EUROPEAN COMMISSION
DIRECTORATE-GENERAL
JOINT RESEARCH CENTRE

Directorate R - Resources (Geel)

Provisions for Staff of Outside Companies
Controlled Areas - Entrance Certificate

From:	**To:**
Medical surveillance section External/Internal service for prevention and protection at work: Address: TEL.: FAX : Dr:	MEDICAL SERVICE of the JRC-Geel Dr Ann CLAES c/o EC-JRC-GEEL Retieseweg 111, B-2440 Geel TEL. 00.32.14.571.259 FAX: 00.32.14.571.861 E-mail: Willem.Goris@ec.europa.eu

to be sent at latest 10 working days in advance
to the Medical Service of the JRC-Geel

MEDICAL ENTRANCE CERTIFICATE

Concerns (worker outside company):

NAME: ..... **FIRST NAME:**

DATE OF BIRTH: .....

NATIONALITY: .....

NAME AND ADDRESS OF THE OUTSIDE COMPANY:

.....

.....

.....

.....

TEL.: .....

Personal information
Only for consultation by the Medical Service of the JRC Geel

MEDICAL DATA

DATE of the last (periodical) health examination by the company doctor: .....

RESULT:

EVENTUAL REMARKS:

PARTICULAR RESTRICTIONS:

- for using pressure suits or other respiratory equipment:

- for operating mechanical devices enclosing a danger for co-workers:

RESULT of the last BLOOD ANALYSIS* (enclose copy)

* When employed in controlled areas, the validity of the blood analysis is restricted for a period of **1 year**.

- Hemoglobin
- Hematocrit
- Erythrocyte count
- Thrombocytes
- Mean corpuscular volume (MCV)
- Mean corpuscular hemoglobin (MCH)
- Mean corpuscular hemoglobin concentration (MCHC)
- Leukocytes: total absolute value
- Leukocytes per type:
    - Neutrophils (% and absolute value)
    - Eosinophils (% and absolute value)
    - Basophils (% and absolute value)
    - Lymphocytes (% and absolute value)
    - Monocytes (% and absolute value)

DATE: .....

RESULTS of the last TECHNICAL EXAMINATIONS, if carried out:

DATES and RESULTS:

- ECG:
- Chest RX:
- Audiometry:

EXPOSURE TO IONISING RADIATION

RESULTS DOSIMETRY:

If Works have been performed in nuclear controlled areas over the last 12 months, please add a copy of the irradiation passport and/or the exposure and contamination table.

Medical examinations & treatments with ionizing radiation (information eventually to be requested to the private physician):

Date, nature, reason, frequency:

** To be fully completed for the first examination. For a repeated examination, only new facts need to be mentioned.*

Eventual occupational accidents, eventual accidental irradiations or radioactive contaminations

Date, nature:

Name of the company doctor of the worker:

Date: .....

Signature: .....