

MEDICAL EXAMINATION FOR RECRUITMENT.

IMPORTANT NOTICE TO CANDIDATES

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

N.B.: EVERY TIME YOU ANSWER 'YES' TO A QUESTION, PLEASE INDICATE THE NATURE OF THE ILLNESS OR INJURY, THE DATE (OR YOUR AGE) WHEN IT OCCURED 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 KIND COOPERATION.

THE MEDICAL SERVICE

Photo



EUROPEAN COMMISSION
MEDICAL SERVICE

Name Christian Name

Sex Nationality

Date and place of birth

Present address Street

City Postcode

County Country

Tel no office E-mail office

Tel no home E-mail home

Military service

Marital status (unmarried/married/widow(er)/divorced)

Name, Christian names and address of doctor

..... Tel. no

Languages spoken

Training/qualifications

Present occupation

Nature of post applied for..... No of Competition passed

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

Have you ever worked for another European Institution?

Which one

From to Type of contract

Have you at any time had to change your job for reasons of health?

Are you officially registered as suffering from an occupational disease? Which one?

Do you hold an Ambulance-Worker's of First Aid certificate?

Family medical history:

| | Age | State of health | If deceased, age and cause of death |
|--------------------|-----|-----------------|-------------------------------------|
| Father | | | |
| Mother | | | |
| Brothers | | | |
| Sisters | | | |
| Children | | | |
| Wife/Husband | | | |

Have you ever been treated for any of the following disorders or diseases:

- infectious diseases and childhood diseases
- of the heart and circulation
- of the respiratory organs
- of the digestive system, more especially the – stomach
- liver
- intestine
- of the kidneys or the bladder
- of the genital organs
- of the gynaecological and menstrual functions
- Date of the last menstrual period Contraception Are you pregnant? YES/NO
- of the nervous system – organic
- mental disorders
- of the sensory organs
- of the bones, muscles or joints, including rheumatic or "systemic" disorders
- of the blood and related organs
- of the skin
- allergies or intolerance of any kind
- diabetes, gout or other metabolic disorders
- diseases of the endocrinal glands or hormonal disorders

Have you undergone any of the following:

- surgical operations (please specify, giving details)
- examinations with X-rays and with radioactive substances (e.g. fluoroscopy or radiography of the lungs, functional test of the thyroid gland, barium X-ray, scanner, etc...) or with a nuclear magnetic resonator
- treatment with X-rays and radioactive substances
- electrocardiogram
- electroencephalogram

Have you had any accidents, occupational or other?

Do you have a permanent partial invalidity? (State percentage)

Do you have a residual disability? (Please specify)

Vaccinations

Do you have to take regular medication? (Please specify)

What is your daily consumption of Sporting activities

beer – wine – spirits tobacco

What is your assessment of your present state of health?

I hereby declare on my honour that the information on this form is correct and complete and I understand that a false declaration will render the recruitment medical examination invalid.

Date Signature

Height :

Weight :

Chest measurement

- insp.
- exp.

Circumference of :

- neck :
- abdomen.....

Eyesight L / R

Colour recognition

Hearing L / R

Spirometry

Date:

MEDICAL REPORT

General appearance

Height: Weight:

- skin
- subcutaneous fat

Mental state:

.....

.....

.....

Head and neck:

- tongue
- teeth
- thyroid gland
- pharynx
- tonsils
- blood vessels of the neck

Chest measurement:

- insp.
- exp.

Heart and circulation:

- pulse
- heart rate
- heart sounds
- blood pressure
- peripheral arteries
- peripheral veins

Circumference of:

- neck
- abdomen

Lungs and chest:

- percussion
- auscultation
- breasts

Eyesight L/R

Colour recognition

Abdomen

- abdominal wall
- stomach
- liver
- spleen
- intestines
- hernial orifices
- major vascular branches

Hearing L/R

Spirometry

Musculo - skeletal system

.....

Genito-urinary system

Skin and mucosae and lymph nodes

Central nervous system:

- shape of pupils
- pupillary reflex
- cranial nerves
- patellar reflex
- Achilles tendon reflex
- Babinski reflex
- abdominal reflex
- Romberg's sign
- sensation

Digital rectal examination (where appropriate)

Signature of examining physician



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 1 m:
at 33 cm:

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 | if cholesterol > 200 and/or Triglyceride > 130 |
| AIDS | with the agreement and the signature of the agent |
| Bilirubin | |
| GGT | |
| SGOT (ASAT) | |
| SGPT (ALAT) | |
| Serum protein | > 50 years |
| Electrophoresis | > 50 years |
| Latex sigma | |
| Calcium | |
| Hepatitis B | |
| Hepatitis A | |
| Hepatitis C | |
| Rubeola | Women only |
| PSA | Man > 45 years |
| TSH | |
| CRP | |
| Hematology | with formula and platelets |
| Iron | |
| Ferritin | |
| Transferrin | If Hemogl. Man < 13,0 - woman < 12,5 |
| TPHA | If Latex sigma + |
| Alkaline phosphatase | |