ANNEX 10 to the Tender Specifications

Compulsory medical examinations: Pre-Recruitment

IMPORTANT NOTICE TO CANDIDATES FOR POSTS

THE PRE-RECRUITMENT MEDICAL EXAMINATION CANNOT BE CARRIED OUT PROPERLY UNLESS THE **QUESTIONNAIRE** GIVEN TO YOU REGARDING YOUR MEDICAL HISTORY IS COMPLETED **ACCURATELY** AND IN **FULL**.

WE MUST THEREFORE INSIST THAT, EACH TIME YOU ANSWER **'YES'** TO A QUESTION, YOU STATE THE NATURE OF THE DISORDER, THE **DATE** OF ITS OCCURRENCE (OR YOUR AGE AT THE TIME) AND ITS **COURSE** (E.G. 'FRACTURE OF LEFT TIBIA IN 1976, HEALED WITHOUT AFTER-EFFECTS'; 'DEPRESSION SINCE 1986, UNDERGOING TREATMENT').

SIMILARLY, WHEN ANSWERING THE QUESTION ON SURGICAL OPERATIONS, ELECTROCARDIOGRAMS AND ELECTROENCEPHALOGRAMS, PLEASE STATE THE **DATE** AND THE **REASON**.

IN THE QUESTION DEALING WITH DAILY CONSUMPTION OF BEER, WINE, SPIRITS AND TOBACCO, IT IS ALSO ESSENTIAL THAT YOU STATE THE QUANTITY CONSUMED.

A PRE-EXISTING ILLNESS MAY RESULT IN A MEDICAL LIMITATION BUT NOT NECESSARILY TO AN UN-FIT-FOR WORK OPINION.

THANK YOU IN ADVANCE FOR YOUR COOPERATION

I, the undersigned confirm that I have been informed that any false or incomplete statement regarding my state of health (previous or at the time of the current preemployment medical) constitutes a serious omission liable to incur administrative consequences and measures.

Signature ……

Date

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

(*) 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.

MEDICAL EXAMINATION BEFORE APPOINTMENT
(continuation)

Surname: Forenames:

Sex:

Marital status (unmarried/married/widow(er)/divorces:

Present address Street:

City: Postcode:

County: Country:

Tel no office: E-mail office:

Tel no home: E-mail home:

Date and 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 or other European bodies?

If so, when?

Position: Status:

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):
- Neurological 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			Diabetis		
Digestive disorders			Sexually transmitted diseases		
Stomach ulcer			Tropical diseases		
Duodenal ulcer			Amoebiasis		
Jaundice, hepatitis			Malaria		
Gallstones			Eye disorders		
Hernia			Ear disorders		
Haemorrhoids			Tumors, 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 : cigarettes ☐ a pipe ☐ 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 .....

Doctors comments on medical history

Date

MEDICAL EXAMINATION

General appearance	Height	Weight
Skin		
Subcutaneous fat		

Mental state:

Head and neck:	
Tongue	Teeth
Ear-Nose-Throat	Thyroid gland
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 nervs	Babinski
Patellar reflex	Achilles tendon reflex
Abdominal reflexes	Romberg
Sensibility	

MEDICAL EXAMINATION
(continuation)

Blood test:

Urine test:

Chest x-ray:

ECG:

Opthalmological examination:

Hearing capacity:

Other examinations:

Summary of examination:

Conclusion:

Place Date Place Date

…… ……

Signature of Institution's Medical Officer Signature of examining doctor

OPTHALMOLOGICAL EXAMINATION

Name

Personnel No

Date of birth

Date of order

Work duties

Date of examination

Examination	Right eye	Left eye
Esternal Motility (Phoria)		
Refraction		
Pupil		
Visual Acuity without glasses Far 55 cm, 33 cm		
Visual Acuity with glasses Far 55 cm, 33 cm		
Colour Visio		
Optical Fields		
Stereoscopic Vision		
Intra ocular pressure		
Fundus		
Biomicroscopy		
Diagnosis		
Prescription - Instructions		

……

Signature of Ophthalmologist

BLOOD AND URINE TEST

Type of test	Comments
Urine analysis	
Sedimentation rate	
Hematology	Complete blood count
Urea	
Uric acid	
Creatinine	
Glycemia	
Tryclycerides	
Cholesterol (total)	
HDL/LDL	If cholesterol > 200 and/or Triglycerides > 130
HIV	With the agreement and the signature of the agent
Bilirubin	
GGT	
SGOT (AST)	
SGPT (ALT)	
Serum proteins + Electrophopresis	> 45 years
Electrophoresis	> 45 years
Total IgE	
Calcium	
Hepatitis B	
Hepatitis A	
Hepatitis C	
Rubella IgM + IgG	Women only
PSA	Men > 45 years (information of the interpretation of the results)
TSH	
CRP	
Ferritin	If Hemogl. men < 13,0 – women < 12,5
Transferrine	If Hemogl. men < 13,0 – women < 12,5
Syphilis screening	
Alkaline phospatase	

European Environment Agency

Copenhagen, date

MEDICAL CERTIFICATE

RESULTS OF MEDICAL EXAMINATION OF

in accordance with Articles 28(e) and 33 of the Staff Regulations[1]

Ms ☐ Mr ☐ Mrs ☐

Date of Birth:

Function:

Please tick whichever is applicable

☐ The candidate possesses the physical aptitudes required to perform his/her duties

☐ The candidate possesses the physical aptitudes required to perform his/her duties, subject to Article 1 of Annex VIII of the Staff Regulations (or of Article 32 of CEOS for temporary agents and article 100 of CEOS for contract agents)

☐ The candidate does not possess the physical aptitudes required to exercise his/her duties

Stamp of your organisation

Signature

[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

Instructions for use:
Please use the letter head of your organisation
Please forward an advance copy of the signed form by fax to number +45 3336 7271