

## **Declaration of confidentiality**

Reference: Processing of medical/health data	
I, the undersigned,	, being a member of the Human Resources
Management Group responsible for t	the management of medical/health data processed in
relation with pre-recruitment examinati	ion and annual check-ups, and/or leave status of a staff
member, hereby acknowledge that I	am subject to an obligation of professional secrecy
equivalent to that of a health profession	onal in compliance with Article 10(3) of Regulation (EC)
No 45/2001. In this respect, I confirm t	that I will keep all matters entrusted to me confidential. I
will not communicate any confidentia	al information that is revealed to me or that I have
discovered or any information relating	to the health conditions of the data subject. I will not
make any adverse use of information	given to me. Furthermore, I confirm that I will process
the personal data only for the purpos	ses for which they are transmitted in compliance with
Article 7(3) of Regulation (EC) No 45/2	2001.
Signed:	
orginou.	<del></del>
Date:	