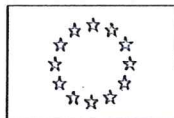


ANNEX A

The forms to be used for the medical examination:

- Declaration of confidentiality
- Important notice for candidates for recruitment, to be read and approved by the candidate
- Ophthalmological examination
- List for blood and urine test



EUROPEAN COMMISSION
DIRECTORATE-GENERAL PERSONNEL AND
ADMINISTRATION Directorate C - Social
welfare & health policies
Medical service and psychosocial interventions--Brussels
Medical Services

Brussels, 10 December 2008
Admin C D(2008)

DECLARATION OF CONFIDENTIALITY

1. Your medical file

Medical files are created for management and monitoring purposes in relation to the health of staff working at the Commission. They contain all the medical examination results and medical reports on individuals, from their pre-recruitment medical examination until they cease work at the Commission.

Personal data are collected and processed for the purposes specified in point 2. These personal data are processed under the responsibility of the Head of Unit of the Medical Service in Brussels or Luxembourg, who is the controller within the meaning of the applicable legislation, Regulation (EC) No 45/2001.¹

2. What personal information do we collect, for what purpose and by what means?

Identification data

Surname, forename, personnel number, date and place of birth, nationality, language, sex, civil status, children, family history, postal address, e-mail address, telephone numbers, name of family doctor, education, languages, post requested, type of contract.

Medical data

Medical history, objective examination, results of laboratory tests, x-rays, ECGs, results of other medical examinations (ophthalmic, audiometric, etc.) necessary for a particular individual, medical certificates, periods of absence and other medical records.

¹ Regulation (EC) 45/2001 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data by the Community institutions and bodies and on the free movement of such data, OJ L 8, 12.1.2001, p. 1.

The purpose of processing personal and medical data is to monitor the state of health of staff working at the Commission in line with the applicable provisions of the Staff Regulations.

3. Who has access to your information and to whom is it disclosed?

The medical officers of the Medical Service and their medical secretariat have access to these data. The results of examinations can be sent to your family doctor at your request.

If you request to be recognised as suffering from an occupational disease, the data will be sent to the Accidents and Occupational Diseases Department of the Sickness Insurance Fund.

In the event of compulsory leave of absence, where access to the Commission buildings is also denied, the Security Direction will be informed.

In addition, certain administrative details of the case may be disclosed on a temporary basis to:

(a) the Legal Service, to allow it to prepare the defence in the event of an action before the Civil Service Tribunal or

(b) judges of the Civil Service Tribunal, at their request, or

(c) the Ombudsman, at his request, or

(d) the European Data Protection Supervisor

in compliance with the relevant current legislation and established case law.

4. How do we protect and safeguard your information?

Medical records are kept in a separate file for each individual and stored in secure archives that are accessible only to authorised personnel.

5. How can you verify, modify or delete your data?

If you want to check, modify, correct or delete any personal data, you should apply to the Head of the Medical Service in Brussels or Luxembourg, who is responsible for such processing, by sending an e-mail giving details of your request to the functional mailbox indicated in point 7.

The results of medical examinations and the diagnosis cannot be altered, but you may add your own comments.

A copy of laboratory tests and medical reports can be sent to your family doctor at your request.

6. How long do we keep your data?

Medical files are kept for 30 years after you cease work at the Commission. In the case of persons exposed to carcinogens or mutagens, files are kept for 40 years after the last exposure incident (General regulation for the protection of workers, Belgium, Article 16, occupational medical services).

The pre-recruitment files of candidates who have not been recruited, will be destroyed after one year. Where a negative medical opinion is given the file will be destroyed after five years, if no claim took place.

7. Contact for information

If you would like to receive further information, you can contact the responsible person via the functional mailbox:

- Brussels : HR-BXL-HEALTH-ADVICE@ec.europa.eu
- Luxembourg: HR-HEALTH-ADVICE-SM-DRB@ec.europa.eu

For questions relating to data protection, please contact:

- DG ADMIN data protection coordinator in DG Personnel and Administration: HR-DATA- PROTECTION-COORDINATOR@ec.europa.eu

You have the right at any time to contact the European Data Protection Supervisor:
edps@ec.europa.eu

IMPORTANT NOTICE FOR CANDIDATES

THE MEDICAL EXAMINATION FOR CANDIDATES FOR RECRUITMENT CANNOT BE PROPERLY CARRIED OUT UNLESS YOU FULLY AND ACCURATELY COMPLETE THE QUESTIONNAIRE CONCERNING YOUR MEDICAL HISTORY.

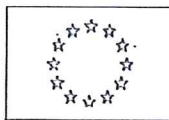
NB: EVERY TIME YOU ANSWER 'YES' TO A QUESTION, PLEASE INDICATE THE NATURE OF THE ILLNESS OR INJURY, THE DATE (OR YOUR AGE) WHEN IT OCCURRED AND THE COURSE IT TOOK (E.G. FRACTURE OF THE LEFT TIBIA IN 1976, COMPLETE RECOVERY WITH NO AFTER-EFFECTS; OR: DEPRESSION SINCE 1997, CURRENTLY UNDERGOING TREATMENT).

THANK YOU FOR YOUR COOPERATION.

THE MEDICAL SERVICE

READ AND APPROVED:

DATE:



EUROPEAN COMMISSION MEDICAL SERVICE

MEDICAL EXAMINATION BEFORE APPOINTMENT

I THE UNDERSIGNED,, UNDERTAKE TO SUPPLY ANY DOCUMENTARY MEDICAL EVIDENCE RELEVANT TO MY STATE OF HEALTH DEEMED NECESSARY FOR THE PURPOSE OF JUDGING MY FITNESS FOR EMPLOYMENT IN ANY OF THE EUROPEAN INSTITUTIONS(*).
I DECLARE THAT MY ANSWERS TO THE FOLLOWING QUESTIONS ARE, TO THE BEST OF MY KNOWLEDGE, TRUE, COMPLETE AND ACCURATE. I AM AWARE THAT ANY INACCURACY OR OMISSION FOR WHICH I AM RESPONSIBLE MAY RENDER THE FINDING OF MEDICAL FITNESS NULL AND VOID.

Date: Signature:

AN OFFICIAL'S OR OTHER SERVANT'S PERSONAL MEDICAL RECORD IS STORED IN THE MEDICAL SERVICE OF THE INSTITUTION AT WHICH HE OR SHE IS EMPLOYED

(in block capitals)

Surname Forenames
Sex Marital status.....
Address (street, town, county, country).....

Tel. (office) (home) E-mail (office)
E-mail (home).....
Date of birth Place of birth Nationality
Position applied for (nature of work, competition No, category)
Status: official, member of temporary staff, member of contract staff, other
Place of employment

Have you undergone a medical examination for a European institution at any time in the past?

Have you ever been employed by a European institution?

If so, when?

Position.....:..... Status

(*)The medical examination before appointment is intended to

determine physical fitness for employment (**) in any of the European Institutions in accordance with

Articles 28(e) and 33 of the Staff Regulations

Articles 12(2)(d) and 13, and 82(3)(d) and 83 of the Conditions of employment of other servants (CEOS)

determine the entitlement to guaranteed benefits in respect of invalidity or death, as provided for in

Annex VIII, Article 1, of the Staff Regulations

Articles 28, second paragraph, 32, 95, and 100 of the CEOS

protect the health of staff (not least under European directives)

(**)An institution's medical officer may base a finding of fitness or unfitness not just on any physical or mental disorders from which a person might be suffering at the time of the examination, but also on a medically justified prognosis of potential disorders capable of jeopardising the normal performance of the duties in question in the foreseeable future (Court of First Instance, Cases T-121/89 and 6T-13/90).

This 'pre-appointment examination document' conforms to Regulation (EC) No 45/2001 of the European Parliament and of the Council on the protection of individuals with regard to the processing of personal data.

EN

FAMILY MEDICAL HISTORY

Has any member of your family (father, mother, brother(s), sister(s)) suffered from

-cardiovascular disease (high blood pressure, coronary problems, etc.)

-respiratory disorders (asthma, tuberculosis, etc.), "

-cancer

- mental illness (manic depression, schizophrenia, Alzheimer's disease, depression, other)

- neuro.logical disorders (epilepsy etc.).....

PERSONAL MEDICAL HISTORY

ANSWER 'YES' OR 'NO' TO EACH QUESTION; IF THE ANSWER IS 'YES', GIVE THE DATE. LEAVING A BLANK OR DRAWING A LINE OR CROSS IS NOT A SUFFICIENT ANSWER. IF THE QUESTIONNAIRE IS NOT COMPLETED IN FULL, FURTHER ENQUIRIES WILL BE NEEDED, INVOLVING A DELAY.

1. Have you suffered from any of the following diseases or disorders? If so, please specify the year and give details:

	YES Date	NO		YES Date	NO
Frequent angina			Urinary tract disease		
Hay fever			Genital organ disease		
Asthma			Lumbago		
Tuberculosis			Joint pain		
Pneumonia			Skin disease		
Pleurisy			Insomnia		
Frequent bronchitis			Depression		
Acute rheumatoid arthritis			Nervous or mental disorders		
High blood pressure			Frequent headaches		
Cardiovascular disease			Fainting		
Pain in the heart region			Epilepsy		
Varicose veins			Diabetes		
Digestive disorders			Sexually transmitted diseases		
Stomach ulcer			Tropical diseases		
Duodenal ulcer			Amoebiasis		
Jaundice, hepatitis			Malaria		
Gallstones			Eye disorders		
Hernia			Ear disorders		
Haemorrhoids			Tumours, cancer		

2. Give details of any medical condition for which you are currently being treated.....

3. Have you ever been treated in hospital or at a clinic.? Where, when and for what reason?

Have you ever undergone surgery? Specify nature of operation(s) and date(s)

4. Have you ever been absent from work for more than a month because of illness?.....
If so, when? What was the illness?
5. Do you have a partial permanent incapacity for work following an accident or illness?
If so, since when? Nature of the disability
6. Have you ever consulted a neurologist, psychiatrist, psychoanalyst or psychotherapist?
If so, give his/her name and address:
What was the reason for the consultation? Date
7. Have you ever undergone treatment for alcohol addiction?
for drug addiction?
8. Do you regularly take any medication (including oral contraceptives)?
Please give details.....
9. Have you gained or lost weight over the last three years? If so, how much?.....
10. Have you ever undergone radiological or nuclear medicine examinations? If so, which examinations?.....
11. Have you ever undergone courses of radiotherapy or chemotherapy?
If so, specify the treatments
12. Have you ever been turned down for a job for health reasons? If so, what were the reasons?
13. Have you ever spent time in a tropical country? If so, how long?
14. Do you consider yourself
- to be in good health?
- to be fully fit to work?
15. Do you smoke regularly?
If so, do you smoke D cigarettes D a pipe D cigars?
What is your consumption of the above?
For how many years have you been smoking?
16. Are you often tired for long periods and/or for no apparent reason?
17. What is your daily/weekly alcohol consumption?
Do you take or have you ever taken narcotic or other non-medical drugs?
18. Has your doctor or dentist told you that you will need medical or surgical treatment in the near future?.....
19. Any other important information about your health:.....
20. Do you play any sport? Specify
21. What is your current occupation?
22. Have you suffered medical problems when working on screen?
23. Have you ever had an industrial accident or suffered from an occupational disease?
Have you suffered any after-effects?
Do you suffer from any resulting partial permanent invalidity?
24. List any occupational or other hazards to which you have been exposed
25. For women: the urine test has to allow for menstruation. Where applicable; please give the date of your last period

DATE SIGNATURE.....

DOCTOR'S COMMENTS ON MEDICAL HISTORY:

MEDICAL EXAMINATION

General appearance: Weight Height
Skin subcutaneous fat
Mental state:°.....
Head and neck:
Tongue Teeth Ears-Nose-Throat
Thyroid gland Tonsils
Heart and circulation:
Action Blood pressure
Murmurs Pulse
Lungs
Percussion Auscultation
Abdomen: Abdominal wall
Liver Spleen
Intestines Hernial openings
Skeletal structure and muscles:
Urogenital tract:
Common integument and ganglions:
Central nervous system:
Form of pupils Pupillary reflex Cranial nerves Babinski
Patellar reflex Achilles tendon reflex Abdominal reflexes Romberg
-Sensibility:
Blood test:

Urine test:
Chest X-ray:
ECG:
Ophthalmological examination:
Other examinations:
Summary of examination:

Conclusion:.....

.Place Date

Date

Signature of — — — — — Medical Officer

Signature of examining doctor



COMMISSION
OF THE EUROPEAN
COMMUNITIES

Medical Service

OPHTHALMOLOGICAL EXAMINATION

NAME:

FORENAMES:

Date of birth:

NATURE OF WORK:

PROSPECTIVE DUTIES:

Case
history

Does the subject complain
of any visual disturbance?

Right eye

Left eye

Central visual acuity from a distance	without glasses
	with glasses
	correction
	refraction
Minimum legible Test utilised	without glasses and/or with glasses
	correction
Keratometry	
Range of accommodation	

Binocular vision
test for unilocular
suppression

Test(s) utilised:

Muscular balance
in primary position

from a distance:
at 1m:
at 33cm:

OPHTHALMOLOGICAL EXAMINATION
(continuation)

Extrinsic
ocular motility

Intrinsic
ocular motility

Biomicroscopy

Intra-ocular pressure (> 40 years)

Fundus

Fields of vision

Colour vision
Test used:

General assessment

Fitness for work
on video-screen

Does the subject need specially adjusted optical correction for use solely at the work station? (Doctor's certificate required if subject is under 50).

Date

Name and signature

BLOOD and URINE TEST

Urine
Sedimentation Rate
Urea
Uric acid
Creatinine
Glycemia
Cholesterol
Triglyceride
HDL/LDL
AIDS - with the agreement and the signature of the candidate
GGT
SGOT (ASAT)
SGPT (ALAT)
Seric protein > 45 years
Electrophoresis > 45 years
Latex sigma
Hepatitis A
Hepatitis B
Hepatitis C
Rubeola (for woman)
PSA (for man > 45 years)
TSH
CRP
Hematology (with formula and platelets)
Ferritine
TPHA if latex sigma +