

European Central Bank
Directorate General Human Resources
ECB's Medical Adviser
c/o Medical Centre
Sonnemannstrasse 20
D-60314 Frankfurt am Main

Preparation of a Medical File

The results of the medical examination must be less than one month old.

No applicant for a position at the European Central Bank may be recruited unless the ECB's Medical Adviser certifies that he/she satisfies the standards of general health and physical fitness required to carry out the duties envisaged.

Would you please, before you take up your appointment:

- Arrange to be examined by your doctor, requesting him/her to fill in the attached Medical Examiner's Report and to return it (sealed in a separate envelope) to the ECB's Medical Adviser's address given above; or
- Bring the attached Medical Examiner's Report with you to the appointment arranged with the ECB's Medical Adviser (in case you are local).

The content of the Medical Examiner's Report is protected by medical secrecy. It will be filed (and reviewed, where necessary) by the ECB's Medical Adviser, who will provide the Directorate General Human Resources with the following notification for its files, stating that:

“On the basis of either my personal examination or the medical data submitted to me for review, there are no medical grounds against the appointment of:

Mr/ Ms/ NAME / MAIDEN NAME / First NAMES / DATE OF BIRTH) to the position designated.”

All expenses should be paid directly by the applicant. The costs incurred will be reimbursed by the ECB on presentation of the appropriate receipts. Please send these to the attention of HR Operations.

Medical Examiner's Report

(to be filled in by applicant)

on

NAME: MAIDEN NAME:

FIRST NAMES: SEX:

DATE & PLACE OF BIRTH:

NATIONALITY:

MARITAL STATUS: unmarried married widowed divorced separated

PROFESSION: APPOINTMENT AS:

I. Information supplied by the candidate (to be filled in by the applicant)

- | | |
|---|--|
| 1. (a) Has any member of your family (parents, brother/sister, spouse, child) ever had tuberculosis?

(b) Has any member of your family (parents, brother/sister, spouse, child) ever suffered from mental ill health?

(c) What is the current state of health of your parents and brothers/sisters? | |
|---|--|

- | | |
|---|--|
| 2. What illnesses and injuries, cases of hospitalisation, operations, treatments at a spa or X-rays have you had in the past? | |
|---|--|

- | | |
|--|--|
| 3. Do you have any disability?

(a) Acknowledged permanent disability entitling you to a pension:
degree of invalidity: %, as certified by
on

(b) Other disabilities:
degree of invalidity: %, as certified by
on | |
|--|--|

<p>4. Have any of the illnesses, injuries, disabilities, etc. given under items 2 and 3 above ever resulted in your being unfit for duty over a lengthy period? If so, when and for how long?</p>	
<p>5. Are you suffering from any disorder or illness at the moment? Doctor treating the disorder or illness:</p>	
<p>6. Specific question – if relevant for you: Are your periods irregular? Have you suffered from any pregnancy-related disorders?</p>	
<p>7. Further information:</p>	

DECLARATION

I, the undersigned, certify that the information supplied above is true and correct to the best of my knowledge.

I am aware of the fact that any omissions or any incorrect statements I might make could lead to the cancellation of my entitlement to certain allowances under the Conditions of Employment or of any appointment offered to me by the European Central Bank.

Date:

Signature:

Please place this form in a separate sealed envelope addressed to the Medical Adviser of the ECB and return it to:

European Central Bank
 Directorate General Human Resources
 ECB's Medical Adviser
 c/o Medical Centre
 Sonnemannstrasse 20
 D-60314 Frankfurt am Main

II. Results of the medical examination undertaken on.....

Height (without shoes): cm

Weight (half-clothed): kg

<p>1. Physique Nutritional state Complexion Mucous membranes Musculature</p>	<p>powerful, medium, weak* good, obese, medium, thin, undernourished* healthy, reddened, pale, yellowish, bluish-red* healthy, reddened, anaemic, bluish-red* compact, strong, medium, slack, thin*</p>
<p>2. Sensory organs Eyes, ears, nose, Normal colour vision</p>	
<p>3. Oral cavity Dentition, pharynx, tonsils, thyroid, mandible glands</p>	
<p>4. Respiratory organs Lung borders, pulmonary percussion note, respiratory sounds, forced expiration</p>	
<p>5. Circulatory system Heart boundary, heart tones, apex beat, pulse, blood pressure, heart function test</p>	
<p>6. Abdominal organs Abdominal walls, liver, spleen, renal bed, hernias, scars</p>	
<p>7. Limbs Varicose veins, articulation</p>	
<p>8. Nervous system Pupils, reflexes Psychological state</p>	
<p>9. Blood tests: Haemogram: neutrophils eosinophils basophils lymphocytes monocytes thrombocytes <u>Sedimentation rate:</u> first hour second hour <u>Chemical analysis:</u> creatinine urea glycemia uric acid total cholesterol triglycerides</p>	

serum state gamma glutamyl transpeptidase (G.G.T.)	
10. Urine tests: glucose protein blood ketones nitrites	
11. Miscellaneous ECG, X-rays (if necessary)	
12. Are there any medical grounds against the ap- pointment? What disorders or illnesses were ascertained that (a) preclude or (b) reduce his/her suitability for the appointment?	

* Underline whatever is applicable.

PLACE & DATE:

STAMP & DOCTOR'S SIGNATURE: