

Royal Decree of 28 May 2003 on the health surveillance of workers (Belgian Official Gazette of 16 June 2003)

- Amended by:
- (1) Royal Decree of 4 July 2004 (Belgian Official Gazette of 3 August 2004)
 - (2) Royal Decree of 21 September 2004 concerning the protection of trainees (Belgian Official Gazette of 4 October 2004)
 - (3) Royal Decree of 27 December 2004 (Belgian Official Gazette of 24 January 2005)
 - (4) Royal Decree of 27 January 2008 (Belgian Official Gazette of 3 March 2008)
 - (5) Royal Decree of 26 April 2009 (Belgian Official Gazette of 14 May 2009)
 - (6) Royal Decree of 10 April 2014 concerning the prevention of psychosocial risks at work (Belgian Official Gazette of 28 April 2014)
 - (7) Royal Decree of 24 April 2014 in amendment of certain provisions within the framework of well-being at work (Belgian Official Gazette of 23 May 2014 – erratum: Belgian Official Gazette of 12 June 2014, 2nd Edition)
 - (8) Royal Decree of 28 October 2016 amending the Royal Decree of 28 May 2003 on the health surveillance of workers with regard to the reintegration of workers unfit to work (Belgian Official Gazette of 24 November 2016)
 - (9) Royal Decree of 30 January 2017 (Belgian Official Gazette of 6 February 2017)

Section 1 – Scope of application and Definitions

Article 1. – This Decree is applicable to employers and workers and to the assimilated persons, as referred to in Article 2 of the Act of 4 August 1996 on well-being of workers in the performance of their work.

Art. 2. – For the purposes of this decree, the following definitions shall apply:

1° safety function:

any work station where use is made of work equipment where motor vehicles, cranes, roller bridges, hoisting appliances of whatever nature, or machines that start operating dangerous installations or appliances, are controlled, or also where duty weapons are carried, to the extent that the use of that work equipment, the control of those tools and installations or the carrying of those weapons can endanger the safety and health of other workers of the undertaking or of outside enterprises;

2° function with increased vigilance:

any work station that entails permanent supervision of the operation of a plant and where a lack of vigilance while carrying out the supervision can endanger the safety and health of other workers of the undertaking or of outside enterprises;

3° activity with specific risk:

any activity or work station where the existence of the following appears from the results of the risk analysis:

a) identifiable risk for the health of the worker, due to exposure to a physical, biological or chemical agent;

b) connection between the exposure to burdening of ergonomic nature or that is related to the strenuousness of the work or a monotonous, speed-related job and an identifiable risk for the worker's physical or mental work stress;

[c) identifiable risk for the health of the worker, due to increased exposure to psychosocial risks at work; (6)]

- 4° *repealed* (7)
- 5° risk analysis:
the risk analysis referred to in Article 8 of the Royal Decree of 27 March 1998 on the policy of the well-being of workers at work;
- 6° risk:
the probability of the occurrence of the possible damage that a work station or activity entails, through the usage or exposure circumstances by manning that work station or exercising that activity;
- 7° work station:
the place where one works, the appliance or the group of equipment with which one works, as well as the immediate work environment;
- 8° Committee:
the Committee for Prevention and Protection at work, in the absence of a Committee, the trade union representatives or in the absence of trade union representatives, the workers themselves in accordance with the provisions of Article 53 of the Act of 4 August 1996 on well-being of workers in the performance of their work;
- 9° the Royal Decree on the policy regarding well-being:
the Royal Decree of 27 March 1998 on the policy of the well-being of workers at work;
- 10° the Act:
the Act of 4 August 1996 on well-being of workers in the performance of their work.
- [11° the Medical advisor:
Any doctor intervening in the assessment of the medical fitness of the worker in accordance with the regulations on social security;
- 12° the Minister:
The Minister responsible for the well-being at work (7)]

Section 2. – Objectives

Art. 3. – The purpose of health surveillance of the workers is to promote workers' health and to maintain it by avoiding risks. This is done by establishing preventive acts, which enables the prevention counselor-doctor in occupational medicine to do the following:

- a) promote employment opportunities for everyone, in particular by proposing adjusted working methods to the employer and adjustments to the work station and by looking for adjusted work, also for workers with limited work ability;
- b) trace occupational disease and work-related disorders as early as possible;
- c) inform workers and advise them on disorders and defects with which they may be afflicted;
- d) collaborate in tracing and examining the risk factors for occupational diseases and work-related disorders;
- e) avoid that workers are employed for tasks for which they are normally not able to bear the risks due to their state of health;
- f) avoid that persons who have been afflicted by seriously contagious diseases or who pose a danger to the safety of the other workers are allowed to work;

g) substantiate the decision regarding the work ability of a worker at the moment of the medical examination, by taking the following into account:

- 1° safety function or function with increased vigilance that s/he actually holds or shall hold, and which can endanger the health and safety of other workers;
- 2° activity with a specific risk that affects or can affect his/her health;

Section 3. – The employer’s obligation regarding the application and performance of health surveillance

Art. 4. – [§ 1. The employer takes the necessary measures to ensure that workers who hold safety functions and functions with increased vigilance, perform activities with specific risks, are under mandatory health surveillance and to ensure that this health surveillance is performed in accordance with the prescriptions of this decree. (7)]

§ 2. The health surveillance of workers is not mandatory where it appears from the results of the risk analysis that is performed in collaboration with the prevention counsellor-doctor in occupational medicine, and which was submitted to the preceding advice of the Committee, that it is not necessary.

§ 3. The [doctor-social inspector of the General direction Supervision of well-being at work (7)] shall take the decisions on the disputes that can ensue from the application of the provisions referred to in §§ 1 and 2.

Art. 5. -§ 1. The employer takes the necessary measures to ensure that any worker who so wishes can, at fixed times, enjoy health surveillance of the risks of his/her safety and health at work.

This health surveillance is performed by a prevention counsellor - doctor in occupational medicine for a certain period and in accordance with the provisions of this decree.

[§ 2. The employer informs the prevention counsellor – doctor in occupational medicine:

- when a worker complains of discomfort or signs of disease that can be attributed to his/her working conditions;
- when s/he notices that the physical or mental condition of a worker undoubtedly increases the work station-related risks.

The prevention counsellor – doctor in occupational medicine judges independently whether the worker must undergo a health assessment and whether measures can be taken to adapt the working conditions. (7)]

[§ 3. The employer takes the necessary measures to inform the prevention counsellor - doctor in occupational medicine of any occupational disability of four weeks or more which has been established for a worker who is subject [or not (4)] to mandatory health surveillance. (1)]

Art. 6. -§ 1. Based on the results of the permanent risk analysis, the employer compiles the following lists, and keeps them updated:

- 1° a list with the safety functions, functions with increased vigilance and activities with specific risk;
- 2° a list of names of the workers for whom it is mandatory to be subjected to health surveillance and, next to the name of every worker, the nature of the safety function, function with increased vigilance, activity with specific risk actually held;
- 3° a list of names of the workers who are subject to the mandatory vaccinations or tuberculin tests;

4° a list of names of the employers referred to in Article 5, § 1.

In addition, for every activity with a specified risk referred to in the first paragraph, 1°, the employer indicates the nature of the physical, chemical or biological agents, or the type of physical or mental work stress, or [the type of situations involving psychosocial risks at work to which the worker is exposed (6)].

§ 2. In addition, the lists of names referred to in § 1, 2° and 3° state the following for every worker:

- 1) surname and first name;
- 2) gender;
- 3) date of birth;
- 4) date of the previous mandatory health assessment.

These lists are called the health surveillance name lists and are enclosed with the annual action plan.

Art. 7. -§ 1. The employer annually provides the prevention counsellor - doctor in occupational medicine with the list referred to in Article 6, § 1, 1°.

The latter inspects this list and gives the employer advice in the form of a written report, compiled as based on the results of the permanent risk analysis, and all data that s/he deems useful. The employer annually adds these lists to the annual action plan and consults the Committee in accordance with the term laid down in Article 12 of the Royal Decree on the policy regarding well-being.

§ 2. The employer may not strike off a single worker whose name is registered on the list of names of the health surveillance referred to in Article 6, § 1, 2°, nor make any amendment to this list, except if s/he has obtained the consent of the prevention counsellor-doctor in occupational medicine and the Committee.

In the event of disagreement, the employer requests the intervention of the [doctor-social inspector of the General direction Supervision of well-being at work (7)], who decides whether to amend this list or not.

Art. 8. -§ 1. After the Committee's unanimous advice, and at least once a year, the employer provides the respective prevention counsellor-doctor in occupational medicine with a copy, updated or not, of the lists referred to in Article 6, § 1.

§ 2. These lists must enable the respective prevention counsellors-doctors in occupational medicine to call up workers via the employer to present themselves on the date allocated for the periodic health assessment, the new vaccinations or tuberculin tests to which they have to subject themselves and to check whether all workers who are subject to the health surveillance have indeed undergone the examination in time. S/he reminds the employer of this if necessary.

Art. 9.- The lists referred to in Article 6, § 1 may at all times be consulted by the Committee at the internal service for prevention and protection at the workplace. The officials responsible for the surveillance can demand that they be handed the necessary copies or excerpts to execute their assignment.

The employer keeps these lists and the lists that were compiled before this decree came into effect for at least five years from the date on which these lists were compiled, and they may be kept both on paper and in digital format.

Art. 10. The employer informs the workers who are subjected to the health surveillance in advance of the object and nature of the preventive medical examinations, vaccinations and tuberculin tests that they must undergo, and of the procedure that they must follow to undergo them.

[Art. 11. The employer shall send a "Worker Health Surveillance Application" form to the prevention

counsellor/ doctor in occupational medicine in the most appropriate manner in view of obtaining on behalf of the candidate or the worker a preceding health assessment, an examination upon work resumption, a continued health surveillance, an expansion of the health surveillance, or an examination in the context of maternity protection. This form contains the data as referred to in the template in Annex 1. It is kept in the health file.

The employer shall, in agreement with the department or the section in charge of the medical surveillance, determine the date on which the worker shall undergo the preceding medical examination. He shall communicate this date to the worker, as well as the type of examination that is required. (9)]

[Art. 12. -§ 1. A worker who is summoned in the context of a periodic health surveillance, an examination upon work resumption, a continued health surveillance, an expansion of the health surveillance, or an examination in the context of maternity protection to appear before the section or the department in charge of the medical surveillance, shall be subjected to medical examinations, vaccinations, tuberculin tests and the medical services as referred to in Article 15 § 1 ,2° during working hours. The time spent for that purpose shall be paid as working time and the travel expenses shall be borne by the employer.

Any summon referred to in subparagraph 1 to appear before the section or department in charge of health surveillance, either outside working hours, during suspensions of the execution of the contract of employment or during a period of exemption from work, is absolutely null and results in the absolute annulment of any decision taken by the prevention counsellor- doctor in occupational medicine.

§ 2. The Minister may provide for certain categories of employers exceptions to the prohibition provision on the working hours provided for in § 1, 2°, on the basis of the nature of the work performed or if objective and technical reasons render the application of the abovementioned provisions impossible, after obtaining the prior advice of the competent Joint Committee.

§ 3. The preventive actions taken by the prevention counsellors –doctors in occupational medicine pursuant to the provisions of this Decree, as well as the medical services referred to in Article 15 §1, 2°, shall not entail any expenditure for workers. (9)]

Art. 13. – The workers who withdraw from the preventive medical examinations to which they have to subject themselves in accordance with the provisions of this decree, and the workers who are subject to the mandatory vaccinations or tuberculin tests but who do not have a valid proof or a valid card, drawn up in accordance with Appendix V to the Royal Decree of 4 August 1996 regarding the protection of the workers against risks of exposure to biological agents at work and signed by a doctor, may not be put to work again or kept at work.

Art. 14. During the recruitment and selection procedure and during the course of the employment, the employers may not have any tests or medical examinations carried out other than those that the prevention counsellor–doctor in occupational medicine may perform in accordance with this decree, in particular with a goal other than to confirm the decision that the candidate or worker who is subject to the mandatory health assessment is able within the context of the properties of the respective work station or activity with a specific risk [or for a purpose other than examining the work resumption possibilities within the enterprise (9)].

Section 4. – The preventive actions and specific obligations of the prevention counsellor-doctor in occupational medicine

Art. 15. -§ 1. The preventive actions that must be performed entail preventive medical examinations, compiling a medical dossier, giving vaccinations and performing tuberculin tests.

In derogation from the first paragraph, the sections and departments responsible for the medical surveillance of the internal or external services may also perform medical services in the implementation of Acts and decrees other than the Act and its executive decrees, yet only for the workers of the employers who

have subscribed with them. The provisions of Section 6 are applicable to these services.

§ 2. The preventive actions may only be applied to attain the objectives referred to in Article 3.

Art. 16. – The preventive medical examinations include the following:

1. preceding health assessment;
2. periodic health assessment;
3. examination upon work resumption.

If applicable, they also entail the following:

1. consultation on own initiative;
2. continued health surveillance;

[3.the work resumption assessment of a worker who cannot perform the work agreed upon temporarily or permanently; (9)]

4. expansion of the health surveillance.

Art. 17. In order to substantiate his/her decision regarding the current state of health of every candidate or worker to be examined, the prevention counsellor-doctor in occupational medicine relates the results of his preventive medical examination to the results of the updated risk analysis of the safety function, function with increased vigilance, activity with specific risk, which the candidate or worker performs or will actually perform.

Art. 18. -§ 1. The preventive medical examinations, vaccinations and tuberculin tests are performed personally by the same prevention counsellor-doctor in occupational medicine who collaborated in the execution of the assignments related to the risk analysis. This prevention counsellor-doctor in occupational medicine may have him/herself assisted by nursing staff or by staff with appropriate training.

§ 2. If the prevention counsellor-doctor in occupational medicine approaches competent authorised colleagues to execute the targeted examinations or tests, the biological surveillance and the radiographic examinations referred to in Article 28, s/he ensures that the doctors, medical institutions or medical laboratories which have, if necessary, been designated to him/her by the employer or the board of directors of the external service and with his/her approval, timely provide him/her with their examination results.

Art. 19. -§ 1. Where a prevention counsellor-doctor in occupational medicine of an internal service for prevention and protection at work interrupts his/her occupation for reasons of holidays, illness, accident or for any other reason, and if, pursuant to that, the department responsible for the medical surveillance of the internal service cannot possibly meet its obligations, with the result that the preventive actions laid down by this decree can no longer be performed within the terms that have been set, the employer must appoint a *locum* to replace that doctor.

§ 2. To the extent that the circumstances demand it, the *locum* shall have at least the same qualifications as those of the doctor s/he replaces. S/he must also always comply with the prescriptions of Article 25, third paragraph of the Royal Decree of 27 March 1998 on the external services for prevention and protection at work.

§ 3. The prevention counsellor-doctor in occupational medicine does what is necessary to point out to the employer the doctors who can replace him/her. For these purposes, s/he takes the abovementioned terms into account. The prevention counsellor-doctor in occupational medicine fully makes the information on these doctors available to the employer.

Art. 20. -§ 1. The prevention counsellor-doctor in occupational medicine, on his/her own initiative, informs the respective candidate or worker of the anomalies that were traced during the preventive medical examinations concerning him/her.

On the occasion of those examinations, the prevention counsellor-doctor in occupational medicine shall provide the candidate or worker with the necessary advice justified by his/her state of health.

§ 2. S/he requests that the worker with whom s/he establishes that his/her health has been impaired, consult the doctor treating him/her. S/he provides the treating doctor with all the useful information if the worker agrees with this.

If it appears to him/her that the impairment is occupationally linked, s/he applies one of the measures referred to in Article 34 and completes a form of notice of occupational disease in accordance with Article 94.

§ 3. If necessary, the prevention counsellor-doctor in occupational medicine informs the worker which social services or institutions can provide him/her with the desired help or assistance.

Art. 21. – The prevention counsellor-doctor in occupational medicine participates in the meetings of the Committee of the undertaking concerned in accordance with the provisions of Article 25 of the Royal Decree of 3 May 1999 on the assignments and operation of the Committees for prevention and protection at work.

Art. 22. In the execution of his/her function, the prevention counsellor-doctor in occupational medicine has free access to the undertakings and institutions.

S/he must have access to all workplaces.

Art. 23. In no case whatsoever does the prevention counsellor-doctor in occupational medicine check up whether the absence of the workers is founded on health reasons. [However, whenever he considers this useful, he may, with the consent of the worker, inquire with the worker's general practitioner and the advisory doctor of the circumstances likely to be the cause of the absence and the evolution of the worker's health status in order to be able to better assess the effectiveness of the prevention program, trace the occupational diseases, identify the risks and, in view of the worker's resumption of work, assign to him a task appropriate to his health status. (9)]

Art. 24. – Without derogating from the provisions of Section 8 on the reporting of occupational diseases, prevention counsellor-doctor in occupational medicines and the persons who assist them are strictly bound by professional secrecy.

Art. 25. – Any complaint about professional errors for which the prevention counsellor-doctor in occupational medicine is blamed is reported to the [doctor-social inspector concerned of the General direction Supervision of well-being at work (7)], who informs the Belgian Medical Association accordingly, after it appears from the inspection that the complaint is founded.

Section 5. – The different types of health assessment

Sub-section 1. – Preceding health assessment

Art. 26. – The employer subjects the following workers to a preceding health assessment:

- 1° workers who are taken on to be employed in a safety function, a function with increased vigilance, an activity with specific risk;
- 2° workers who are already employed and who are designated a different function in the undertaking or institution, which causes them to be employed in a safety function, a function with increased vigilance,

an activity with a specific risk, where they were not previously employed or as a result of which they are employed in such a function or in such an activity for the first time.

[The provision of paragraph 1, 2° shall not apply if the change in function is the consequence of the application of the provisions of section 6/1. (9)]

Art. 27. – With the preceding health assessment the prevention counsellor-doctor in occupational medicine makes his/her decision regarding the ability of the worker, and informs the worker and employer of this at one of the following times:

- 1° in the case referred to in Article 26, 1°, before the worker is actually employed in the respective function or in the respective activity;
- 2° in the case referred to in Article 26, 2°, before the change of function or activity is implemented and to the extent that the change is actually made, subject to the decision of the prevention counsellor-doctor in occupational medicine.

[In derogation from the first paragraph, 1° the preceding health assessment and the decision may also take place before the employment contract is concluded, to the extent that this health assessment is the last step in the recruitment and selection procedure and the employment contract actually comes into effect, subject to the decision of the prevention counsellor-doctor in occupational medicine. (7)]

Art. 28. -§ 1. The preceding health assessment entails at least the following actions:

- 1° performing and recording the occupational and medical case histories of the worker;

[2° a clinical examination into the general health situation and biometric examinations if the prevention counsellor-doctor in occupational medicine deems it necessary; (7)]

- 3° tracing anomalies and contra-indications to take up the work station or indeed perform the activity.

§ 2. This assessment is supplemented with the following additional actions if specific regulatory provisions, made in implementation of the Act, establish them:

- 1° a targeted examination or targeted functional tests focussing on the respective physiological system or systems that must be examined due to the nature of the exposure or the requirements of the activities to be performed. The selected examination techniques must meet the occupational standards that guarantee their safety;
- 2° biological testing in which reliable and specifically validated indicators are used that pertain to the chemical agent and its metabolites or for the biological agent;
- 3° a test on the premature and reversible effects pursuant to exposure referred to trace the risk;
- 4° a radiographic examination of the chest organs if this is justified beforehand in accordance with the principles provided in Article 51 of the Royal Decree of 20 July 2001 on the protection of the population, workers and the environment against the hazards of ionizing radiation.

Art. 29. – The prevention counsellor-doctor in occupational medicine may exempt the candidates and workers referred to in Article 26 from all or a part of the acts that form part of the preceding health assessment if they have recently undergone them, on the condition that:

- 1° s/he is informed of the result of these actions;
- 2° the time span that has lapsed since those actions have been performed is not greater than the course of time between the periodic health assessments that are provided for the workers who have similar work

stations or perform similar activities and are subject to health surveillance.

Sub-section 2. – Periodic health assessment

[Art. 30. – The employer is obliged to subject the workers who fulfil safety functions, functions with increased vigilance or activities with specific risk, to periodic health assessments. (7)]

Art. 31. – The periodic health assessments entail the actions prescribed in Article 28, §§ 1 and 2.

Art. 32. – On the initiative of the prevention counsellor-doctor in occupational medicine, the type of additional actions referred to in Article 28, § 2, can be replaced by other types of actions of which the result offers the same guarantees regarding validity and reliability.

In that case, the prevention counsellor-doctor in occupational medicine chooses actions that respect the bodily integrity of the worker and guarantee his/her safety the most.

The prevention counsellor-doctor in occupational medicine subsequently informs the Committee of the type of actions that have been performed.

Art. 33. - § 1. This periodic health assessment is carried out once a year, unless when other special decrees created to implement the Act, provide for a different periodicity.

§ 2. If the prevention counsellor-doctor in occupational medicine deems it necessary, s/he can impose a shorter interval due to the nature of the work station or activity, or the state of health of the worker, or because the worker belongs to a particularly sensitive risk group, or due to incidents or accidents that occurred and which can change the duration and intensity of the exposure.

The actions performed between two periodic assessments are the additional actions referred to in Article 28, § 2. If these lead the prevention counsellor-doctor in occupational medicine to form the opinion that it is not advisable to keep an worker at his/her work station or to let him/her continue performing his/her activity, these actions are supplemented by a general clinical examination, before the prevention counsellor-doctor in occupational medicine makes a decision regarding this worker.

§ 3. Where the result of the health assessment of the workers indicates that there is uncertainty regarding the actual existence of the risk, the prevention counsellor-doctor in occupational medicine can propose that the periodic health assessment be extended by one year. A suitable system for surveillance of the exposure of the workers is initiated in the meantime and evaluated annually. This system entails the additional actions referred to in Article 28, § 2, 2° and 3°.

§ 4. The proposed reduced or extended interval and the results of the adapted system for surveillance referred to in § 3 are submitted to the Committee for prior advice and reported to the medical inspector of labour of the medical Labour Inspectorate.

§ 5. If s/he regards it necessary, the [doctor-social inspector of the General direction Supervision of well-being at work (7)] can change the interval proposed by the prevention counsellor-doctor in occupational medicine or establish a new interval for the periodic health assessment of some workers.

§ 6. The worker who is affected by an occupation-related disorder, of which the diagnosis, with reference to the actions stipulated in Article 28, cannot be adequately stated, is subject to each additional examination which is regarded as essential by the prevention counsellor-doctor in occupational medicine or the [doctor-social inspector of the General direction Supervision of well-being at work (7)].

Art. 34. - § 1. On the grounds of the results of the periodic health assessment and where the worker's state of health requires it, the prevention counsellor-doctor in occupational medicine proposes to the employer all appropriate individual and collective preventive or protective measures.

§ 2. Those measures may entail the following:

- 1° reducing the duration, intensity or frequency of the exposure to such agents or reduce the load;
- 2° proposing that the work station or activity be redesigned or adapted, and/or the working methods and/or the working conditions;
- 3° providing training or information on the general preventive and protective measures that must be applied;
- 4° assessing the health of all workers who have experienced analogous exposure or who were employed for similar activities;
- 5° once again performing the risk analysis with reference to the specific risks of the work station or activity, in particular by applying a new technique, using a new product or increasing the pace of the work;
- 6° no longer exposing the worker to an agent or stress referred to in Article 2, 3° or temporarily transferring the worker from his/her work station or exercised activity.

The measures regarding the worker are taken in accordance with the provisions of Section 6, which regulate the decisions of the prevention counsellor-doctor in occupational medicine.

The Committee is informed of the collective measures taken.

Sub-section 3. – Examination upon work resumption

Art. 35. – [After at least four consecutive weeks of absence due to whatever illness, disorder or accident or following a birth, the workers employed in a safety function, a function with increased vigilance or an activity with specific risk are mandatorily subjected to an examination when resuming work. With the consent of the worker, the prevention counsellor-doctor in occupational medicine can confer with the treating doctor and/or the medical advisor.

At the request of the worker or if the prevention counsellor-doctor in occupational medicine deems it necessary due to the nature of the illness, disorder or accident, the “pre-return to work” examination can take place after a shorter absence.

This examination is done, at the earliest, on the day on which the work or duty is resumed and, at the latest, on the tenth working day thereafter. (7)]

Art. 36. The examination upon work resumption must enable the prevention counsellor-doctor in occupational medicine to check whether the worker is still able to do the work at the work station that s/he occupied or the activity that s/he performed previously, and in the case of disability, to take the appropriate preventive or protective measures.

Art. 36bis. - [§ 1. The employer informs all workers who are or not subject to the mandatory health surveillance, of their right to a consultation prior to work resumption in the case of occupational disability, with a view to a possible adaptation of the work station.

§ 2. In the case of occupational disability, the worker, whether subject or not to mandatory health surveillance, can directly request a consultation prior to work resumption to the prevention counsellor-doctor in occupational medicine. With the consent of the worker, the prevention counsellor-doctor in occupational medicine can confer with the treating doctor and/or the medical advisor.

§ 3. As of the moment that, in accordance with § 2, s/he receives a request, the prevention counsellor-doctor in occupational medicine informs the employer, except if the worker disagrees, and invites the worker to a consultation before resuming work, which takes place within a term of ten working days fol-

lowing the day on which the request was received (7).

§ 4. The consultation before resuming work as referred to in § 1 must enable the prevention counsellor-doctor in occupational medicine to propose adjusted measures based on the state of health of the worker and the examination of his/her work station, which measures, in particular, consist of an adjustment of the work station or the working conditions to reduce the stress related to this station so that the employer can give the worker adapted work as soon as s/he resumes work.

§ 5. The prevention counsellor-doctor in occupational medicine examines the worker's work station as quickly as possible with a view to investigating the possibilities of adapting this work station.

§ 6. In derogation from the provisions regarding the health assessment form, the prevention counsellor-doctor in occupational medicine formulates his/her proposals regarding the adaptations to the work station or the working conditions by completing only item F on the health assessment form.

§ 7. The employer shall pay for the worker's travelling expenses for the consultation before resuming work. (1)]

Sub-section 4. – Consultation on own initiative

[Art. 37. – [§ 1. Any worker subject or not to health surveillance, or with the worker's consent, his general practitioner, may request a spontaneous consultation directly with the prevention counsellor-doctor in occupational medicine:

1° in case of complaints related to his health status, that he or his general practitioner considers to be related to the work, or;

2° in case he considers that all or part of the measures of the reintegration plan referred to in article 73/3 are no longer adapted to his health status. (9)]

[§ 2. (9)] As soon as s/he receives the request, the prevention counsellor-doctor in occupational medicine informs the employer, except if the worker disagrees, and carries out a health assessment of the worker within the ten working days. Should the occasion arise, this health assessment is confirmed by the prevention counsellor-doctor in occupational medicine's decision to which all the conditions regarding the execution of health surveillance are related. (7)]

Sub-section 5. – Continued health surveillance

Art. 38. - § 1. The employer takes the necessary measures to ensure that the workers who are exposed to biological, physical and chemical agents in the cases referred to in the special decisions made in implementation of the Act, can continue to benefit from a surveillance of their state of health after the exposure has been terminated.

§ 2. This surveillance includes all targeted functional examinations and tests necessary, having regard to the worker's state of health and the conditions to which s/he is exposed.

§ 3. If the respective worker forms part of the staff of the undertaking where s/he was exposed, the costs for the continued health surveillance are at the expense of the employer.

§ 4. If the respective worker no longer forms part of the staff of the undertaking where s/he was exposed, the continued health surveillance can be ensured by the Fund for occupational diseases on the terms and in accordance with the detailed rules as stipulated by the Acts regarding occupational disease compensation and the prevention of occupational diseases, co-ordinated on 3 June 1970.

The employer reports to the Fund without delay which workers are entitled to continued health surveillance.

§ 5. If s/he deems it necessary, the [doctor-social inspector of the General direction Supervision of well-being at work (7)] can impose continued health surveillance.

Sub-section 6. – *repealed* (9)

Art. 39 to 41. – *repealed* (9)

Sub-section 7. Expansion of the health surveillance

Art. 42. – At the initiative of the prevention counsellor-doctor in occupational medicine, the employer or the workers' representatives, on the recommendation of the Committee, and based on the results of the risk analysis, the health surveillance can be expanded to all workers who work in the immediate vicinity of the work station of a worker who is subject to mandatory health surveillance. The preventive actions for these workers are similar to those imposed on the worker who is subjected to mandatory health surveillance.

Art. 43. The characteristics and the consequences of the expansion of the health surveillance referred to in Article 42 are established by the prevention counsellor-doctor in occupational medicine and the [doctor-social inspector of the General direction Supervision of well-being at work (7)] is informed of them. The latter can also impose any new health assessment s/he deems necessary.

Sub-section 8. Special provisions for certain categories of workers

Art. 44. – This section is applicable to the following:

- 1° workers with disabilities, whom the employer must employ in accordance with Article 21, § 1 of the Act of 16 April 1963 concerning reintegration of disabled people into the labour market;
- 2° young people at the workplace as referred to in Article 12 of the Royal Decree of 3 May 1999 on the protection of young people at the workplace, replaced by the Royal Decree of 3 May 2003;
- 3° female workers during pregnancy or the breast-feeding period as referred to in Article 1 of the Royal Decree of 2 May 1995 on the protection of motherhood;
- 4° the trainees, apprentices and students as referred to in Article 2, § 1, second paragraph, 1°, d) and e) of the Act;
- 5° temporary workers as referred to in Article 1 of the Royal Decree of 19 February 1997 laying down measures concerning the occupational health of temporary workers;
- 6° workers from the Local Employment Agency referred to in Article 4, § 2 of the Act.

Art. 45. – The employer shall take the necessary measures to ensure that the workers referred to in Article 44 are subjected to appropriate health surveillance.

The conditions for the execution of this health surveillance are laid down in specific royal decrees concerning the special categories of workers referred to in Article 44.

Art. 46. – The abovementioned appropriate health surveillance is instituted to take into account specific characteristics of the workers or the nature of the work relationship referred to in Article 44, which results in them being regarded as workers with special risk due to their increased vulnerability or sensitivity, lack of experience, different development, and for whom special measures regarding protection and health surveillance must be taken.

Art. 47. – The employer may neither refuse to take on workers belonging to one of the categories referred to in Article 44 nor dismiss them solely and merely because of the fact that they belong to one of

those categories.

Section 6. – The decision of the prevention counsellor-doctor in occupational medicine regarding health assessment

[Sub-section 1. – Scope

Art. 47/1. – This section applies to the decisions of the prevention counsellor- doctor in occupational medicine concerning the health assessment in the context of the preceding medical examinations referred to in section 16, with the exception of the decisions of the prevention counsellor - doctor in occupational medicine as a consequence of an assessment upon work resumption of the worker for whom he has received a reintegration request in accordance with Article 73/2. (9)]

[Sub-section 1/1. (9)] – Health assessment form

Art. 48. – The form for the health assessment, a template of which is included as Appendix II, first part, is the document with which the prevention counsellor-doctor in occupational medicines communicates his/her decision after every preventive medical examination.

The text of Articles 64 to 69, which is included in the second part of Appendix II, must be stated on the form for health assessment.

As soon as s/he has all the assessment elements, and, more particularly, the results of the actions referred to in Article 28, and after the measures referred to in Articles 55 to 58 have been taken, the prevention counsellor-doctor in occupational medicine completes this document in triplicate.

The prevention counsellor-doctor in occupational medicine sends one copy of this document in a closed envelope to the employer and another to the worker, or he hands them over personally. He encloses the third copy with the worker's health dossier, in accordance with Article 81.

The form for the health assessment may not contain a single indication of the diagnosis whatsoever, nor any other formulation that would jeopardise due respect for privacy.

Any limitation regarding the occupational capacity stated on the form for the health assessment is accompanied by preventive measures as referred to in Article 34.

Art. 49. – If it concerns a preceding health assessment of a candidate or worker, the prevention counsellor-doctor in occupational medicine states on the form for the health assessment that the candidate or worker is either fully able to do the work, or is not able to do the work, either permanently or for the period that s/he determines.

The prevention counsellor-doctor in occupational medicine justifies every statement of occupational disability pursuant to a preceding health assessment. To better adjust the state of health of the candidate or the worker to or tune it in to another employment possibility, the prevention counsellor-doctor in occupational medicine can, at their request, send the data that substantiate this decision of occupational disability to the treating doctor indicated by the worker or the candidate.

Art. 50. – If it concerns a preceding health assessment, a periodic health assessment or an examination upon work resumption of an worker who holds a control or safety function or who is in charge of an activity with a specific risk related to exposure to ionizing radiation, the prevention counsellor-doctor in occupational medicine indicates on the form of the health assessment that the worker is either adequately able to do the work, or has a disability either permanently or for the period that he determines, and that it is forbidden to employ him/her or keep him/her at the respective work station or in the respective activity. In that case, s/he makes the recommendation to put him/her to work at a work station or in an activity of which he (the prevention counsellor-doctor in occupational medicine) determines the employment terms in item F or states that the worker must be put on sick leave.

Art. 51. – If it concerns any other preventive medical examination, the prevention counsellor-doctor in occupational medicine states on the form for health assessment that the worker:

- is either adequately able to do the work;
- or that it is advisable that the worker is either permanently or for the period that he (the prevention counsellor-doctor in occupational medicine) determines, transferred to another work station or activity of which the former determines the employment terms provided in item F;
- or that the worker is put on sick leave;
- or that the worker has a permanent occupational disability.

Art. 52. – If it concerns an examination on a female worker during pregnancy or the breast-feeding period, the prevention counsellor-doctor in occupational medicine states on the form for the health assessment that the worker:

- is either adequately able to fully continue her activity, or to continue her activity under the conditions s/he determines, or to perform the new proposed activity for a term that s/he determines;
- or is not able to continue her activity for the term s/he determines or to perform a proposed new activity for the term s/he determines and must therefore be removed;
- or to be put on sick leave due to a disorder that is in no way related to the pregnancy or breast-feeding period.

[Art. 53.] – If it concerns a medical examination on a young person at the workplace such as referred to in Article 12 of the Royal Decree of 3 May 1999 on the protection of young people at the workplace, or a trainee subject to a type of health surveillance as referred to in the Royal Decree of 21 September 2004 concerning the protection of trainees, the prevention counsellor-doctor in occupational medicine states on the form for the health assessment either that the young person or the trainee is adequately able, or that the young person or trainee is able to work in a function of which he (the prevention counsellor-doctor in occupational medicine) determines the employment conditions. (2).

Art. 54. – The employer arranges the forms for the health assessment per worker. As long as the latter is employed at the undertaking, the employer keeps the forms of at least the last three years, and the forms stating recommendations.

S/he keeps these available for the [social inspectors of the General direction Supervision of well-being at work (7)].

Sub-section 2. – Measures to be taken before making any decision

Art. 55. – Before proposing a temporary or definitive change of work for a worker or making a decision regarding occupational disability, the prevention counsellor-doctor in occupational medicine performs the appropriate additional examinations, the costs of which are to be borne by the employer, in particular where the worker has a disorder of which s/he suspects that it is work-related and of which the diagnosis could not be sufficiently made with the resources determined for the periodic health assessment. In addition, the prevention counsellor-doctor in occupational medicine makes inquiries into the worker's social situation, as well as a new risk analysis, and s/he also examines *in situ* which measures and adjustments would make it possible to allow the worker to keep his/her work station or activity, taking his/her possibilities into account. The worker may be assisted in this matter by a worker delegate member of the Committee or, in the latter's absence, by a trade union representative of his/her choice.

Art. 56. – Where the prevention counsellor-doctor in occupational medicine is of the opinion that the worker can keep his/her work station or continue his/her activities, s/he states on the form for the health

assessment, under F, which measures should be taken to limit the risk factors as quickly as possible by applying the protection and preventive measures in accordance with the risk analysis.

Art. 57. – The employer, prevention counsellor-doctor in occupational medicine and, where applicable, other prevention counsellors, the worker and the delegates of the staff on the Committee, or, in the absence of the Committee, the trade union representatives chosen by the worker, deliberate in advance on the possibilities for other work and measures to adapt the work stations.

Art. 58. – The prevention counsellor-doctor in occupational medicine informs the worker of his/her right to use the deliberation and appeal procedures referred to in this decree.

Sub-section 3. – Deliberation procedure

Art. 59. – Except in the case of the preceding health assessment referred to in Article 27, the worker can make use of the deliberation procedure described below if the prevention counsellor-doctor in occupational medicine is of the opinion that a permanent or temporary change of work is essential, because an adaptation of the safety function, control function or of the activity with specific risk is technically or objectively not possible or, for legitimate reasons, cannot reasonably be requested.

Art. 60. - § 1. Before completing the form for the health assessment, the prevention counsellor-doctor in occupational medicine informs the worker in writing of his/her proposal for the worker's permanent change of work either by handing over a document that the latter signs for receipt, or by sending him/her a registered letter with acknowledgement of receipt

§ 2. The worker has a period of five days following the acknowledgement of receipt to agree or not.

§ 3. If the worker does not agree, s/he indicates to the prevention counsellor-doctor in occupational medicine a treating doctor of his/her own choice. The prevention counsellor-doctor in occupational medicine informs the doctor of his/her substantiated decision. The two doctors attempt to come to a joint decision. Each of them may request additional examinations or consultations, which s/he deems indispensable. The employer bears only the costs of the additional examinations or consultations that are requested by the prevention counsellor-doctor in occupational medicine.

Art. 61. – When the deliberation suspends the decision of the prevention counsellor-doctor in occupational medicine, the latter waits until the procedure is over to complete the form for the health assessment.

Art. 62. - § 1. If it concerns a medical examination of a worker who holds a safety or control function, or performs an activity with a risk of exposure to ionizing radiation or is a female worker during pregnancy or the breast-feeding period, who is employed at a work station of which the assessment indicates an activity with a specific risk, or also if the worker is affected by a seriously contagious illness, the deliberation does not suspend the decision of the prevention counsellor-doctor in occupational medicine.

§ 2. In those cases, the prevention counsellor-doctor in occupational medicine completes the first form for the health assessment at the time that s/he informs the worker of his/her decision to propose a permanent change of work. In item G, s/he indicates that if the worker does not agree, s/he can make use of the deliberation procedure referred to in Article 60. In item F, s/he states that s/he recommends that the worker be employed at a work station or in an activity of which s/he (the prevention counsellor-doctor in occupational medicine) determines the employment terms.

§3. After the deliberation procedure has ended, s/he completes a new form for the health assessment.

Art. 63. – Where two doctors do not succeed in making a joint decision, or where it was not possible to terminate the deliberation procedure within 14 working days, the prevention counsellor-doctor in occupational medicine maintains his/her own decision on the form for the health assessment. S/he also states in

item G that the doctor of the worker is of a different opinion or that the procedure could not be finalised within the set term, and in item F that the permanent change of work is essential and that s/he recommends that the worker be employed at a work station or in an activity of which s/he (the prevention counsellor-doctor in occupational medicine) determines the employment conditions.

Sub-section 4. – Appeal procedure

Art. 64. – Except in the case of the preceding health assessment referred to in Article 27, the worker who has or has not made use of the deliberation procedure referred to in Article 60 can appeal against the decision of the prevention counsellor-doctor in occupational medicine whereby the ability relating to the executed work is limited or where s/he is found to be not able to continue the executed work. For these purposes, s/he uses the form of which the template is included in Appendix II, third part.

Art. 65. – This appeal is validly lodged on condition that it is sent to the authorised [doctor-social inspector of the General direction Supervision of well-being at work (7)] by registered letter within seven working days after the date of dispatch or the date that the form for the health assessment was handed to the worker.

Art. 66. – The [doctor-social inspector of the General direction Supervision of well-being at work (7)] writes a letter to convene a meeting with the prevention counsellor-doctor in occupational medicine and the worker's treating doctor for the appeal procedure, of which s/he determines the date and place, and s/he requests them to bring the relevant documents regarding the worker's state of health. Where applicable, s/he also calls on the worker to be heard and examined.

Art. 67. – The appeal is dealt with, at the latest, within twenty-one working days of the date on which the worker's appeal was received. In the case of suspension of the execution of the worker's employment contract due to sick leave, this term can be extended to thirty-one working days.

Art. 68. - § 1. If a doctor requests an expert examination during the appeal procedure, the term during which to make the decision may not exceed the term of thirty-one days as of the day on which the appeal was heard.

During the definitive session, the three doctors make a decision by a majority of votes.

If the treating doctor indicated by the worker or the prevention counsellor-doctor in occupational medicine is absent and if no agreement can be reached by the doctors present, the [doctor-social inspector of the General direction Supervision of well-being at work (7)] makes the decision him/herself.

§ 2. The medical decision is recorded by the [doctor-social inspector of the General direction Supervision of well-being at work (7)] in a report that is signed by the doctors present and is kept in the worker's health dossier.

The worker and employer are immediately provided with a copy of the report of the decision by the [doctor-social inspector of the General direction Supervision of well-being at work (7)].

Art. 69. – The appeal suspends the decision of the prevention counsellor-doctor in occupational medicine. This does not apply to the medical examination of a worker with a safety function, a function with increased vigilance, or an activity that entails a risk of exposure to ionizing radiation or a pregnant or breast-feeding female worker who is employed at a work station of which the assessment indicates that this concerns an activity with a specific risk.

Sub-section 5. – Interim employment during the deliberation and appeal procedures

Art. 70. - § 1. In accordance with the recommendations of the prevention counsellor-doctor in occupational medicine, the employer endeavours, as quickly as possible, to employ every worker for whom the health assessment recommendations have been recorded in that sense, at another work station or in an-

other activity of which s/he determines the employment conditions.

The employer for whom it is impossible to offer another work station or activity as referred to in the first paragraph, must be able to justify this to the [doctor-social inspector of the General direction Supervision of well-being at work (7)].

§ 2. The worker who appeals may, until the day of the definitive decision, not incur any form of wage loss. During that period, s/he shall take on any work which, in the opinion of the prevention counsellor-doctor in occupational medicine, is appropriate to his/her state of health.

§ 3. As long as no definitive decision has been made regarding the worker's occupational ability, permanent occupational disability is not proven.

Sub-section 6. – Consequences of the definitive decision
of the prevention counsellor-doctor in occupational medicine

Art. 71. - § 1. It is forbidden to take on a worker or to continue employing a worker in a safety function, a function with increased vigilance or for activities to which a risk of exposure to ionizing radiation is related when the prevention counsellor-doctor in occupational medicine has declared him/her not able to do this.

§ 2. It is forbidden to employ or to continue employing female workers whom the prevention counsellor-doctor in occupational medicine has declared not able to do this, in work stations of which the assessment has shown that there is a specific risk for pregnant and breast-feeding workers and for whom an adaptation is, technically or objectively, impossible or where this cannot, on substantiated grounds, be reasonably demanded.

[Art. 72. – Subject to the application of section 71, the employer is required to continue to occupy a worker who has been declared permanently unfit by a final decision of the prevention counsellor-doctor in occupational medicine in accordance with the recommendations of this latter. To that end, he shall follow the procedure laid down in the Articles 73/3 to 73/7 in view of the establishment of a reintegration plan. (9)]

Art. 73 – The worker with a seriously contagious disease who is obliged to take the sick leave that was recommended by the prevention counsellor-doctor in occupational medicine on the form for the health assessment, is obliged, without delay, to consult his/her treating doctor, whom the prevention counsellor-doctor in occupational medicine shall have contacted.

In this case, the provisions regarding the examination when resuming work referred to in sub-section 3 of section 5 are applicable to this worker.

**[Section 6/1.- The reintegration path of a worker who is temporarily or permanently
no longer fit to perform the work agreed upon work**

Art. 73/1.- The reintegration path referred to in this section is intended to promote the reintegration of the worker who is no longer fit to carry out the work agreed upon by giving that worker:

- either, temporarily, suitable work or other work pending re-performance of his / her work agreed upon,
- or, definitively, suitable work or other work if the worker is definitely unfit to perform his/ her work agreed upon.

The reintegration path does not apply in the case of reinstatement in the event of an industrial accident or an occupational disease.

The Committee shall participate in the development of a comprehensive framework of the reintegration policy implemented in the company, in accordance with Article 73/8.

Art. 73/2.- § 1. The prevention counsellor-company doctor starts a reintegration path at the request:

- 1° of the worker during the period of his disability for work, or of the general practitioner provided the worker consents;
- 2° of the medical advisor, if the latter holds the opinion that the worker is eligible for reintegration under the Act on compulsory health care insurance and allowances as co-ordinated on 14 July 1994;
- 3° of the employer, at the earliest as from 4 months after the beginning of the worker's inability for work or from the moment when the worker hands him a certificate from his general practitioner stating his definitive inability to perform the work agreed upon.

§ 2. The prevention counsellor-company doctor notifies the employer as soon as he has received a request for reintegration, as referred to in § 1, 1° or 2°.

The prevention counsellor-company doctor notifies the medical advisor as soon as he receives a request for reintegration as referred to in § 1, 1° or 3°.

§ 3. The prevention counsellor-company doctor invites the worker for whom he has received a request for reintegration, for a reintegration assessment in order:

- to examine whether the worker can perform the work agreed upon again in the future, if necessary with an adaptation of the workstation;
- to examine the chances of reintegration on the basis of the worker's working abilities.

If the worker consents, the prevention counsellor-company doctor may consult with the worker's general practitioner, the medical advisor and other prevention counsellors and other persons who can contribute to a successful reintegration.

The prevention counsellor-company doctor also examines the workstation or the work environment of the worker in order to assess the possibilities of an adaptation of that workstation.

He draws up a report on his findings and on the findings of those involved in the consultation, which shall be attached to the worker's health file.

§ 4. At the end of the reintegration assessment, and taking into account the result of the consultation referred to in §3, the prevention counsellor-company doctor shall take one of the following decisions as soon as possible, which he shall mention on the reintegration assessment form:

- a) there is a chance that the worker may eventually resume the work agreed upon, if necessary with an adaptation of the workstation, and the worker is able to perform a suitable or another work in the meantime with the employer, if necessary with an adaptation of the workstation. The prevention counsellor-company doctor shall determine the modalities of the adapted or other work, as well as the adaptations to the work station. At a time he shall determine, the prevention counsellor-company doctor shall re-examine the reintegration path, accordingly § 3;
- b) there is a chance that the worker may eventually resume the work agreed upon, if necessary with an adaptation of the workstation, but the worker is in not able to perform a suitable or another work in the meantime with the employer. At a time he shall determine, the prevention counsellor-company doctor shall re-examine the reintegration path, accordingly § 3;

- c) the worker is definitively unfit to resume the work agreed upon but he/she is able to perform a suitable work or another work with the employer's, if necessary with an adaptation of the work station. The prevention counsellor-company doctor shall determine the modalities of the adapted work or of the other work, as well as the adaptations to the work station;
- d) the worker is permanently unfit to resume the work agreed upon and he is not able to perform any suitable work or other work with the employer's.
- e) he holds the opinion that, for medical reasons, it is not appropriate to start a reintegration path. The prevention counsellor-company doctor reviews the chances of starting the reintegration path every two months. This decision cannot be taken for a reintegration path initiated at the request of the medical advisor, as referred to in Article 73/2, § 1, 2°.

When assessing reintegration, the prevention counsellor-company doctor shall pay particular attention to the progressiveness of the measures he proposes.

§ 5. At the latest within 40 working days after receipt of the reintegration application, the prevention counsellor-company doctor shall ensure that:

- 1° the reintegration assessment form is sent to the employer and to the worker;
- 2° the medical officer is informed if he does not propose a suitable or another work, as referred to in § 4, b), d) and e);
- 3° the reintegration assessment form is attached to the worker's health file.

Art. 73/3.- § 1. The employer draws up a reintegration plan in consultation with the worker, the prevention counsellor-company doctor and, where appropriate, other persons who can contribute to a successful reintegration:

- 1° after receiving the reintegration assessment, in the case of a temporary disability, as referred to in Article 73/2, § 4 a);
- 2° after the expiry of the time-limit for lodging an appeal in accordance with article 73/9 or after receiving the result of the appeal proceedings confirming the decision of the prevention counsellor-company doctor, in the case of a definitive disability, as referred to in Article 73/2, § 4, c).

§ 2. The reintegration plan contains one or more of the following measures, in the most concrete and detailed manner possible:

- a) a description of the reasonable adaptations of the workstation;
- b) a description of suitable work, including the volume of work and the time schedule to which the worker may be employed, and, where appropriate, the progressivity of the measures;
- c) a description of the other work, including the content of the work which the worker is allowed to perform, as well as the volume of the work and the time schedule to which the worker may be employed and, where appropriate, the progressivity of the measures;
- d) the nature of the proposed training in order to acquire the skills needed to enable the worker to perform a suitable work or other work;
- e) the period of validity of the reintegration plan.

Where appropriate, the prevention counsellor-company doctor submits the reintegration plan to the medical advisor who shall take a decision on the progressive resumption of work and the disability for work,

as referred to in section 100 of the Act on the compulsory health care insurance and allowances, as coordinated on 14 July 1994. The reintegration plan mentions that decision. If necessary, the employer shall adapt the reintegration plan.

§ 3. The employer hands the reintegration plan to the worker:

- 1° within a maximum of 55 working days after receipt of the reintegration assessment in the case of a temporary disability, as referred to in Article 73/2, § 4, a);
- 2° within 12 months after receipt of the reintegration assessment, in the case of a definitive disability, as referred to in Article 73/2, § 4, c).

§ 4. An employer who, after the consultation referred to in § 1, fails to draw up a reintegration plan because he holds the opinion that this is technically or objectively impossible or can, for duly justified reasons, not be required, shall justify this in a report.

He submits this report to the worker and the prevention counsellor-company doctor within the same time-limits as those referred to in § 3 and keeps it available to the supervisory civil servants.

Art. 73/4.- § 1. The worker has a period of 5 working days after receipt of the reintegration plan to accept it or refuse it, and to return it to the employer:

- 1° if the worker agrees to the reintegration plan, he signs it for approval;
- 2° if the worker does not agree with the reintegration plan, he states the reasons for his refusal.

§ 2. The employer hands a copy of the reintegration plan to the worker and the prevention counsellor-company doctor, and keeps it at the disposal of the supervisory civil servants.

§ 3. The prevention counsellor-company doctor forwards the reintegration plan or the report referred to in Article 73/3, § 4 as appropriate, to the medical advisor and attaches it to the worker's health file.

Art. 73/5.- § 1. For a worker who is definitely unfit to perform the work agreed upon, the reintegration path is definitively terminated as soon as the employer:

- 1° has received the reintegration assessment form from the prevention counsellor-company doctor, in which this latter has stated that there is no suitable work or another work possible as referred to in Article 73/2, § 4, d), and that the appeal opportunities as referred to in Article 73/9 are exhausted;
- 2° has submitted the report as referred to in article 73/3, § 4 to the prevention counsellor-company doctor;
- 3° has submitted to the prevention counsellor -company doctor the reintegration plan, which the worker has refused, as referred to in Article 73/4, § 1, 2°.

§ 2. The prevention counsellor-company doctor regularly monitors the implementation of the reintegration plan, in consultation with the worker and the employer.

A worker who, in the execution of the reintegration plan, holds the opinion that all or part of the measures included in the plan are no longer adapted to his or her health status, may request a spontaneous consultation with the prevention counsellor-company doctor, in order to re-examine the reintegration path in accordance with Article 73/2, § 3.

Art. 73/6.- The worker may ask to be assisted by a workers' representative on the Committee or, failing that, by a union representative of his choice, throughout the entire reintegration path.

Art. 73/7.- The employer and the workers shall cooperate in the smooth running of the reintegration path in order to enhance the chances for a successful reintegration.

Art. 73/8.- In order to develop an effective reintegration policy, the employer shall regularly, and at least once a year, consult the Committee with regard to the possibilities, at the collective level, of adapted or other work and the measures to adapt the work stations, in the presence of the prevention counsellor-company doctor and, where appropriate, other competent prevention counsellors.

The collective aspects of the reintegration are assessed once a year and are subject to consultation within the Committee on the basis of a qualitative and quantitative report of the prevention counsellor-company doctor. The reintegration policy is adjusted, if necessary, according to this assessment.

Art. 73/9.- § 1. A worker who does not agree with the reintegration assessment by which the prevention counsellor-company doctor declares him definitively unfit for the work agreed upon, as referred to in Article 73/2, § 4, c) or d), may lodge an appeal against this.

§ 2. Within seven working days of receiving the reintegration assessment form from the prevention counsellor-company doctor, the worker sends to that end a registered letter to the Social Inspector of the Directorate Supervision Well-being at Work, and also informs his employer.

§ 3. The doctor-social inspector summons the prevention counsellor-company doctor and the general practitioner of the worker for a consultation, at a place and a time he shall determine, and asks them to bring the relevant documents relating to the condition of health of the worker. Where appropriate, he shall also summon the worker to be heard and examined.

§ 4. During this consultation, the three doctors take a decision by a majority of votes and at the latest within 31 working days after receipt of the appeal by the doctor-social inspector.

In the absence of the general practitioner or the prevention counsellor-company doctor, or if no agreement can be reached between the doctors present, the doctor-social inspector shall take the decision himself.

§ 5. The doctor-social inspector records the decision in a medical record, which is signed by the doctors present and registered in the worker's health file.

The doctor-social inspector immediately communicates the result of the appeal proceedings to the employer and to the worker.

§ 6. Depending on the outcome of the appeal proceedings, the prevention counsellor-company doctor shall re-examine the reintegration assessment referred to in Article 73/2, § 4.

§ 7. During a reintegration path, the worker may use the appeal procedure only once.

Art. 73/10.- The employer shall bear the travel expenses related to the reintegration path of the worker.

Art. 73/11.- The Minister may lay down model forms for the reintegration path. (8)]

Section 7. – General provisions regarding vaccinations and tuberculin tests

Art. 74. – If from the assessment of the risks related to the exposure to biological agents at work, it appears that the workers are exposed or can be exposed to a biological agent for which vaccination is mandatory, the worker must have the workers who are not yet immune, vaccinated, or if it concerns biological agents for which an effective vaccine is available, the employer must give the workers the opportunity of being vaccinated if they are not yet immune.

Art. 75. – The employer informs the workers at the time of their engagement and before their exposure to

the biological agents, either of the obligation of being vaccinated or of the fact that an effective vaccine is available. These workers are also informed of the benefits and the disadvantages of both the vaccine itself and the absence of the vaccine.

Art. 76. – The vaccine can in no single event replace the application of the collective and individual preventive measures.

Art. 77. – The vaccinations, re-vaccinations and tuberculin tests are performed either by the prevention counsellor-doctor in occupational medicine or by another doctor chosen by the respective worker.

Art. 78. – The special provisions concerning the vaccinations and the tuberculin tests are laid down in Section X of the Royal Decree of 4 August 1996 regarding the protection of the workers against risks of exposure to biological agents at work.

Section 8. – The health dossier

Sub-section 1. – Objectives

Art. 79. - § 1. The health dossier of the worker consists of the filing of all relevant information regarding the worker which enables the prevention counsellor-doctor in occupational medicine to perform the health surveillance and to measure the efficacy of the preventive and protective measures that are applied individually and collectively in the undertaking.

§ 2. The processing of the medical personal data and of the exposure data for scientific research, epidemiological registration, education and continued training must take place with due regard to the terms and detailed rules referred to in the Act of 8 December 1992 on the protection of privacy in relation to the processing of personal data.

Art. 80. – The prevention counsellor-doctor in occupational medicine is responsible for compiling and updating the health dossier of every worker that s/he must examine.

The section or department responsible for medical surveillance lays down the procedural rules regarding the compilation and update of the health dossier, in accordance with the provisions of this section.

These procedures form part of the quality manual of the section responsible for medical surveillance.

Sub-section 2. – Contents

Art. 81. - § 1. The health dossier comprises a totality of structured and clearly ordered data and a number of documents. It consists of four different parts:

- a) social-administrative data regarding the identity of the worker and his/her employer;
- b) the occupational case history and the objective medical personal data referred to in Article 82 which are established with reference to the mandatory actions performed during the preventive medical examinations. These personal data are related to the work station or the activity of the worker;
- c) specific data of a personal nature established by the prevention counsellor-doctor in occupational medicine during the preventive medical examinations and which are reserved for this latter doctor;
- d) exposure data, referred to in Article 83, of every worker who is employed at a work station or in an activity in which s/he is exposed to biological, physical or chemical agents.

§ 2. The health dossier contains no information on the collaboration in programmes regarding public health that are in no way work related.

Art. 82. – The objective medical personal data referred to in Article 81, § 1, b) contain the following:

- 1° the “Request for health surveillance of the workers” referred to in Article 11;
- 2° the date and nature of the type of preventive medical examination performed and the results of the actions performed in accordance with and laid down in Section 4;
- 3° the result of the targeted examinations or the targeted functional tests and their dates;
- 4° the results of the biological surveillance and their dates;
- 5° the radiographies and reports of the radiology examinations;
- 6° all other documents or data relating to the targeted examinations which the respective worker has undergone and those that were performed by an external doctor or external services. All those documents are dated and state the worker’s identity data;
- 7° the form referred to in Article 48 for the health assessment;
- 8° the date and nature of the vaccinations and re-vaccinations, the results of the tuberculin tests, the vaccination cards and, where applicable, the carefully detailed reasons of medical nature of the existence of contra-indications;
- 9° all useful indications with reference to the continued health surveillance that is possibly applied in implementation of Article 38;
- 10° all other medical or medical-social documents which the prevention counsellor-doctor in occupational medicine deems useful to add to the dossier, more particularly, the exchange of information with the doctor chosen by the worker;
- 11° a copy of the report of occupational disease, as referred to in Article 95;
- 12° a copy of the occupational accident index card which the employer, in implementation of Article 27 of the Royal Decree on the policy of well-being, sends to the section or department responsible for medical surveillance;
- [13° the reintegration plan or the report referred to in Article 73/4, § 3. (9)]

Art. 83. – The exposure data, as referred to in Article 81, § 1, d), of the respective worker contain the following:

- 1° the list of the chemical substances identified with reference to their CAS, EINECS, or ELINCS numbers, or with reference to all other information that makes careful identification possible;
- 2° the qualitative, quantitative and representative data relating to the nature, intensity, duration and frequency of the exposure of the worker to chemical or physical agents;
- 3° date and the exposure level where the threshold limit values are exceeded;
- 4° the list of the biological agents and possible incidents or accidents.

Sub-section 3. – Means of safekeeping

Art. 84. – The health dossier is, depending on the case, kept in the section or department responsible for medical surveillance or at the external service’s regional centre for examination.

Only the prevention counsellor-doctor in occupational medicine responsible for the section or department of medical surveillance, and who is its manager, is entrusted with its safekeeping and is exclusively responsible for it, and s/he alone can designate one or more members of the staff who assist him/her and who are subject to professional secrecy to have exclusive access to it.

In derogation from the first paragraph, the health dossier for employers of groups A and B, as stipulated in Article 3 of the Royal Decree of 27 March 1998 concerning internal services for prevention and protection at work, where the prevention counsellor-doctor in occupational medicine is permanently present, may be kept at the undertaking.

Art. 85. - § 1. The department or section responsible for medical surveillance keeps the dossier of the worker who is no longer a member of staff and who is subject to health surveillance in good condition, complete and well organised in its files and subject to the terms that guarantee medical secrecy, except if, in accordance with Article 88, it sends it on to another department or another section responsible for medical surveillance. This dossier contains data as referred to in Article 81, § 1, a), b), and d).

§ 2. The dossier is kept there at least fifteen years after the worker has left. When that time has lapsed, the section or department responsible medical surveillance may destroy the dossier, or hand it to the doctor indicated by the worker if the worker has made a timely request after being informed of this possibility.

§ 3. However, whenever, in the cases laid down by the specific provisions of the decrees established in the implementation of the Act, the dossier must be kept for longer than fifteen years, the section or department responsible for medical surveillance keeps it in the files from the day that the worker no longer forms part of the staff subject to health surveillance.

After this term has expired, the dossier is neither destroyed nor handed to the worker or to any other institution, but is sent to the Federal Public Service, Employment, Labour and Social Dialogue – [General direction Supervision of well-being at work (7)].

Art. 86. – No single section or no single department responsible for the medical surveillance may be closed down if the doctor entrusted with its management has not informed the Federal Public Service, Employment, Labour and Social Dialogue – [General direction Supervision of well-being at work (7)] of this at least three months in advance, so that this administration is granted the opportunity of making a timely decision on the measures that must be taken regarding the destination to be designated to the dossiers that are in this section or department.

Art. 87. – The destruction and transfer of the health dossiers, and the loan and issue of copies of the documents that they contain, as provided in this Section, is carried out subject to terms fully guaranteeing medical secrecy.

Sub-section 4. – Transfer and movements

Art. 88. - § 1. The entire health dossier containing the data referred to in Article 81, § 1, a), b) and d), of a worker who changes employers must be kept at the seat of the present department or the present section responsible for medical surveillance that performed the health surveillance of the worker.

§ 2. To avoid medical actions being performed on a candidate or worker which s/he recently underwent and whenever a health dossier already exists in this person's name in another undertaking, the prevention counsellor-doctor in occupational medicine requests that the department or section responsible for the medical surveillance of this other undertaking send him/her the objective medical personal data on this person, as well as the exposure data referred to in Article 83 if it concerns a worker who was exposed to ionizing rays and shall again be exposed to them, and if the prevention counsellor-doctor in occupational medicine deems this useful in implementation of Article 29, 1°.

§ 3. The department or section responsible for medical surveillance which prefers not to transfer the part

with the objective medical personal data lends the documents in question to the prevention counsellor-doctor in occupational medicine or provides him/her, without delay, with a true and certified copy of the documents that the latter has requested. Original radiographies are, however, always submitted to this doctor.

The section or department responsible for medical surveillance which delivers the copies must put the text “for true and certified copy of the original document” on the document.

§ 4. A full inventory of the documents that the dossier contains is enclosed with every dossier or part of dossier that is transferred.

Every section or every department responsible for medical surveillance registers the movements of the dossiers and the parts of the dossiers by stating, for every dossier that is sent or received, the surname and first name of the respective worker, and the address of the department responsible for medical surveillance which is, depending on the case, the recipient or the sender.

All abovementioned movements of dossiers or parts of dossiers take place under the exclusive responsibility of the persons stated in Article 84.

Art. 89 – The dossiers and documents are sent to the sections or departments responsible for medical surveillance or to the treating doctors of the workers in closed envelopes and addressed personally. The dispatch is guaranteed by and under the exclusive responsibility of the prevention counsellor-doctor in occupational medicine responsible for the management of the dossier, or of the staff member who is subject to professional secrecy and who assists him/her. The dossiers and documents are dispatched to the recipients by post or by any other means which offers at least the same guarantees against loss or damage.

Art. 90. – The department or section responsible for medical surveillance which opts for electronic transfer of the dossier or parts of it must apply the principles and guarantees of authenticity, reliability and confidentiality.

The transfer of the medical data takes place under the responsibility of the doctor who is the manager of the department or section responsible for medical surveillance and who, with reference to proven effective methods, is responsible for the protection and safeguarding of those data regarding access, use and transfer.

The measures that are taken in this respect are laid down in detailed instructions that are included in the internal regulations, the implementation and supervision of which are entrusted to the doctor who manages the department or section responsible for medical surveillance.

Sub-section 5. Access

Art. 91. -§ 1. At the request or with the agreement of the worker, the prevention counsellor-doctor in occupational medicine may contact the doctor who is treating this worker and lend him/her documents from the health dossier containing the data referred to in Article 81, § 1, a), b) and d), or provide him/her with a copy.

§ 2. The worker is entitled to take cognizance of all personal medical data and of the exposure data from his/her health dossier. The request to take cognizance of and the applications for improvement or deletion of objective personal medical data that form part of the dossier are made through the intervention of a doctor indicated by the worker for this purpose.

§ 3. Subject to the provisions of §§ 1 and 2 and of Articles 84 and 88, all necessary measures are taken to prevent anyone from being able to take cognizance of the health dossier.

Sub-section 6. Automated processing

Art. 92. – The data from the health dossier can be processed automatically or manually in accordance with the provisions of the Act of 8 December 1992 on the protection of privacy in relation to the processing of personal data and the provisions of this section.

Art. 93. – [§ 1. (7)] Subject to the provisions of Article 16, § 1 of the Act referred to in Article 92, the prevention counsellor-doctor in occupational medicine who manages the section or department responsible for medical surveillance is the person required to do the processing if the health dossier is processed automatically. In that capacity, s/he ensures that a descriptive statement of the electronic file, which contains the following data, is compiled:

- 1° the way in which the structure of the dossier is described;
- 2° the way in which the different data categories of the dossier are divided into items;
- 3° the coding systems applied;
- 4° the measures and the capacity of the persons that guarantee the continuity and security of the automated data processing;
- 5° the capacity of the persons who may consult and process the different data categories.

[§ 2. For the keeping and transfer of the automated health files, the Minister may set more precise terms and conditions for the application of Articles 84 to 91, particularly within the framework of the application of the law of 15 January 1990 on the establishment and the organisation of a “Crossroads Bank for Social Security” (7)]

Section 9. – Reporting occupational diseases

Art. 94. – The prevention counsellor-doctor in occupational medicine who establishes one of the cases summarised below, or is informed of it by another doctor, reports this to the [doctor-social inspector of the General direction Supervision of well-being at work (7)] and to the medical advisor of the Fund for occupational diseases:

- 1° the cases of occupational diseases on the list of these diseases compiled in application of Article 30 of the Acts regarding compensation for occupational diseases and the prevention of occupational diseases, co-ordinated on 3 June 1970;
- 2° the cases that do not appear on the abovementioned list but do appear on the European list of occupational diseases and on the additional list of diseases that are presumed to be caused by the execution of an occupation, that would have to be reported and [that are stated in the Appendices I and II of the Commission Recommendation 2003/670/EC of 19 September 2003 concerning the European schedule of occupational diseases (3)], of which the inclusion in Appendix I of the European list can be considered in future;
- 3° the cases of other diseases of which it has been established that their origin lies in the occupation, or for which the doctor who has established them, confirms or presumes a similar origin;
- 4° the cases of predisposition for one of the abovementioned occupational diseases or for the first symptoms hereof, whenever this has an influence on the permanence of the function or the wages of the respective worker.

The lists referred to in the first paragraph, 2° have been included for informative purposes in Appendix III to this decree.

Art. 95. - § 1. The prevention counsellor-doctor in occupational medicine reports this as quickly as possible and with reference to a form that corresponds to the template in Appendix IV of this decree.

S/he completes the form in triplicate, sends one copy to the [doctor-social inspector of the General direction Supervision of well-being at work (7)], a second to the medical advisor of the Fund for occupational diseases, and encloses a third in the health dossier of the person concerned.

It is dispatched in a closed envelope.

§ 2. The prevention counsellor-doctor in occupational medicine can obtain the reporting forms free of charge from the Federal Public Service, Employment, Labour and Social Dialogue – [General direction Supervision of well-being at work (7)] or from the Fund for occupational diseases.

§ 3. If the worker for whom the prevention counsellor-doctor in occupational medicine makes a report pursuant to occupational disease or any other disease of which the origin in the occupation can be shown to comply with the required condition to be considered for the legislation concerning the compensation of damage due to occupational disease, the prevention counsellor-doctor in occupational medicine informs the worker of this and provides him/her with all the attestations necessary to compile his/her dossier regarding this application for compensation.

Section 10. – Differences of opinion

Art. 96. – Except in the case of an appeal procedure as referred to in Articles 64 to 69, all differences of opinion or all difficulties that can emanate from the provisions of this decree are dealt with by the [doctor-social inspector of the General direction Supervision of well-being at work (7)].

APPENDIX I

Template of the “Request for health surveillance of workers” referred to in Article 11 of the Royal Decree of 28 May 2003 on the health surveillance of workers

Request for health surveillance of workers

The undersigned employer (surname, first name and address of the employer, natural person or legal form, name and registered office of the undertaking or institution)

.....
requests the prevention counsellor-doctor in occupational medicine to subject

Mr/Mrs (surname, first name of the person to be examined)

born on

and living at

to a health assessment as prescribed by Royal Decree of 28 May 2003 on the health surveillance of workers and to make that assessment considering the indications below:

Work station or activity(*) that will be executed:
that is currently being executed:

Nature of the health assessment: (*)

1. health assessment before the employment: (°)
 - in a safety function
 - in a function with increased vigilance
 - in an activity with a specific risk: nature of the activity
 - in an activity related to foodstuffs
 - for a person with a disability
 - for a young person employed for the first time
2. assessment of the health before the change of employment (°)
 - in a safety function
 - in a function with increased vigilance
 - in an activity with a specific risk: nature of the activity
3. examination upon work resumption
4. examination within the context of protection of motherhood (°)
pregnant/breastfeeding/female worker or who has given birth
 - who holds a function of which the assessment indicates that it is an activity with a specific risk
(nature:
 - who holds a function of which the assessment indicates forbidden exposure
(nature:
 - who has to perform night work (work timetable:
 - who requests a consultation
 - who is resuming work
5. health assessment within the context of a reintegration procedure (permanent occupational disability)

Date and signature of the employer or his/her delegate,
.....

(*) Draw a line through the statements that are not applicable.

(°) Tick the applicable square.

APPENDIX II – 1st part

Template of the “Form for health assessment”

Form for the health assessment referred to in Article 48 of the Royal Decree of 28 May 2003
on the health surveillance of workers

Surname, first name and address of the examined worker:

Surname, first name and address of the employer:

Date of birth:

Proposed or occupied work station (*) as of
since

Proposed or performed risk activity related to foodstuffs (*) as of
since

A. If it concerns a preceding health assessment

The undersigned prevention counsellor-doctor in occupational medicine declares that the abovementioned person (°)

- is adequately able to occupy the work station or perform the activity (*)
 - is not able (*) permanently (*)
for a term of (*) for the abovementioned work station or activity
-

B. If it concerns an examination of a worker who is in charge of a safety function or an activity accompanied by a risk of exposure to ionizing radiation (1) (2)

The undersigned prevention counsellor-doctor in occupational medicine declares that the abovementioned person (°)

- is adequately able to occupy the work station or perform the activity (*)
- has a disability (*) permanently (*)
for a term of (*)

for the abovementioned work station or activity, that it is forbidden to employ him/her at this work station or in this activity (*), or to continue to employ him/her(*) and recommends to employ him/her at a work station or in an activity that meets the recommendations stated in F.

- be put on sick leave
-

C. If it concerns any other examination

The undersigned prevention counsellor-doctor in occupational medicine declares that the abovementioned person (°)

- is adequately able to occupy the work station or perform the activity (*)
 - recommends that the abovementioned person be transferred:
 permanently (*)
to a work station or activity that meets the recommendations stated in F hereinafter
for a term of (*)
 - must be put on sick leave
 - has a permanent occupational disability
-

Stamp of the service for prevention and protection at work:

Surname and first name of the prevention counsellor-doctor in occupational medicine:

Signature

(*) Draw a line through the statements that are not applicable.

(°) Tick the applicable square.

On the back: appeal procedure.

(1) Preceding health assessment, periodic health assessment, examination upon work resumption.

(2) If a worker referred to in this item wishes to make use of the deliberation procedure, a new form is drawn up after that procedure has ended. The date on which this form is sent or given by hand applies as the commencement date of the appeal procedure explained in the second part of this Appendix.

APPENDIX II – 2nd part

Excerpt from the Royal Decree of 28 May 2003 on the health surveillance of workers

Art. 64. – Except in the case of the preceding health assessment referred to in Article 27, the worker who has or has not made use of the deliberation procedure referred to in Article 60 can appeal against the decision of the prevention counsellor-doctor in occupational medicine where the capacity relating to the executed work is limited or where s/he is found not to be able to continue carrying out the executed work. For these purposes, s/he uses the form of which the template is included in Appendix II, third part.

Art. 65. – This appeal is validly lodged on condition that it is sent to the authorised doctor-social inspector of the General direction Supervision of well-being at work by registered letter within seven working days after the date of dispatch or the date that the form for the health assessment was handed to the worker.

Art. 66. – The doctor-social inspector of the General direction Supervision of well-being at work writes a letter to convene a meeting with the prevention counsellor-doctor in occupational medicine and the worker's treating doctor for the appeal procedure, of which s/he determines the date and place, and s/he requests them to bring the relevant documents regarding the worker's state of health. Where applicable, s/he also calls on the worker to be heard and examined.

Art. 67. – The appeal is dealt with, at the latest, within twenty-one working days of the date on which the worker's appeal was received. In the case of suspension of the execution of the worker's employment contract due to sick leave, this term can be extended to thirty-one working days.

Art. 68. - § 1. If a doctor requests an expert examination during the appeal procedure, the term during which to make the decision may not exceed the term of thirty-one days as of the day on which the appeal was heard.

During the definitive session, the three doctors make a decision by a majority of votes.

If the treating doctor indicated by the worker or the prevention counsellor-doctor in occupational medicine is absent and if no agreement can be reached by the doctors present, the doctor-social inspector of the General direction Supervision of well-being at work makes the decision him/herself.

§ 2. The medical decision is recorded by the doctor-social inspector of the General direction Supervision of well-being at work in a report that is signed by the doctors present and is kept in the worker's health dossier.

The worker and employer are immediately provided with a copy of the report of the decision by the doctor-social inspector of the General direction Supervision of well-being at work.

Art. 69. – The appeal suspends the decision of the prevention counsellor-doctor in occupational medicine. This does not apply to the medical examination of a worker with a safety function, a function with increased vigilance, or an activity that entails a risk of exposure to ionizing radiation or a pregnant or breast-feeding female worker who is employed at a work station of which the assessment indicates that this concerns an activity with a specific risk.

Appeal form

The appeal against the decision of the prevention counsellor-doctor in occupational medicine may be lodged on the accompanying form, fully completed, dated and signed by the worker. This form must be sent by registered mail to the medical labour inspector, whose address is stated below.

Address of the medical labour inspector (1):

- Ist Directorate of the Medical Labour Inspectorate: Theaterbuilding, Italiëlei 124 – box 80, 2000 Antwerp
- IInd Directorate of the Medical Labour Inspectorate: Belliardstraat 51, 1040 Brussels
- Vth Directorate of the Medical Labour Inspectorate: St. Lievenslaan 33 B (4th floor), 9000 Ghent.

Address of the External Services for Prevention and Protection at Work (2):

(1) The prevention-medical inspector of labour is obliged to draw a line through the unnecessary addresses.

(2) The prevention-medical inspector of labour is obliged to complete if applicable.

APPENDIX II – 3rd part

Appeal form

Registered

Date

To the doctor-social inspector
General direction Supervision of well-being at work

.....
.....

RE: Appeal against the decision of the prevention counsellor-doctor in occupational medicine

Service for prevention and protection at work:

.....
.....
.....

Employer:

.....
.....
.....

Attention: the doctor-social inspector,

After having taken cognizance of the decision, dated and served on me by the prevention counsellor-doctor in occupational medicine related to the abovementioned service for prevention and protection, I inform you that I lodge an appeal against that decision.

I have requested Dr, at to send you the medical findings s/he is of the opinion are to be formulated regarding my case.

Signature,

Surname:

First name:

Personal address:

[APPENDIX III

European schedule of occupational diseases

(Article 94 of the Royal Decree of 28 May 2003 on the health surveillance of workers)

Part I. European schedule of occupational diseases

1. Diseases caused by the following chemical agents

100	Acrylonitrile
101	Arsenic or compounds thereof
102	Beryllium (glucinium) or compounds thereof
103.01	Carbon monoxide
103.02	Carbon oxychloride
104.01	Hydrocyanic acid
104.02	Cyanides and compounds thereof
104.03	Isocyanates
105	Cadmium or compounds thereof
106	Chromium or compounds thereof
107	Mercury or compounds thereof
108	Manganese or compounds thereof
109.01	Nitric acid
109.02	Oxides of nitrogen
109.03	Ammonia
110	Nickel or compounds thereof
111	Phosphorus or compounds thereof
112	Lead or compounds thereof
113.01	Oxides of sulphur
113.02	Sulphuric acid
113.03	Carbon disulphide
114	Vanadium or compounds thereof
115.01	Chlorine
115.02	Bromine
115.04	Iodine
115.05	Fluorine or compounds thereof
116	Aliphatic or alicyclic hydrocarbons derived from petroleum spirit or petrol
117	Halogenated derivatives of the aliphatic or alicyclic hydrocarbons
118	Butyl, methyl and isopropyl alcohol
119	Ethylene glycol, diethylene glycol, 1,4-butanediol and the nitrated derivatives of the glycols and of glycerol
120	Methyl ether, ethyl ether, isopropyl ether, vinyl ether, dichloroisopropyl ether, guaiacol methyl ether and ethyl ether of ethylene glycol
121	Acetone, chloroacetone, bromoacetone, hexafluoroacetone, methyl ethyl ketone, methyl n-butyl ketone, methyl isobutyl ketone, diacetone alcohol, mesityl oxide, 2-methylcyclohexanone
122	Organophosphorus esters
123	Organic acids
124	Formaldehyde
125	Aliphatic nitrated derivatives
126.01	Benzene or counterparts thereof (the counterparts of benzene are defined by the formula C_nH_{2n-6})
126.02	Naphthalene or naphthalene counterparts (the counterpart of naphthalene is defined by the formula C_nH_{2n-12})
126.03	Vinylbenzene and divinylbenzene
127	Halogenated derivatives of the aromatic hydrocarbons
128.01	Phenols or counterparts or halogenated derivatives thereof
128.02	Naphthols or counterparts or halogenated derivatives thereof
128.03	Halogenated derivatives of the alkylaryl oxides
128.04	Halogenated derivatives of the alkylaryl sulfonates
128.05	Benzoquinones

- 129.01 Aromatic amines or aromatic hydrazines or halogenated, phenolic, nitrified, nitrated or sulfonated derivatives thereof
- 129.02 Aliphatic amines and halogenated derivatives thereof
- 130.01 Nitrated derivatives of aromatic hydrocarbons
- 130.02 Nitrated derivatives of phenols or their counterparts
- 131 Antimony and derivatives thereof
- 132 Nitric acid esters
- 133 Hydrogen sulphide
- 135 Encephalopathies due to organic solvents which do not come under other headings
- 136 Polyneuropathies due to organic solvents which do not come under other headings

2. Skin diseases caused by substances and agents not included under other headings

- 201 Skin diseases and skin cancers caused by:
 - 201.01 Soot
 - 201.02 Tar
 - 201.03 Bitumen
 - 201.04 Pitch
 - 201.05 Anthracene or compounds thereof
 - 201.06 Mineral and other oils
 - 201.07 Crude paraffin
 - 201.08 Carbazole or compounds thereof
 - 201.09 By-products of the distillation of coal
- 202 Occupational skin ailments caused by scientifically recognised allergy-provoking or irritative substances not included under other headings

3. Diseases caused by the inhalation of substances and agents not included under other headings

- 301 Diseases of the respiratory system and cancers
 - 301.11 Silicosis
 - 301.12 Silicosis combined with pulmonary tuberculosis
 - 301.21 Asbestosis
 - 301.22 Mesothelioma following the inhalation of asbestos dust
 - 301.31 Pneumoconioses caused by dusts of silicates
- 302 Complication of asbestos in the form of bronchial cancer
- 303 Broncho-pulmonary ailments caused by dusts from sintered metals
- 304.01 Extrinsic allergic alveolites
- 304.02 Lung diseases caused by the inhalation of dusts and fibres from cotton, flax, hemp, jute, sisal and bagasse
- 304.04 Respiratory ailments caused by the inhalation of dust from cobalt, tin, barium and graphite
- 304.05 Siderosis
- 305.01 Cancerous diseases of the upper respiratory tract caused by dust from wood
- 304.06 Allergic asthmas caused by the inhalation of substances consistently recognised as causing allergies and inherent to the type of work
- 304.07 Allergic rhinitis caused by the inhalation of substances consistently recognised as causing allergies and inherent to the type of work
- 306 Fibrotic diseases of the pleura, with respiratory restriction, caused by asbestos
- 307 Chronic obstructive bronchitis or emphysema in miners working in underground coal mines
- 308 Lung cancer following the inhalation of asbestos dust
- 309 Broncho-pulmonary ailments caused by dusts or fumes from aluminium or compounds thereof
- 310 Broncho-pulmonary ailments caused by dusts from basic slags

4. Infectious and parasitic diseases

- 401 Infectious or parasitic diseases transmitted to man by animals or remains of animals
- 402 Tetanus
- 403 Brucellosis
- 404 Viral hepatitis
- 405 Tuberculosis

- 406 Amoebiasis
- 407 Other infectious diseases caused by work in disease prevention, health care, domiciliary assistance and other comparable activities for which a risk of infection has been proven

5. Diseases caused by the following physical agents:

- 502.01 Cataracts caused by heat radiation
- 502.02 Conjunctival ailments following exposure to ultraviolet radiation
- 503 Hypoacusis or deafness caused by noise
- 504 Diseases caused by atmospheric compression or decompression
- 505.01 Osteoarticular diseases of the hands and wrists caused by mechanical vibration
- 505.02 Angioneurotic diseases caused by mechanical vibration
- 506.10 Diseases of the periarticular sacs due to pressure
- 506.11 Pre-patellar and sub-patellar bursitis
- 506.12 Olecranon bursitis
- 506.13 Shoulder bursitis
- 506.21 Diseases due to overstraining of the tendon sheaths
- 506.22 Diseases due to overstraining of the peritendineum
- 506.23 Diseases due to overstraining of the muscular and tendonous insertions
- 506.30 Meniscus lesions following extended periods of work in a kneeling or squatting position
- 504.40 Paralysis of the nerves due to pressure
- 506.45 Carpal tunnel syndrome
- 507 Miner's nystagmus
- 508 Diseases caused by ionizing radiation

Part II. Additional list of diseases suspected of being occupational in origin which should be subject to notification and which may be considered at a later stage for inclusion in Annex I to the European schedule;

2.1 Diseases caused by the following agents:

- 2.101 Ozone
- 2.102 Aliphatic hydrocarbons other than those referred to under heading 1.116 of Annex I
- 2.103 Diphenyl
- 2.104 Decalin
- 2.105 Aromatic acids – aromatic anhydrides or their halogenated derivatives
- 2.106 Diphenyl oxide
- 2.107 Tetrahydrophurane
- 2.108 Thiopene
- 2.109 Methacrylnitrile
Acetonitrile
- 2.111 Thioalcohols
- 2.112 Mercaptans and thioethers
- 2.113 Thallium or compounds thereof
- 2.114 Alcohols or their halogenated derivatives not referred to under heading 1.118 of Annex I
- 2.115 Glycols or their halogenated derivatives not referred to under heading 1.119 of Annex I
- 2.116 Ethers or their halogenated derivatives not referred to under heading 1.120 of Annex I
- 2.117 Ketones or their halogenated derivatives not referred to under heading 1.121 of Annex I
- 2.118 Esters or their halogenated derivatives not referred to under heading 1.122 of Annex I
- 2.119 Furfural
- 2.120 Thiophenols or counterparts or halogenated derivatives thereof
- 2.121 Silver
- 2.122 Selenium
- 2.123 Copper
- 2.124 Zinc
- 2.125 Magnesium
- 2.126 Platinum
- 2.127 Tantalum
- 2.128 Titanium
- 2.129 Terpenes

- 2.130 Boranes
 - 2.140 Diseases caused by inhaling nacre dust
 - 2.141 Diseases caused by hormonal substances
 - 2.150 Dental caries associated with work in the chocolate, sugar and flour industries
 - 2.160 Silicium oxide
 - 2.170 Polycyclic aromatic hydrocarbons which do not come under other headings
 - 2.190 Dimethylformamide
- 2.2 Skin diseases caused by substances and agents not included under other headings
- 2.201 Allergic and orthoallergic skin ailments not recognised in Annex I
- 2.3 Diseases caused by inhaling substances not included under other headings
- 2.301 Pulmonary fibroses due to metals not included in the European schedule
 - 2.303 Broncho-pulmonary ailments and cancers associated with exposure to the following:
 - soot
 - tar
 - bitumen
 - pitch
 - anthracene or compounds thereof
 - mineral and other oils
 - 2.304 Broncho-pulmonary ailments caused by man-made mineral fibres
 - 2.305 Broncho-pulmonary ailments caused by synthetic fibres
 - 2.307 Respiratory ailments, particularly asthma, caused by irritants not listed in Annex I
 - 2.308 Cancer of the larynx following the inhalation of asbestos dust
- 2.4 Infectious and parasitic diseases not described in Annex I
- 2.401 Parasitic diseases
 - 2.402 Tropical diseases
- 2.5 Diseases caused by physical agents
- 2.501 Avulsion due to overstraining of spinous processes
 - 2.502 Disc-related diseases of the lumbar vertebral column caused by the repeated vertical effect of whole-body vibration
 - 2.503 Nodules on the vocal chords caused by sustained work-related vocal effort (3)]

[APPENDIX IV

Notice of Occupational Diseases

Application of Article 61 of the coordinated Acts on the prevention of occupational diseases and the compensation of health damage pursuant occupational diseases, of Article 95 of Royal Decree of 28 May 2003 on the health surveillance of workers and of Article 64ter of the general regulations on the health and hygiene of the workers in the mines, surface mines and sand quarries.

1. WORKER
 - 1.1 Surname:* First Name:*
 - 1.2 NOSS number:*

2. EMPLOYER
 - 2.1 Name or trade name:*
 - 2.2 CBE number:*

3. TYPE OF DISEASE*
 - 3.1 Occupational disease appearing on the list of compensational occupational diseases
(Art. 30 of the coordinated Acts on the prevention of occupational diseases and the compensation of health damage resulting from them)
Disease: Code:
 - 3.2 Disease **NOT** appearing on the list of compensational occupational diseases
(Art. 30 of the coordinated Acts on the prevention of occupational diseases and the compensation of health damage resulting from them)
 - 3.3 Work-related disease
(Art. 62bis of the coordinated Acts on the prevention of occupational diseases and the compensation of health damage resulting from them)
Disorder
 - 3.4 Case of susceptibility or first symptoms
Disease/disorder:

4. NATURE OF EXPOSURE
 - 4.1 Data relating to employment
 - 4.1.1 Business sector:* NACE:
 - 4.1.2 Employed in the section:
 - 4.1.3 Description of the professional activity performed:*
 -
 -
 -
 - 4.2 Presumed cause of the disease or disorder* (agent, product, posture, movement, other)
.....
 - 4.3 No exposure with current employer
Explanation:

5. PREVENTION COUNSELLOR-LABOUR MEDICAL OFFICER SUBMITTING THIS NOTICE
 - 5.1 Surname:* First name:*
 - 5.2 Correspondence address: Street:* Number:*
Postcode:* Municipality:*
 - 5.3 Telephone/ Mobile phone: e-mail address:
 - 5.4 Connected to internal prevention service
 external prevention service – Name
 - 5.5 Date:*/...../.....
 - 5.6 Signature:*

* *Mandatory field or one of the fields under the relevant point.*

In application of Article 61bis of the coordinated Acts on the prevention of occupational diseases and the compensation of health damage resulting from them, the doctor of the Fund for occupational diseases informs the prevention counsellor-doctor in occupational medicine of the outcome resulting from his/her notice

(5)]