> <li>• Welch Allen Diagnostic Wall Station</li> </ul>



	<ul style="list-style-type: none"> <li>• Percussion Hammer</li> <li>• Stethoscope</li> <li>• Diagnostic Audiometer</li> <li>• Audiometric Sound Isolation Booth</li> <li>• Hearing Aid Analyzer</li> <li>• Sound Level Meter</li> <li>• Middle Ear Analyzer</li> </ul>
<b>Others</b>	<ul style="list-style-type: none"> <li>• Medical waste disposal system</li> <li>• Glucometer</li> <li>• Electrocardiogram (ECG) machine</li> <li>• Nebulizer</li> <li>• Oxygen cylinder and regulator</li> <li>• Suction machine.</li> <li>• Defibrillator</li> <li>• Crash cart.</li> <li>• Automated external defibrillator.</li> <li>• Portable ultrasound machine</li> <li>• Mobile X-ray machine</li> <li>• Otoscope</li> <li>• Diagnostic testing equipment (e.g., laboratory tests, rapid diagnostic tests)</li> </ul>

	<ul style="list-style-type: none"> <li>• First aid kit</li> <li>• Personal protective equipment (PPE)</li> <li>• Sharps disposal bins</li> <li>• Wheelchair.</li> <li>• Hand hygiene supplies (e.g., hand sanitizer, gloves)</li> <li>• A spillage kit is available wherever venipuncture is undertaken.</li> <li>• Medical refrigerator</li> <li>• MHU design should take into consideration the following: <ul style="list-style-type: none"> <li>• Hand-held tablets and other smart devices</li> <li>• Data and communication outlets and servers</li> <li>• Access of Wi-Fi</li> <li>• Data entry including scripts and investigation requests.</li> </ul> </li> <li>• Laptop – desktop with Electronic Medical Record System (Recommended)</li> <li>• Signature pads for general and informed consents. (Recommended)</li> </ul>
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## قراروزاري رقم ( 185 ) لسنة 2025 م

بشأن اختصاصات وضوابط ومعايير عمل لجنة المواليد والوفيات

وزير الصحة ووقاية المجتمع:

بعد الاطلاع

- على القانون الاتحادي رقم (1) لسنة 1972 م في شأن اختصاصات الوزارات وصلاحيات الوزراء وتعديلاته،
- وعلى القانون الاتحادي رقم (9) لسنة 2006 م في شأن نظام السجل السكاني وبطاقة الهوية،
- وعلى القانون الاتحادي رقم (4) لسنة 2015 م في شأن المنشآت الصحية الخاصة وتعديلاته،
- وعلى القانون الاتحادي رقم (2) لسنة 2019 م في شأن استخدام تقنية المعلومات والاتصالات المجالات الصحية ولائحته التنفيذية،
- وعلى القانون الاتحادي رقم (10) لسنة 2021 م في شأن تنظيم المقابر وإجراءات الدفن، ولائحته التنفيذية،
- وعلى المرسوم بقانون اتحادي رقم (14) لسنة 2021 م في شأن إنشاء الهيئة الاتحادية للهوية والجنسية والجمارك وأمن المنافذ،
- وعلى المرسوم بقانون اتحادي رقم (10) لسنة 2022 م في شأن تنظيم قيد المواليد والوفيات،
- وعلى المرسوم بقانون اتحادي رقم (24) لسنة 2022 م في شأن مجهولي النسب، ولائحته التنفيذية.

وبناء على مقتضيات المصلحة العامة،

قرّر ما يلي:

### المادة (1): التعاريف

يكون للكلمات والعبارات الواردة في هذا القرار ذات التعاريف الواردة بالمرسوم بقانون اتحادي رقم (10) لسنة 2022 م المشار إليه.

#### المادة (2): اختصاصات اللجنة

دون الاخلال بالاختصاصات المقررة بالمرسوم بقانون اتحادي رقم 10 لسنة 2022 م المشار إليه تختص لجان المواليد والوفيات بما يلي:

أ. النظر في طلبات استخراج شهادات الميلاد والتي يتم تقديمها بعد الميعاد المحدد بالمرسوم بقانون رقم (10) لسنة 2022 م المشار إليه أعلاه والبت فيها وإبلاغ الإدارة المعنية بنتيجة ذلك وذلك في الحالات التي يكون فيها بلاغ الولادة موجوداً.

ب. في حالة الولادة خارج المنشأة الصحية وعدم وجود بلاغ ولادة تقوم اللجنة بالبت في الطلب الوارد لها من الإدارة المعنية ويتم إصدار القرار بتسجيل بلاغ الولادة أو بلاغ الوفاة وإصدار الشهادات اللازمة بناء على التقرير الصحي الذي تعدّه المنشأة الصحية التي تم إبلاغها بواقعة الميلاد والمستندات المؤيدة وأية متطلبات أخرى تراها اللجنة.

وفي الحالتين المشار إليهما للبندين (أ) و (ب) للجنة أن تطلب بيان أسباب التأخير أو أي مستندات تراها لازمة للبت في طلبات استخراج شهادات الميلاد التي يتم تقديمها بعد الميعاد المحدد بالمرسوم بقانون. ت. النظر في طلبات تصحيح ما يحدث من أخطاء مادية بناء على المستندات المقدّمة للجنة، ويؤشر في السجلات على أسباب ومبررات الموافقة على إجراء التصحيح أو رفضه. ث. الحالات التي ترد إليها من الجهة الصحية أو الإدارة المعنية لأخذ الرأي فيها والتي تدخل في حدود اختصاصها.

#### المادة (3): ضوابط ومعايير اللجنة ونظام عملها

- 1- يصدر تشكيل لجنة المواليد والوفيات قرار من الوزير أو رئيس الجهة الصحية حسب الأحوال.
- 2- تجتمع اللجنة بدعوة من رئيسها أو نائبه في حال غياب الرئيس للنظر في الطلبات التي تقدم إليها وفيما يحال إليها من المواضيع.
- 3- لا يكون اجتماع اللجنة صحيحاً إلا بحضور أغلبية أعضائها على أن يكون من بينهم الرئيس أو نائبه.
- 4- تصدر اللجنة قراراتها بأغلبية الأعضاء الحاضرين وفي حالة التساوي يرجح الجانب الذي منه رئيس الاجتماع وذلك من خلال المدة التي تحددها الجهة الصحية.

المادة (4): للجنة أن تدعو من تراه مناسباً لحضور اجتماعاتها للاستئناس برأيه ولا يكون له صوت معدود.

المادة (5): ينشر هذا القرار في الجريدة الرسمية ويعمل به من اليوم التالي لتاريخ نشره.

أحمد بن علي الصباغ  
وزير الصحة ووقاية المجتمع

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