

DATA PROTECTION NOTICE regarding the annual medical check-up of Eurojust staff members

As Eurojust collects and further processes personal data, it is subject to *Regulation (EU) 2018/1725 of 23 October 2018 on the protection of natural persons with regard to the processing of personal data by the Union institutions, bodies, offices and agencies and on the free movement of such data, and repealing Regulation (EC) No 45/2001 and Decision No 1247/2002/EC* ('the Regulation').

The following information is provided as per Articles 15 of the Regulation.

1. Context of the processing activity and Controller

As Eurojust collects and further processes personal data in the context of the annual medical check-up of Eurojust staff members, it is subject to the Regulation.

Collection and processing of personal data in the context of the annual medical check-up of Eurojust staff members are under the responsibility of the Controller, who is the Head of the HR Unit and can be contacted at hohrdconfidential@eurojust.europa.eu.

2. What personal information do we collect, for what purpose, under which legal bases and through which technical means?

Purpose of the processing

The purpose of the processing is to determine whether a staff member is physically fit to perform his/her duties.

Data subjects

Data subjects are Eurojust staff (temporary and contracts agents).

Types of personal data

The following **categories of personal data** are processed in the context of the above mentioned processing activity:

- A medical examination questionnaire (Annex I) containing general medical questions to enable the examining physician to assess the staff member's fitness for employment in combination with the medical tests the staff member will undertake. In addition name, gender, date of birth, address and contact details of the staff member are requested.
- A fit for employment certificate prepared by the Eurojust medical service containing the name of the staff member and the declaration that s/he is fit for employment.
- Communication with the Eurojust Medical Service and the staff member related to the booking of the medical examination.

Legal basis

The legal bases for the processing activities are:

- Article 5(1)(b) of the Regulation: processing is necessary for compliance with a legal obligation to which the controller is subject; and,



- Article 59(6) of the Staff Regulations, and Article 16(1) and 91 of the Conditions of Employment of Other Servants of the European Union (CEOS)¹.

Technical means

Technical measures include storing the medical data in D'arbois, an electronic secure system accessible only by the Eurojust doctor and the nurses performing the medical examinations. At the end of the retention period, data deletion is automatic.

The fit for employment certificate is stored in the staff member's personal file.

3. Who has access to your personal data and to whom is it disclosed?

The recipients of the medical data related to the medical examination is the Eurojust medical Service (keuringen@zorgvandezaak.nl) and the relevant staff member undergoing the medical examination.

The recipients of the fit for employment certificate is the Human Resources Unit of Eurojust and the relevant staff member undergoing the medical examination.

4. How do we protect and safeguard your information?

All email communication with staff regarding medical appointments is kept in a separate outlook folder only accessible by HR staff members.

Fit for employment certificates are kept in the staff member's personal files that are either kept in SYSPER or in locked cabinets in an access control office.

All medical information is kept in the electronic secure system of the Eurojust medical service, accessible only by the examining physician and nurse. At the end of the retention period, data deletion is automatic.

5. How can you verify, modify or delete your information?

You have the right to access your personal data and to relevant information concerning how we use your personal data. You have the right to request rectification of your personal data. You have the right to ask that we delete your personal data or restrict its use. Where applicable, you have the right to object to our processing of your personal data, on grounds relating to your particular situation. Where applicable, you the right to your data portability. We will consider your request, take a decision, and communicate it to you. For more information, please see Articles 14 to 21, 23 and 24 of Regulation (EU) 2018/1725. Please note that in some cases restrictions under Article 25 of Regulation (EU) 2018/1725 may apply (see College Decision 2020-04 of 15 July 2020 on internal rules concerning restrictions of certain data subjects' rights in relation to the processing of personal data in the framework of activities carried out by Eurojust, available in the Eurojust website [here](#)).

To exercise your rights, please contact the Head of the HR Unit at hohrdconfidential@eurojust.europa.eu.

6. How long do we keep your personal data?

Fit for employment certificates are kept in the personal file of the relevant staff member for as long as the staff member is in active service and are destroyed after the staff member's departure.

¹ Regulation No 31 (EEC), 11 (EAEC), laying down the Staff Regulations of Officials and the Conditions of Employment of Other Servants of the European Economic Community and the European Atomic Energy Community.



The Eurojust medical service in principle keeps medical data for 15 years from the date of formation as per article 7:454 of the WGBO (Wet Geneeskundige Behandelingsovereenkomst). The retention period is linked to a possible claim for invalidity from a staff member after leaving service. Longer retention periods could apply in case there are indications for ionization, biological agents or carcinogenic substances at the place of employment. Data deletion is automatic. However, Eurojust employees could request their data to be deleted upon exit from Eurojust before the period of 15 years lapses. Employees are informed of this option as a standard practice during their exit process.

Communication with the Eurojust Medical Service and the candidate related to the booking of the medical examination is kept as proof of service delivery and as a basis for paying the relevant invoice to the Eurojust Medical Service. This communication is kept in a secure mailbox where only member of the relevant HR colleagues have access. Data on financial transactions is kept in ABAC for 7 years after 31 December of the year of the financial transaction, in line with the Eurojust Record on Financial Transactions.

7. Contact information

In case of queries regarding the processing of personal data you may also contact the Data Protection Officer of Eurojust (dpo@eurojust.europa.eu).

8. Recourse

You have the right to lodge a complaint to the European Data Protection Supervisor via the email edps@edps.europa.eu or https://edps.europa.eu/data-protection/our-role-supervisor/complaints_en if you consider that your rights under Regulation (EU) 2018/1725 have been infringed as a result of the processing of your personal data.



Annex I Annual Medical Examination

To be filled in, signed by the candidate and handed to the medical officer at the examination

Surname	
Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	
Full address (with postcode)	
Telephone number	
Please answer all the questions	

Family history			
1	Is there anyone in your family who has had a heart attack at a young age (younger than 50 years)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Do you have, to your knowledge, a family member suffering from cardiac arrhythmia?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Do you have, to your knowledge, a family member who suffers from congenital heart disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Do you have, to your knowledge, a family member suffering from chest pains (angina pectoris)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	Do you have a family member who, to your knowledge, has undergone a heart operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Are you being treated by a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7	Have you been ill in the past two years?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7a	If so, how often and for how many days?	Number of times	Total number of days

Questions on the general state of health		Cross when applicable	Result/Particulars	Year
8	Are you in good health?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
9	Are you being treated by a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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Questions on the general state of health	Cross when applicable	Result/Particulars	Year
10 Have you ever been turned down for a job for health reasons?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
11 Are you taking medicines?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what medicines?	
12 Have you ever taken tranquillisers, narcotics or stimulants?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
13 Do you drink alcohol?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
14 Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
15 Are you on a diet?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
16 What sports do you play?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been treated for:			
17 Obesity?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
18 Anaemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
19 Eczema or skin irritations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
20 Diabetes?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
21 A thyroid complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you suffer from:			
22 Coughing or dry coughs?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
23 Expectoration of mucus or blood?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
24 Shortness of breath?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
25 Do you catch a cold frequently?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
26 Have your tonsils and adenoids been removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever suffered from:			
27 A middle ear infection?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
28 Ear, nose or throat complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
29 Hay fever?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
29a Are you allergic to certain substances?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, what medicines do you use?	
Do you suffer or have you suffered from:			
30 Bronchial asthma or chronic bronchitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
31 Pneumonia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
32 Wet or dry pleurisy?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
33 Pulmonary tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
34 Do you report regularly to a tuberculosis consultation centre?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Place and date of last check-up	

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34a Have you ever been examined at a consultation centre for tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, where and when?	
Do you suffer from:			
35 Palpitations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
36 Tightness of the chest?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
37 Pain or pressure in the cardiac region?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
38 Pain in the calves when walking?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
39 Swollen or puffy ankles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
40 Varicose veins?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
41 Phlebitis or thrombosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been treated for:			
42 High blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
43 A heart complaint?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
44 Do you urinate more than once during the night?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
45 Do you have a good appetite?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have or have you had:			
46 Recurrent stomach troubles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
47 A gastric ulcer?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
48 A gastric hemorrhage?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
49 Has your stomach ever been X-rayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
50 Jaundice?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
51 Gall stones?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
52 Hemorrhoids?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
53 Chronic intestinal disorders?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
54 Irregular evacuation of the bowels?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
55 Recurrent diarrhea?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
56 Pyelitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
57 Nephritis?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
58 Have you ever passed blood with the urine?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
59 Have you had kidney stones?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you often have:			
60 Muscular pains?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
61 Aching joints (rheumatism of the joints)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

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62 Knee complaints, or have you ever been treated for water in the knee?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
63 Backache, recurrent backache?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
64 Has your back ever been X-rayed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
65 Are you currently affected by pain in your arm(s), or have you suffered pain in your arm(s) during the past 4 weeks?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you suffer from:			
66 Excessive perspiration?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
67 Migraine or chronic headaches?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
68 Insomnia?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
69 Dizziness?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
70 Fits or convulsions?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you suffered from:			
71 Concussion?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
72 Meningitis?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
73 Nervous tension or a nervous breakdown?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been treated:			
74 By a neurologist or psychiatrist?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
75 For eye complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
76 Do you wear spectacles?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
77 Do you wear contact lenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
78 Have you had any operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
79 If so, what kind of operations?			
80 Have you ever had an accident?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
81 Were you seriously injured?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
82 If so, what were your injuries?			
83 Have you ever been admitted to a hospital or mental institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
84 What further illnesses have you had?			

Last questions

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Do you have health complaints that haven't been addressed in the above questions?

Yes

No

If yes, what complaints?

How would you rate your health (from 0-10)?

The undersigned certifies that he/she has answered the above questions truthfully and to the best of his/her knowledge.

He/she is aware of the fact that incorrect information or an incomplete form may lead to the examination being declared invalid.

Date:

Signature:

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