

**EMPLOYMENT HEALTH REFERENCE SHEET/ARBEITNEHMER GESUNDHEITSDATENBLATT**

(AE Reg 40-11)

**Data Required by the Privacy Act of 1974 and authority for collecting data in accordance with the German Federal Data Protection Act/  
Gemäß Datenschutzgesetz von 1974 erforderliche Angaben sowie Rechtsgrundlage für die Erhebung von persönlichen Daten gemäß  
Bundesdatenschutzgesetz.**

**Authority:** 10 USC 1072-1083; Article 56, paragraph 1, NATO SOFA Supplementary Agreement; BGV A4.

**Principal purpose(s):** Data will be used to monitor and improve occupational health (OH) services. Data will also be used to monitor outcomes of the Medical Surveillance Program over the length of employment.

**Mandatory or voluntary disclosure and effect on individual not providing information:** The requested information is mandatory for those jobs that require OH medical-surveillance examinations. Failure to provide requested information could result in inability to provide OH services.

**Rechtsquelle:** 10 USC 1072-1083; Artikel 56 Abs. 1 NATO Truppenstatut Zusatzabkommen in Verbindung mit BVG A4.

**Hauptzweck(e):** Zusammengefasste Daten werden zur Optimierung der beruflichen Gesundheitsvorsorge genutzt. Unter anderem werden die Daten zur Auswertung des medizinischen Überwachungsprogrammes über die gesamte Beschäftigungszeit des Arbeitnehmers genutzt.

**Auskunftspflichtige oder freiwillige Angaben und Auswirkungen bei Auskunftsverweigerung:** Die angeforderte Auskunft ist Pflicht bei Arbeitsplätzen, welche die Durchführung einer beruflichen Gesundheitsvorsorge benötigen. Bei Verweigerung der benötigten Informationen kann die Durchführung der beruflichen Gesundheitsvorsorge nicht gewährleistet werden.

**Signature/Unterschrift** \_\_\_\_\_

<b>Last name/Familiennamen</b>		<b>First name, MI/Vorname(n)</b>		<b>EIN</b>	<b>Agency/Dienststelle</b>
<b>Sex/Geschlecht</b>		<b>Date of birth/Geburtsdatum (dd/mm/yy)</b>		<b>USAG</b>	
<b>Health insurance carrier/Krankenkasse</b>		<b>Job code number/Stellencode</b>		<b>Job title/Berufsbezeichnung</b>	
<b>Building number/Gebäudenummer</b>		<b>Duty DSN telephone/Diensttelefon</b>		<b>Civilian telephone/Ziviltelefon</b>	
<b>Unit/Einheit</b>			<b>Military installation/Kaserne</b>		
<b>Department/Truppenteil</b>		<b>Section/Abteilung</b>		<b>APO/Feldpost</b>	
<b>Supervisor name/Name d. Vorgesetzten</b>		<b>Supervisor DSN phone/Telefon-Nr. d. Vorgesetzten</b>		<b>Civilian telephone/Ziviltelefon</b>	
<b>Current occupation/Beruf</b>		<b>Date assigned/Einstellungsdatum</b>		<b>Date transferred/terminated/Datum der Versetzung/Kündigung</b>	
<b>1. Description of previous workplace hazards/ Gesundheitsgefährdungen am vorhergehenden Arbeitsplatz</b>				<b>Date assigned/ Einstellungsdatum</b>	<b>Date transferred/terminated/ Datum der Versetzung/Kündigung</b>
<b>2. Description of current workplace hazards/Gesundheitsgefährdungen am gegenwärtigen Arbeitsplatz</b>					
<b>FOR USACHPPMEUR USE ONLY</b>					
<b>Location of examination</b>		<b>Physician performing exam</b>		<b>POC</b>	<b>DSN telephone</b>
<b>Civilian telephone</b>					
<b>G-Code</b>	<b>Examination date</b>	<b>Next due date</b>	<b>G-Code</b>	<b>Examination date</b>	<b>Next due date</b>
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<b>Service-provider billing</b>		<b>Billing date</b>		<b>Euro cost</b>	
<b>CLIN number</b>		<b>Referral date</b>	<b>Appointment date</b>		<b>Valid until</b>
<b>IH project numbers related to workplace</b>		<b>Summary attached?</b>		<b>Notes</b>	
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No			
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No			

## INSTRUCTIONS FOR COMPLETING AE FORM 40-11A

**Last name:** Self-explanatory.

**First name:** Self-explanatory.

**EIN:** Employee identification number.

**Agency:** Use this block only if you do not work for the U.S. Army (for example, DLA, DODDS).

**Sex:** Enter male or female.

**Date of birth:** Self-explanatory.

**USAG:** Enter the name of the USAG where you are located (for example, Heidelberg, Stuttgart).

**Health insurance carrier:** Enter the name of your personal health insurance carrier.

**Job code number:** Enter your job or occupational code number (for example, firefighters are 81, carpenters are 4607, automobile mechanics are 5823).

**Job title:** Self explanatory.

**Building number:** Enter the building number for the building where you work or are based.

**Duty DSN telephone:** Self explanatory.

**Civilian telephone:** Enter the civilian telephone number for your workplace.

**Unit:** Enter unit you work for (for example, 5th Signal Command, USAMMCE).

**Military installation:** Enter the name of the casern where you work most of the time.

**Department:** Enter the department where you work (for example, motor pool, DPW).

**Section:** Use this only if you work in a specific section within the department (for example, the Roads and Grounds Section of the DPW).

**APO:** Enter the APO for the organization where you work.

**Supervisor name:** Self explanatory.

**Supervisor DSN phone:**Self explanatory.

**Civilian telephone:** Enter the civilian telephone number of your supervisor.

**Current occupation:** Enter the title that goes with the job code number above (for example, plumber, carpenter, mechanic).

**Date assigned:** Enter the date you started to work in the present job.

**Date transferred/terminated:** Enter the date you stopped to work in the job.

**Description of previous workplace hazards:** Enter known hazards of previous workplace (for example, chemicals, noise).

**Date assigned:** Enter the date you started to work in the previous job.

**Date transferred/terminated:** Enter the date you stopped to work in the previous job.

**Description of current workplace hazards:** Enter known hazards of current workplace (for example, chemicals, noise).

The local occupational health office can provide more information and help in completing this form.