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### **The procedure for medical examinations for workers**

**Adopted by means of Minister for Social Affairs Regulation No 74 of 3 July 2005 ([RTL \(Riigi Teataja – Estonian State Gazette\) 2003, 56, 816](#)), which entered into force on 1 July 2003.**

**Amended by means of the following regulations (No, date, publication in Riigi Teataja, entry into force):**

**No 26 of 28 February 2006 ([RTL 2006, 24, 431](#)) 1 April 2006**

The Regulation is established on the basis of section 13 (1) 7) of the Occupational Health and Safety Act.

#### **1. Scope of application**

This Regulation establishes the procedure for medical examination of workers whose health may be affected by the risk factors of the working environment listed in Annex 1 or by the nature of the work which may cause work-related illnesses.

#### **2. Duties of employers in referring employees to medical examination**

(1) An employer shall refer an employee to medical examination based on:

- 1) the risk analysis of the working environment which identifies the risk factors of the working environment listed in Annex 1 to which the employee is exposed at the workplace and which may cause work-related illnesses, and the impact of and exposure to the risk factors during a working day or week;
- 2) the information on the value of the parameters of the risk factors to which the employee is exposed at the working place, unless the information is contained in clause 1;
- 3) the time of the next medical examination indicated in the decision on the last medical examination of the employee.

(2) When referring an employee to medical examination the employer shall consult the working environment specialist and the working environment representative and, if possible, the occupational health doctor or occupational health nurse.

(3) The employer shall prepare a list of employees to be referred to medical examination according to the format provided for in Annex 2.

(4) The employer shall submit to the person carrying out medical examination the following documents:

- 1) the list indicated in subsection 3;
- 2) the results of the risk analysis indicated in clause (1) 1);
- 3) the documented information indicated in clause (1) 2);
- 4) copies of the decisions of previous medical examinations of the employee.

#### **3. Person carrying out medical examination**

Medical examination of employees is carried out by an occupational health doctor on the basis of the documents indicated in section 2 (4) (hereinafter the “medical examination records”).

#### **4. Duties of the occupational health doctor during medical examination**

During the medical examination the occupational health doctor shall:

- 1) assess the health status of the employee;
- 2) assess the suitability of the working environment or the organisation of work to the employee;
- 3) identify any illnesses or occupational illnesses caused by the nature of the work.

#### **5. Procedure for carrying out medical examination**

(1) Medical examination of employees shall be carried out during working hours and at the employer's expense.

(2) Medical examination of an employee starts with an initial medical examination which is carried out during the first month after the employee has started working and later on at regular intervals determined by the occupational health doctor but no less frequently than once in every three years and in case of a minor no less frequently than once in every two years.

[RTL 2006, 24, 431 – entry into force 1 April 2006]

(3) In the course of the medical examination the employee shall complete the health declaration part of the medical examination records provided for in Annex 3 and sign the declaration to confirm the correctness of the data.

(4) The occupational health doctor shall examine the original documents of the medical examination, the working environment and work organisation of the employee and prescribe necessary medical examinations, involving medical specialists in the examination, if necessary.

(5) The occupational health doctor shall enter the results of the medical examinations in the medical examination records, assess the health status of the employee and make a decision on the suitability of the working environment or work organisation to the employee.

(6) The occupational health doctor shall inform the employee about the results of the medical examination and the decision.

(7) The occupational health doctor shall issue to the employee the decision of the medical examination according to the format indicated in Annex 4; if necessary, the decision shall include a proposal for changing the employee's working environment or work organisation.

#### **6. Health related enquiries**

The provider of health care service who has previously examined the employee's health or treated the employee shall submit to the occupational health doctor at the latter's request the information on the employee's health status. To obtain the information, the occupational health doctor shall submit the employee's written consent according to the requirements of the Personal Data Protection Act.

#### **7. Retention of health examination data**

(1) The provider of occupational health service shall keep the medical examination records and medical examination results for 75 years from the date of birth of the employee.

(2) The employee shall keep the medical examination decisions for 10 years after the termination of the employment relationship.

#### **7<sup>1</sup>. Implementation of regulation**

An employee who is a minor and has undergone medical examination before 1 April 2006 shall have the next medical examination at the time indicated in the decision.

[\[RTL 2006, 24, 431\]](#) – entry into force 1 April 2006]

**8. Entry into force of regulation**

This Regulation shall enter into force on 1 July 2003.

**9.** [Deleted from this text]

**RISK FACTORS OF THE WORKING ENVIRONMENT OR NATURE OF WORK ON WHICH THE  
REFERRAL OF AN EMPLOYEE TO MEDICAL EXAMINATION ARE BASED**

1. Physical risk factors:

- 1) noise;
- 2) vibration;
- 3) high/low temperature;
- 4) ultra-violet radiation, infra-red radiation, radio frequency radiation, low frequency and static electromagnetic fields (non-ionizing radiation);
- 5) ionizing radiation;
- 6) high barometric pressure.

2. Chemical risk factors:

- 1) dangerous chemicals and preparations containing dangerous chemicals which have been assigned the danger symbols Xi, Xn, C, T and T+ or are category 1 or 2 carcinogens or mutagens according to the Minister for Social Affairs Regulation No 59 of 30 November 1998 on the list of dangerous substances;
- 2) inorganic or mineral dusts, e.g. asbestos, silica, cement, oil shale and metallic dusts, and soot;
- 3) organic dusts, e.g. wood, flour, cotton and flax dust, animal epithelial dust;
- 4) biocides;
- 5) cancer treatment medicinal products, anaesthetic gases and antibiotics solutions;
- 6) lead and its compounds.

3. Biological risk factors:

Biological risk factors of risk groups 2, 3 and 4 according to the Government of the Republic Regulation No 144 of 5 May 2000 on the occupational health and safety requirements for the working environment affected by biological risk factors.

4. Physiological risk factors:

- 1) Manual handling of loads according to the Minister for Social Affairs Regulation No 26 of 27 February 2001 on the occupational health and safety requirements for manual handling of loads which involves repetitive movements of the same type and physical positions and movements in work.

5. Nature of work:

- 1) night work;
- 2) working with display screen equipment according to the Government of the Republic Regulation No 362 of 15 November 2000 on the occupational health and safety requirements for work with display screen equipment.

6. Other risk factors or nature of work not listed in clauses 1 to 5 which may cause work-related illnesses.

**LIST OF EMPLOYEES REFERRED TO MEDICAL EXAMINATION**

Employer's name .....

Address .....

No	Surname, given name(s)	Gender (M/F)	Date of birth	Position	Length of employment in the position	Risk factors of the working environment and/or nature of work on the basis of which the employee is referred to medical examination

List prepared by:

Name and surname .....

Position .....

Phone, e-mail .....

Signature ..... Date .....

Name of the occupational health service provider .....
Address .....
Licence No .....

**MEDICAL EXAMINATION RECORD**

**I General data**

Given name(s) ..... Surname .....

Personal identification code

Address.....

Phone.....

Position.....

Name and address of employer .....

Main risk factor on which the medical examination is based .....

and other risk factors .....

.....

Nature of work.....

Previous employers:

Name of employer	Position	Start and end of employment relationship	Risk factors related to work

**II Employee's health declaration**

	NO	YES	SPECIFY
Do you suffer or have you in the past suffered the following illnesses:	<input type="checkbox"/>	<input type="checkbox"/>	
– lung diseases	<input type="checkbox"/>	<input type="checkbox"/>	
– tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	
– cardiovascular diseases	<input type="checkbox"/>	<input type="checkbox"/>	
– hypertension	<input type="checkbox"/>	<input type="checkbox"/>	
– allergic reaction	<input type="checkbox"/>	<input type="checkbox"/>	
– gastro-intestinal diseases, including peptic ulcers, gallstone disease	<input type="checkbox"/>	<input type="checkbox"/>	
– renal/urinal tract diseases	<input type="checkbox"/>	<input type="checkbox"/>	
– diabetes	<input type="checkbox"/>	<input type="checkbox"/>	
– arthritis	<input type="checkbox"/>	<input type="checkbox"/>	

- neuroma			
- bone fractures and other injuries			
- loss of consciousness, epilepsy, cramps, spasms			
- psychic disorders			
- ear diseases			
- chronic colds, frontal or maxillary sinusitis			
- eye diseases			
- other diseases			
Are you taking any medications regularly?			
Have you suffered any illnesses or been on sick leave during the last year?			
Are you suffering any health disorders which you can relate to your duties or working environment?			
Have you been imposed any work restrictions as a result of pervious medical examinations?			

I confirm that the above information is correct.

Employee's signature:

Date:

**III Results of medical examinations**

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 .....  
 .....

**IV Decisions and recommendations of the occupational health doctor**

Assessment of the employee's health status:

.....  
 .....

Decision on the suitability of the working environment or work organisation to the employee and recommendations for changing the working environment or work organisation:

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

Time of the next medical examination.....

Name and surname of the occupational health doctor:

Code of the occupational health doctor:

Phone:

E-mail:

Signature of the occupational health doctor:

Date:

I have seen the results of the medical examination.

Employee's signature:

Date:

Name of occupational health service provider.....
Address .....
License No .....

**MEDICAL EXAMINATION DECISION**

Given name(s) and surname .....

Personal identification code

Address .....

Position.....

Employer's name and address .....

**Decision** on the suitability of the working environment or work organisation:

.....

.....

**Recommendations** for changing the working environment or work organisation:

.....

.....

Time of next medical examination.....

Name and surname of the occupational health doctor:

Code of the occupational health doctor:

Phone:

E-mail:

Signature of the occupational health doctor:

Date:

I have seen the results of the medical examination.

Employee's signature:

Date: