

ANNEX I.F

COMPULSORY MEDICAL EXAMINATIONS: ANNUAL MEDICAL¹ (CHECK-LIST)

The checklist must be used to ensure that you are in a position to provide all the services required for annual medical examinations. This checklist should be signed and included in the technical offer.

Please Tick ☐ the boxes provided

LIST OF TESTS/EXAMS FOR ANNUAL MEDICAL EXAMINATION

- ☐ **1. Clinical examination by a medical doctor**
- ☐ **2. X-ray of the lungs:** Only if the medical doctor considers it necessary (included in laboratory). It should be done especially if the official/agent is leaving the Commission/Agency. It is obligatory in case of retirement of an official/agent who has been exposed to ionizing radiation.
- ☐ **3. Electrocardiogram** every two years after the age of 40.
- ☐ **4. Laboratory tests:** As detailed in the attached table.
- ☐ **5. Gynaecological screening:** Clinical examination; Cytology test (PAP smear test); Echography of the breast and mammography from the age of 40 onwards if medically indicated.
- ☐ **6. Special screening for men from the age of 45 onwards:** Clinical examination; rectal examination of prostate.
- ☐ **7. Back of the eyes / eye pressure:** Every year in case of hypertension and/or diabetes; Every two years from the age of 40 onwards.
- ☐ **8. Special examinations depending on the nature of work,** e.g. ophthalmologist every two years in case of extensive use of computer.
- ☐ **9. Stool examination** only if the medical doctor considers it necessary.

Name: _____

Signature: _____

Date: _____

¹ Or respectively:
Article 12 (2) (d) and Article 13 of CEOS for temporary agents
Article 82 (3) (d) and Article 83 of CEOS for contract agents

EUROPEAN COMMISSION
 Medical Service - Brussels

Laboratory analyses for the annual visit

ANALYSES (annual visit)	Men <45years	Men ≥45years	Women <45years	Women ≥45years	
- Urine analysis chemistry and microscopy	X	X	X	X	
- Sedimentation rate	X	X	X	X	
- Urea	X	X	X	X	
- Uric Acid	X	X	X	X	
- Creatinine	X	X	X	X	
- Glucose	X	X	X	X	
- HbA1c	(*1)	(*1)	(*1)	(*1)	
- Cholesterol	X	X	X	X	
- HDL/LDL	X	X	X	X	
- Triglycerides	X	X	X	X	
- GGT	X	X	X	X	
- SGOT(ASAT)	X	X	X	X	
- SGPT(ALT)	X	X	X	X	
- Serum Proteins		X		X	
- Electrophoresis		X		X	
- HIV	Upon agreement	Upon agreement	Upon agreement	Upon agreement	
- K	X	X	X	X	
- Hepatitis B	(*4)	(*4)	(*4)	(*4)	
- Hepatitis A	(*4)	(*4)	(*4)	(*4)	
- Hepatitis C					upon doctors request
- PSA		X			
- TSH	X	X	X	X	
- FT4	(*2)	(*2)	(*2)	(*2)	
- FT3	(*2)	(*2)	(*2)	(*2)	
- CRP	X	X	X	X	
- Full Blood Count	X	X	X	X	
- Faecal Occult Blood		(X)		(X)	upon doctors request
- Ferritin	X	X	X	X	
- IgE/Stallertest	(*3)	(*3)	(*3)	(*3)	
- screening test (blood test) for Amobiasis and Schistosomiasis	X	X	X	X	delegation staff
- ASLO	X	X	X	X	crèche staff
- CMV	X	X	X	X	crèche staff
- TOXI (upon patient's agreement)	X	X	X	X	crèche staff
(*1) if Glucose > 110mg/dl ► HbA1c to do (*2) if TSH anormal ► FT3 - FT4 to do (*3) if Eosinophiles>700 ► IgE/Stallertest to do (*3) if IgE/Stallertest positive in the VE ► re-do (*4) if Hepatitis A/B negative in the VE ► re-do after vaccination					