Department of Occupational Health Surveillance

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| **Request to start a re-integration process at the attending physician’s request** |

*For correct follow-up of this request, this document must be completed in full.*

*The information below will be used to:*

* *communicate with the* ***employee*** *during the period of incapacity for work*
* *inform the health insurance company’s* ***consulting doctor***
* *inform the* ***employer***

*about:*

* *the start of the process, the date of the examination and the results.*

The undersigned physician (name + first name) .......................................................................................................................................................................

RIZIV [National Institute for Sickness and Disability Insurance] number: ..............................................................................................................................................

Address: Street: ........................................................................... House number: ..................... P.O. Box: .................

 Postcode: ....................................... Town/City: .................................

Physician’s e-mail address: ...........................................................................................................................................

Physician’s telephone number:....................................................................................................................................

¨ GP ¨Specialist

requests that the prevention advisor-occupational physician initiates a re-integration process.

Employee information:

Name + first name of the person to be examined

........................................................……………………………………...………………………………………….

Date of birth:....................................................

INSZ [Social Security Information Number] number: ..............................................................................................

Health insurance provider (number): ……………………………………………………………………………………...

Address: Street: ........................................................................... House number: ..................... P.O. Box: .................

 Postcode: ....................................... Town/City: …………………………………

E-mail address (personal): ...................................................................................

Mobile number (personal): ................................................................................

Language: ………………………………………………….

Recognised by the health insurance provider as being on sick leave from ………………

Agreed current work: ......................................................................................................................

In case of an occupational accident or occupational disease, a reintegration process can only be started if the temporary incapacity for work due to this occupational accident or occupational disease has ended in accordance with the legislation on occupation accidents and occupational diseases.

*(please attach a copy of the insurance certificate)*

Employer information:

Company name (employer): ............................................................................................................................

Address: ................................................................................................................................................

…………………………………………………………………………………………………………………………

Name of HR manager (HRM): ...................................................................................................

HR manager’s telephone number: ……………………………………………………………..

HR manager’s e-mail address:……………………………………………………………………………..

Date, stamp, and signature of physician,

**Processing of Personal Data in accordance with the General Data Protection Regulation (or ‘GDPR’)**

Mensura shall process the requested Personal Data in accordance with the General Data Protection Regulation.

Mensura acknowledges the importance of the principle of minimal data processing; namely, that Mensura shall only request and process Personal Data that is required to provide its services.

In connection with this “medical supervision” service, Mensura relies on the statutory obligation of your employer to engage an external service provider for the lawful processing of your Personal Data. This is done to achieve the objective of promoting well-being within the organisation. As an external service, Mensura is bound by the Well-being at Work Code and its implementing orders, in which the services provided by an external service are defined by law.

The legal processing of the Personal Data is therefore founded on Sections 6.1.c) and 9.2.b) and h) of the GDPR.

The processed Personal Data – with regard to medical supervision – can be sent to the following third parties: treating physician (with permission of the employee), advising physician of the health insurer, the employer and Fedris.

The processed Personal Data will be retained for a minimum period of 40 years.

As a data subject, you have the following rights with regard to your Personal Data under this General Data Protection Regulation: the right of inspection, the right to rectification, the right to erase or restrict processing, as well as the right to object to the processing and the right to data portability.

Should you have any other questions with regard to the manner in which you can exercise your rights at Mensura, or regarding the methods Mensura employs for the processing of your Personal Data, please consult our Privacy Policy (<https://www.mensura.be/nl/privacy-policy>) or our Data Protection Officer (Privacy@mensura.be).