

**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(ALAT) | X | X | X | X | |
| - Serum Proteins | | X | | X | |
| - Electrophorese | | 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 | | |