# Annex XII

## Medical clearance form

under Framework Service Contract XX/2018/OP/EITPROC

**Task 1:** **Pre-recruitment medical examination**

**Order form reference:**

**Name of candidate:**

**Name of attending doctor:**

**Date and place of examination:**

**Programme performed according to age/gender:**

|  |  |  |
| --- | --- | --- |
| **Please tick** | **Gender** | **Age** |
|  | Women | Up to 45 |
|  | Women  | 45 and above  |
|  | Men  | Up to 45  |
|  | Men  | 45 and above  |

IMPORTANT: Only programmes corresponding to the EIT/CEPOL staff member’s age and any other conditions shall be administered and only the respective costs will be reimbursed by the EIT/CEPOL.

**General result of examination:**

* Fit for work: □ APT / □ NON APT
* Fit for work with minor reservations: □ Yes / □ No

IMPORTANT: Comments/recommendations shall be included in the results (to be sent to the candidate)

Date and signature of attending doctor:

Medical clearance form

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**Task 2: □ Annual medical examination/ □ Health screening examination**

**Order form reference:**

**Name of EIT/CEPOL staff member:**

**Name of attending doctor:**

**Date and place of examination:**

**Programme performed according to age/gender:**

|  |  |  |
| --- | --- | --- |
| **Please tick** | **Gender** | **Age** |
|  | Women | Up to 40  |
|  | Women  | 40 to 45  |
|  | Women  | Over 45  |
|  | Men  | Up to 40  |
|  | Men  | 40 to 45  |
|  | Men  | Over 45  |

IMPORTANT: Only programmes corresponding to the EIT/CEPOL staff member’s age and any other conditions shall be administered and only the respective costs will be reimbursed by the EIT/CEPOL.

**General result of examination:**

* The medical aptitude of the person is confirmed: □ APT / □ NON - APT

Date and signature of attending doctor: