

ANNEX 1

Date: [../../..]

Screening programme 3: women aged 60 and over

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Our references: [reference]

Beneficiary: [first name, surname]

Staff/pension No: [xxxxxxx]

Valid until: [date of end of cover or 18 months]

To be completed by the doctor at the initial consultation								
'Standard' tests								
ial consultation (with your own GP or with a GP at an approved centre): detailed medical history + physical nination (blood pressure, weight, height, BMI)								
 □ Dermatological examination to screen for melanoma □ Ophthalmological examination (visual acuity test / optical correction and tonometry) □ Blood test ○ Total cholesterol, HDL, LDL ○ HIV (serology) (unless written refusal from the participant) ○ Fasting glycaemia or glycated haemoglobin ○ Haemoglobin, haematocrit and red blood cell count ○ Leucocytosis and leucocyte count, platelets ○ Creatinine, uric acid, potassium, calcium ○ GOT, GPT, gamma GT □ Urine analysis: albumin + urinary glucose □ Examination by a cardiologist: electrocardiogram at rest and during exercise (if advised by the doctor, cf. cardiovascular risk) □ Gynaecological consultation and cervical smear test □ Colposcopy if necessary □ Mammography (up to age 75) 								
☐ Mammography (up to age 75)								
+ Closing consultation (with your own GP or with a GP at an approved centre):								
Additional tests (optional) Hepatitis B - Hepatitis C - Syphilis (serology)								
 □ PCR test for chlamydia and gonorrhoea □ Examination of the colon (up to age 75): ○ Faecal immunochemical test based on a single sample and ○ optical colonoscopy EVERY 10 years ○ or virtual colonoscopy EVERY 10 years 								
Bone density scan (DEXA)(once only) Tests refused by the partial partial								
Tests refused by the participant:								
Final report to be sent to: □ Participant's address:								
□ GP's address:								
Date: Doctor's signature/stamp:								

- > For any test not included in this programme, the participant must submit a separate request for prior authorisation.
- This document and Annex 2, completed and signed, must be attached to the invoice (approved centre) or to the request for reimbursement of the initial and closing consultations (participant).

Participant's signature (for agreement):