GHANA MARITIME AUTHORITY

GUIDELINES ON MEDICAL EXAMINATION FOR SEAFARERS

CONTENTS

PART 1: NATURE AND MAGNITUDE OF HEALTH AND SAFETY

1.0 Introduction

The Ghana Maritime Authority (GMA) was established by the Ghana Maritime Authority Act 2002, (Act 630) and charged with the responsibility to regulate, monitor and coordinate the activities of the maritime industry.

Ghana is a member of both the ILO and the IMO. In line with the regulations of these bodies, member countries are required to develop standards for medical examination and certification of seafarers based on international conventions that have been adopted and ratified by member states. Ghana is a contracting party to the key IMO/ILO Conventions including the STCW Convention as amended, the Maritime Labour Convention, 2006, as amended.

The development of these standards will provide direction for medical practitioners and Seafarer Recruitment and Placement Agencies to protect the health of seafarers at sea and ensure that they are employed in areas that they are fit to perform. The standards will also serve as the basis for determining cases where there are discrepancies or disagreements with decisions on health status of seafarers.

1.1 Arrangements of the standards

The standards are arranged as follows:

Part 1 Summarises the nature and magnitude of health and safety issues, purpose and scope of the Guidelines, the legal context and the main features of the framework for medical examinations and the issue of a medical certificate to a seafarer and also decisions on health status of seafarers.

Part 2 provides the general principles for the implementation,

Part 3 provides the various components of medical examination that are relevant to health and safety of seafarers.

Part 4 provides information on the purpose and contents of medical certificate of fitness and unfitness

Part 5 provides information relevant to competent authorities

Part 6 provides information relevant to those who are carrying out seafarer medical assessments.

Part 7 spells out the standards, requirements and formats for medical examinations for seafarers

Part 8 includes a series of appendices on standards for different types of impairing conditions, recordkeeping and the contents of the medical certificate.

The standards are designed as a tool to enhance medical examinations for all seafarers and make them more consistent with international standards. These standards cannot and are not intended to replace the professional skill of practitioners.

1.2 Objective and scope of the standards

Seafarers or employees of the Maritime industry are required to undergo medical examinations to reduce risks to themselves, other crew members and for the safe operation of the ship. The international conventions require a seafarer to hold a medical certificate, detail the information to be recorded and indicate certain specific aspects of fitness that need to be assessed. These standards are intended to provide maritime administrations with an internationally recognised set of criteria for use by competent authorities either directly or as the basis for framing national medical examination standards that will be compatible with international requirements. Thus, these guidelines provide the basis for establishing national arrangements which are compliant with the relevant international conventions. The guidelines will also establish objectively the suitability or otherwise of a seafarer to carry out specific or emergency duties as well as the trade area in which he/she can operate.

The GMA has identified the need to develop valid, contextual and consistent country specific guidelines that meet international standards and assist medical practitioners, ship owners, seafarers' representatives, seafarers and other relevant persons with the conduct of medical fitness examinations of serving seafarers and seafarer candidates. These standards are to provide complementary advice to competent authorities, medical practitioners and all stakeholders of the Maritime industry with regard to safeguarding the health of seafarers and promoting safety at sea. This is also to help the administrations establish criteria that will lead to equitable decisions about who can safely and effectively perform their routine and emergency duties at sea, provided these are compatible with their individual health-related capabilities and fit into international standards. Furthermore, these Guidelines are needed to reduce the differences in the application of medical requirements and examination procedures and to ensure that the medical certificates which are issued to seafarers are a valid indicator of their medical fitness for the duties they will perform. Ultimately, the aim of the Guidelines is to:

1. contribute to health and safety at sea of all crew members
2. ensure that the seafarer being examined is medically fit to perform his or her routine and emergency duties at sea
3. ensure that the seafarer is not suffering from any medical condition likely to be aggravated by service at sea, to render him or her unfit for service or to endanger the health of other persons on board.

1.3 Legal context

These standards have taken into account the appropriate conventions, recommendations and other relevant instruments of ILO, IMO, and WHO.

An important objective of the MLC, 2006, is to safeguard the health and welfare of seafarers. The MLC, 2006, applies to all seafarers except where expressly provided otherwise in the Convention (Article II, paragraph 2).

The International Maritime Organization's (IMO) International Convention on Standards of Training, Certification and Watch keeping for Seafarers (STCW), 1978, as amended, also includes requirements for medical examinations. The STCW further states that every seafarer holding a certificate issued under the provisions of the Convention, who is serving at sea, shall also hold a valid medical certificate issued in accordance with the provisions of Regulation I/9 and of Section A-I/9 of the STCW Code. A medical certificate must therefore be issued in accordance with the requirements of the STCW Convention, 1978, as amended, and also meets the requirements of the MLC, 2006.

Medical practitioners performing such examinations should have a clear understanding of the special requirements of seafaring life, as their professional judgment is often critical to the lives of seafarers. These guidelines are developed to guide medical practitioners in their decisions about the health and safety of seafarers to ensure that all stakeholders can trust the decision of the practitioner about the health of a seafarer.

PART 2: GENERAL PRINCIPLES

2.1 When implementing and utilising these Standards, it is essential to ensure that:

1. Compliance with the requirements is verified by annual audits executed by the Ghana Maritime Authority or by a competent third party mandated by the GMA to perform this function.

2. the fundamental rights, protections, principles, and employment and social rights outlined in Articles III and IV of the MLC, 2006, are respected;

3. from the point of view of safety of life and property at sea and the protection of the marine environment, seafarers on board ships are qualified and fit for their duties; and

4. medical certificates genuinely reflect seafarers' state of health, in the light of the duties they are to perform.

5. the Ghana Maritime Authority shall, after consultation with the shipowners' and seafarers' organizations concerned, in giving due consideration to applicable international guidelines referred to in Guideline B.1.2 of the MLC, 2006,

6. prescribe the nature of the medical examination and certificate, as outlined in Standard A.1.2.2 of the MLC, 2006.

7. Wherever possible, the medical practitioner should ensure that any conditions found should be treated prior to returning to work at sea so that the full range of routine and emergency duties can be undertaken. If this is not possible, the medical practitioner should assess the abilities of the seafarer in relation to his or her routine and emergency duties and make recommendations on what the seafarer is able to do and whether any reasonable adjustments could enable him or her to work effectively.

8. In cases where health problems are identified that are incompatible with duties at sea and cannot be remedied the medical practitioner should issue a medical certificate of unfitness.

9. These Guidelines are widely disseminated and implemented to ensure that they contribute towards improving the standards for medical examinations of seafarers as well as improving the quality and effectiveness of the medical care provided to seafarers.

10. Confidentiality and right to privacy – information regarding the health status of an individual worker obtained through medical examination shall be treated with the utmost confidentiality and professionally. All persons involved in the conduct of medical examinations, including those who come into contact with medical examination forms, laboratory results and other medical information, should ensure the right to privacy of the examinee. Medical examination reports should be marked as confidential and so treated, and all medical data collected from a seafarer should

be protected. Medical records should only be used for determining the fitness of the seafarer for work and for enhancing health care; they should not be disclosed to others without prior written informed consent from the seafarer. This is particularly sensitive when test outcomes are computerised, which increases the risk that these results may get into the wrong hands. However, even paper records go astray. It is a temptation to flag records by means of the use of markers on the outside of the medical folders – a practice that should be implemented with caution, as this may constitute a breach of confidentiality (when the "coded" flags are interpreted (correctly, or, worse, incorrectly) by the employees. In addition, personal medical information should not be included on medical certificates or other documents made available to others following the medical examination. The seafarer should have the right of access to and receipt of a copy of his/her personal medical data.

11. Communication of results.

    This is regarded as an important part of the medical surveillance programme: it does not only provide employees with the results of their tests, as their constitutional right, but it also allays fears that the company is hiding information deliberately. The feedback may be verbal or written, but the written route is favoured. The Synergee System provides re-written letters that ease the burden of communicating in writing to every employee. The Medical practitioner must be conversant with how to communicate negative results and also provide support to appropriate care.

12. Education and Training

    Whilst employee education is not a direct responsibility of the medical team, the annual medical examinations offers an ideal opportunity for the medical practitioner to provide the employees with a further reminder of the issues which they need to be aware in their occupations, with particular reference to the effective use of their PPE, as well as safe work practices. It also provides an opportunity to give updates on existing medical conditions and new trend in health.

PART 3: COMPONENTS OF MEDICAL EXAMINATION

3.1 Physical health

Physical health is critical for overall wellbeing and is the most visible of the various dimensions of health. Assessing physical health is done in a variety of ways. The following measurements can be used to test certain aspects of physical health:

1. General assessments, which include height, weight and body mass index (BMI)
2. Disease risk factor – assessments include blood pressure, blood glucose test, cholesterol among others
3. Fitness assessments include flexibility, muscular strength, balance problem etc.

Disease categories include cardiovascular, eye, respiratory, blood, thyroid, digestive, renal and Skin

3.2 Mental state

Assessment of the mental state of the seafarer is important due to the nature of the work and the environment in which they work. Mental state is a level of psychological wellbeing or "psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment. This includes cognitive, behavioural and emotional wellbeing. The medical practitioner should be conversant with these tests: the following measurements can be used to test certain aspects of psychological/mental health:

1. General assessments which includes mental health history, mental state examinations (MSE), the practitioner should refer to the appropriate care provider if need be
2. Disorder risk factor – assessments include stress test, PHQ for depression and anxiety, sleep examination, EEG, drug/alcohol test, mini mental state examination (MMSE) for memory

3.3 Immunizations/vaccinations

Immunizations are required to prevent diseases for which the specific vaccines are effective. Ghana has a schedule of vaccinations for disease prevention. The medical practitioner should be aware of local and international requirements so that the seafarer can be given the needed protection. This process will involve the administration of antigenic material (a vaccine) to stimulate an individual’s immune system to develop adaptive immunity to pathogen. This will prevent or ameliorate infectious diseases. As part of the examination, the potency of vaccination on each employee will be tested especially Hepatitis B. The GMA will enforce national guidelines on immunizations.

PART 4: PURPOSE AND CONTENTS OF MEDICAL CERTIFICATE

4.1 Purpose

All stakeholders must appreciate the fact that the medical certificate is neither a certificate of general health nor a certification of the absence of illness in the seafarer. It is a confirmation that at the time of conducting the examination, the seafarer is expected to be able to meet the minimum requirements for performing any duty specific to his/her post safely and effectively during the period of validity of the medical certificate. The medical examiner will have to establish, using his/her clinical skills, examination and results of any tests performed, whether the seafarer meets the standards for all duties specific to his/her individual post, trade area and whether any modification is needed to enable him/her perform safely and effectively.

4.2 Contents

The contents of the medical certificate shall include the following:

1. The Biodata of the seafarer
2. Basic details e.g. address, department, duties of the seafarer, type of ship, trade area etc.
3. Examinees' personal declaration as assisted by the qualified Medical practitioner
   Physical health
   Mental state
   Neurological state
   Vaccination/immunisations
   Other health related issues
4. Medications (prescribed or non-prescribed)
5. Medical examination
   Vision
   Hearing
   Clinical findings (physical)
   Clinical findings (Mental)
6. Assessment of fitness for service at sea
7. Declaration of the recognized medical practitioner
8. Details of issuing authority (official stamp including name; signature of authorised persons)
9. Seafarers acceptance and signature

Details of the certificate can be found in appendix 4.

Regulations for medical examinations must include clear instructions for the method of communication of the results to the seafarer being examined and his or her employer. The results of the examination and the assessment are to be recorded in writing and the seafarer is to be informed. As with any medical examination, the results are subject to the rules of medical discretion. Therefore, the communication of the results to the employer must be limited to the date of the examination, a simple statement as to whether there is cause for concern about the seafarer's health or not and details of any conditions to be observed in the job in question. If the results of the occupational medical examination yield evidence of critical conditions in the industry, the occupational health professional/ medical practitioner, while observing medical confidentiality, is to inform and advice the employer accordingly.

PART 5:

5.1 Recognition of medical practitioners

1. The GMA shall maintain a list of pre-qualified recognised medical practitioners to conduct medical examinations of seafarers and issue medical certificates of fitness / unfitness. The list of the medical practitioners recognised by the GMA should be made available to competent authorities in other countries, companies and seafarers' organisations on request.

2. The GMA should interview medical practitioners and inspect medical facilities before authorisation to conduct medical examinations of seafarers is given.

3. The GMA should conduct training seminars/workshops to make the recognised medical practitioners acquainted with the ILO and the IMO requirements.

4. The names of any medical practitioners whose recognitions have been withdrawn during the previous 12 months should be deleted from the list of authorized GPs. GMA must take steps to inform all relevant bodies to the effect that they are no longer recognized by the GMA to conduct seafarers' medical examinations. The relevant bodies must be informed immediately their names are re-instated

5. A medical practitioner so recognized by the GMA: (i) should be a qualified medical practitioner currently accredited by the Ghana Medical and Dental council; (ii) should be experienced in general and occupational medicine or maritime occupational medicine; (iii) should have gone through the GMA training seminar/workshop to gain knowledge about the seafaring profession and the living and working conditions on board ships. (iv) should have facilities for the conduct of examinations that enable all the requirements of the medical fitness examination to be met and conducted with respect for confidentiality, modesty and cleanliness; (v) should be provided with written guidance on the procedures for the conduct of medical examinations of seafarers, including information on appeals procedures for persons denied a medical certificate as a result of an examination; (vi) should understand their ethical position as examining medical practitioners acting on behalf of the GMA, ensuring that any conflicts with this are recognised and resolved; (vii) should refer any medical problems found, when appropriate, for further investigation and treatment, whether or not a seafarer is issued with a medical certificate; and (viii) should enjoy professional independence from shipowners, seafarers, and their representatives in exercising his/her medical judgment in terms of the medical examination procedures and decision on fitness.

6. Those employed by, or contracted to, a maritime employer or crewing agency should have terms of engagement which ensure that an assessment is based on statutory standards. It is further recommended that such medical practitioners: (i) should be provided with information on the standard of competence for seafarers designated to take charge of medical care on board ships in relevant national laws and regulations; and (ii) should be familiar with the latest edition of the

International Medical Guide for Ships, or an equivalent medical guide for use on ships.

7. In the case of a certificate solely concerned with a seafarer's sight and/or hearing, the GMA may authorise a person other than a recognised medical practitioner to test the seafarer and issue such a certificate. In such cases, the qualifications for such authorised persons should be clearly established by the GMA and such persons should receive information on the appeals procedure described.

8. The GMA shall have in place quality assurance procedures to ensure that medical examinations meet the required national and international standards. These should include publicised arrangements for: (i) the investigation of complaints from shipowners, seafarers, and their representatives concerning the medical examination procedures and the authorised medical practitioners; (ii) collection and analysis of anonymised information from medical practitioners about the numbers of examinations undertaken and their outcomes; and (iii) the introduction, where practical, of a nationally agreed review and audit programme for examining medical practitioners' practices and record keeping undertaken by, or on behalf of, the GMA. Alternatively, the GMA could employ the services of appropriate external clinical accreditation arrangements for those undertaking seafarers' medical examinations, the results of should be made available to the GMA.

9. Recognised medical practitioners who are found by the GMA as a result of an appeal, complaint, audit procedure, or other reasons to no longer meet the requirements for recognition shall have their authorisation to conduct seafarers' medical examinations withdrawn. Where such complaints can be remedied the GPs must be given the opportunity to do so. They can be re-instated when the GMA is satisfied with the results of the remedial action.

5.2 Appeal procedures

A Seafarer that have been refused a medical certificate or have had a limitation imposed on his/her ability to work must be given the opportunity to have a further examination by another independent medical practitioner or by an independent medical referee. The GMA shall establish processes and procedures to enable seafarers who do not meet fitness standards or who have had a limitation imposed on them to have their case reviewed through an appeal process.

The appeals procedure shall be as follows:

1. The seafarer shall appeal in writing to Ghana Maritime Authority (GMA) within maximum of seven (7) days of receipt of the decision of unfitness

2. GMA shall write to the medical officer requesting for written feedback for clarification and justification on the decision of unfitness

3. GMA shall request for review by another Medical officer

4. The medical practitioner or referee undertaking the review shall have at least the same qualifications as the medical practitioner who conducted the initial examination; shall be in good standing with Ghana Medical and Dental Council (GMDC)
5. The medical practitioner or referee undertaking the review process shall be provided access to IMO / ILO guidelines and other relevant international standards for seafarers health and safety; other medical experts; seek more clarification from the seafarer
6. The same principles of confidentiality called for in the handling of medical records shall apply to the appeals procedure;
7. Quality assurance and review procedures shall be in place to confirm the consistency and appropriateness of decisions taken at appeal.
8. Shall follow guidelines &the appropriate forms must be completed
9. The referee shall submit a written report with his/her decision on the fitness / unfitness of the seafarer to practice
10. GMA shall take steps to ensure that the appeals procedure does not result in unnecessary delays for the seafarer or ship owner; the GMA shall ensure that the whole process is completed within three (3) weeks
11. The GMA shall communicate the final decision to the seafarer and this must be binding

PART 6: RESPONSIBILITIES AND ISSUANCE OF MEDICAL CERTIFICATE

The medical examination of seafarers shall be carried out by a certified qualified medical doctor except the mental state that can also be carried out by a qualified mental health specialist. However, parts of the examination can be carried out by other qualified specialists who are in good standing with the GMDC. In such cases the national regulations are binding and the authorised GP shall satisfy himself/herself that the specialists adhere to strict quality control guidelines.

6.1 Responsibility of the medical practitioner authorised by GMA

Fundamentally, the carrying out of medical examinations is associated with a series of responsibilities. The medical practitioner shall educate himself/herself about the role of a GP authorised by GMA to perform medical examination and certification for seafarers. The GP shall be conversant with requirements for certification of fitness of a seafarer. The GP conducting the examination shall be registered and be in good standing with the GMDC; have access to the necessary apparatus and other requirements to facilitate the conduct of the medical examination. The examining medical practitioner shall have the skills to assess individual fitness in all areas and the knowledge to relate the findings to the requirements of the seafarer's routine and emergency duties at sea. The GP shall be knowledgeable about how to declare limitations in fitness when identified and the procedures of appeal.

The medical practitioner shall be aware of the role of the medical examination in the enhancement of safety and health at sea and in assessing the ability of seafarers to perform their routine and emergency duties and to live on board. The GP shall be aware that:

1. The consequences of impairment from illness while working at sea will depend on the routine and emergency duties of the seafarer and on the distance of the ship from shore-based medical care. Such impairments may adversely affect ship operations, as both the individual and those who provide care will not be available for normal duties.

2. Illness at sea can also put the individual at risk because of the limited care available, as ships' officers only receive basic first-aid and other medical training, and ships are only equipped with basic medical supplies.

3. Medication used by seafarers need to be carefully assessed as it can lead to impairment from side effects that cannot be readily managed at sea. Where medication is essential to control a potentially life-threatening condition, inability to take it may lead to serious consequences.

4. Infectious diseases may be transmitted to others on board. This is particularly relevant to food-borne infections in those who prepare or handle food or drinks. Screening for relevant infections may be undertaken at the medical examination or at other times.

5. Limitations to physical capability may affect ability to perform routine and emergency duties (e.g. using breathing apparatus). Such limitations may also make rescue in the event of injury or illness difficult.

6. The medical examination can be used to provide an opportunity to identify early disease or risk factors for subsequent illness. The seafarer can be advised on preventive measures or referred for further investigation or treatment in order to maximise their opportunities for continuing their career at sea. However, the seafarer should be made aware that it does not replace the need for other clinical contacts or necessarily provide the main focus for advice on health maintenance.

7. If a medical condition is identified, any adverse consequences may be reduced by increasing the frequency of surveillance, limiting duties to those where the medical condition is not relevant or limiting the pattern of voyages to ensure that health care is readily available.

8. Presence of a medical condition does not necessarily mean unfitness for service at sea

9. Shipping operations and shipboard duties vary substantially. For a fuller understanding of the physical demands of particular categories of work on board ships, medical practitioners should acquire knowledge of the STCW Convention, 1978, as amended, and appropriate national requirements and should consult the GMA, shipping company and trade union representatives when in doubt,

10. The GP shall endeavor to learn as much as possible about seafaring life.

11. The GP shall keep records of all cases that need surveillance as well as those for which certificate of unfitness are issued to facilitate the appeals process

6.2 Type and frequency of medical examinations

For most medical conditions, the same criteria are appropriate for medical examinations undertaken at all stages of a seafaring career. However, where a condition is present that is likely to worsen in the future and thus limit the trainee or employee's ability to undertake the range of duties and assignments that are essential, there may be less flexibility in the application of fitness standards than for serving seafarers without any such condition.

The test frequency is determined by the degree of risk to which the seafarers are faced, and the outcomes of the medicals. The higher the risk, the more frequent the tests, the more adverse the outcome, the more frequent the tests. Where there is a health condition that requires more frequent surveillance, they may be performed at shorter intervals. Examinations are normally performed every two years. It is also important to recognise that the requirement for more frequent examinations may limit the ability of a seafarer to obtain employment and lead to additional costs for the seafarer or their employer. If examinations are at intervals of less than two years, they may solely concern the condition under

surveillance and, in this case, any reissued medical certificate should not be valid for more than two years from the previous full examination.

6.3 Conduct of medical examinations

Before the examination, the seafarer must be informed of the planned procedures and the relevance to his/her functions at sea. The examination itself must meet quality control criteria and be in line with the latest developments in maritime occupational medicine. The following suggested procedures do not aim to replace in any way the judgment or experience of the medical practitioner. They will, however, serve as a tool to assist in the conduct of examinations of seafarers. A model medical examination form has been provided in Appendix 3.

1. The medical practitioner shall determine whether there is any special purpose for the examination (e.g. return after illness or follow-up for continuing health problem) and, if so, shall conduct the examination accordingly.

2. The identity of the seafarer to be examined shall be verified. The number of his or her seafarer's discharge book, passport or other relevant identity document shall be entered on the examination form.

3. The examinee's intended position on board ship and, as far as practicable; the physical and mental demands of his work and the anticipated voyage pattern shall be established. This may give insights that enable work to continue but with limitations based on the nature of the voyage (for example, fit for coastal or harbour service only) and the job to be held.

4. Information shall be collected from the seafarer on his or her previous medical history. Point-by-point questions on the details of previous diseases and injuries shall be asked and the results recorded. Details of other diseases or injuries not covered shall also be recorded. After the information is collected, the seafarer shall sign the form to certify that to the best of his/her knowledge it is a true statement. An individual shall not, however, bear the burden of proof concerning the consequences of illness, past or present, on his or her fitness for work. The GP shall entreat the seafarer to be open with his/her current and previous medical history

5. The seafarer's previous medical records, where appropriate and available, shall be reviewed.

6. The physical examination and the necessary additional examinations shall be checked and recorded according to set procedures (see Appendix 3).

7. Hearing, eyesight and colour vision, if necessary, shall be checked and recorded. Eyesight shall be in compliance with the international eyesight standards for seafarers set out in section A-I/9 of the STCW Code (see section 7.1 for vision standards and section 7.2.3 for hearing standards), (see Appendix 2) In examinations, appropriate equipment shall be used in the assessment of hearing

capacity, visual acuity, colour vision and night blindness, particularly regarding those seafarers who will be engaged in lookout duties. The GP shall consult experts for eyesight, vision and hearing tests to ensure that the results meet international standards

8. Physical capability shall be fully assessed where the medical practitioner identifies that it may be limited by an impairment or medical condition (see section 7.2.4).

9. Testing for the presence of alcohol and drugs in the course of a medical examination does not form part of these international Guidelines. Where it is performed, as a requirement of national authorities or employers, the procedures used should follow national, if available, or international good practice guidelines. These should provide adequate procedural and ethical safeguards for the seafarer. Consideration should be given to the Guiding Principles on Drug and Alcohol Testing Procedures for Worldwide Application in the Maritime Industry, adopted by the Joint ILO–WHO Committee on the Health of Seafarers (Geneva, 10–14 May 1993), and any subsequent revisions.

10. The application of multiple biochemistry or haematology tests or the use of imaging techniques applied to all seafarers is not recommended, other than where indicated in these guidelines. Such tests should only be used where there is a clinical indication and the GP should obtain expert interpretation when in doubt. The validity of any test used for the identification of a relevant medical condition will depend on the frequency with which the condition occurs. Its use is a matter for national or local judgment, based on disease incidence and test validity within Ghana. The Practitioner must be aware that decisions about fitness based solely on the results of single or multiple screening tests in the absence of a specific diagnosis or impairment are of limited predictive value. Unless tests have very high validity, such use of test results will lead to inappropriate certification of a proportion of seafarers tested.

11. The medical practitioner should be aware that there are well-validated tests for the assessment of mental aspects of working ability that are suitable for inclusion in the medical examinations of seafarers (ref Appendix 4…).

12. The results of the examination should be recorded and assessed to determine if the seafarer is fit for the intended work at sea or there should be limitations or outright declaration of unfitness for work. The age and experience of the seafarer to be examined, the nature of the duties to be performed and the type of shipping operation and cargo should all be taken into account in the final decision about the seafarers fitness to work.

PART 7: STANDARDS & REQUIREMENTS

7.1 Numerical and Non – numerical standards

Tests performed are reported as numerical or non-numerical values. Vision and hearing are defined as numerical criteria for some aspects of vision and hearing. In such cases the decisions on fitness will depend on achieving the levels of perception that are internationally accepted taking note of the explanatory information in the appendices(ref Appendix 1).
For other conditions, where such numerical criteria do not exist, the criteria have been classified in three categories, depending on the likelihood of recurrence at different stages and the severity of each condition. Case-by-case assessment is recommended in the appendices where a specialist's view on prognosis is needed or where there is considerable diversity in capability or likelihood of recurrence or progression.

7.1.1 Category A – temporary or permanent restriction

The GP will normally not issue a medical certificate of fitness to seafarers who are determined by the medical practitioner to have a medical condition which is incompatible with the reliable performance of routine and emergency duties safely or effectively. This category means that the medical condition is such that the seafarer may cause a danger to the safety of the vessel or to other persons on board. It may also be that they may not be able to perform their routine and emergency duties on board; or their health or life may be put at greater risk than would be the case if they were on shore. The category may be used temporarily (expected to be temporary (T), i.e. less than two years) until a condition has been treated, returns to normal, or a period without further episodes indicates that the likelihood of recurrence is no longer increased. It may be used on a permanent (expected to be permanent (P), i.e. more than two years) basis where the seafarer has a condition that can be expected to render him/her unable to meet the standards in the future. On the other hand, when the seafarer is able to perform some but not all routine and emergency duties or to work in some but not all waters, a restricted medical certificate would normally be issued.

7.1.2 Category B - Increased surveillance may be needed:

Where there is the need for increased surveillance on a seafarer, a medical certificate of limited duration would normally be issued. This category may mean that the seafarer has a condition that requires more frequent medical assessment than the two-year normal interval between medical certificates – i.e. a time-limited medical certificate. Alternatively, they may be capable of performing the routine and emergency duties required of all seafarers but need some of their own duties to be adapted because they are expected not to be able to perform some of the duties specific to the work they normally undertake. They may also be more likely to suffer serious adverse effects from working in certain climates or beyond a certain distance from onshore medical care. In these cases, the job adaptations needed are specified and the medical certificate is restricted (R). Use of this category can enable seafarers to remain working despite the presence of certain health-related impairments. However, it shall

be used only when clearly indicated as it may lead to the possibility that an employer will choose not to engage a seafarer even for duties that are within their capabilities or where duties can readily be adjusted.

If the seafarer is found temporarily or permanently unfit for service or has limitations placed on his duties, he or she shall be given an explanation of the reasons and should be advised of the right to appeal and on how to make an appeal. Additional guidance on appeals procedures is provided in section 5.2 of these Guidelines. If the seafarer is classified as "temporarily unfit", the GP should provide advice on the need to undergo additional tests, to obtain opinions from specialists or to complete dental or other treatment, rehabilitation and/or appropriate medical care. The seafarer should be informed when to return for another examination.

7.1.3 Category C - unrestricted

When the GP identifies that the seafarer will be able to perform all duties worldwide within a designated department: an unrestricted medical certificate of full duration would normally be issued. This category means that the seafarer can be expected to be fit for all duties within his/her department on board and can fully discharge all routine and emergency duties for the duration of the medical certificate. If the seafarer is found fit for the work to be performed, the medical certificate should be issued immediately at the end of the examination.

7.1.4 Documenting restrictions

Any restrictions concerning work, the job the seafarer will perform, the trade area, the time limit or other considerations should be reflected on the medical certificate in the description of the work he or she is fit to undertake. Further information on the medical certificate is provided in. (ref Appendix 3)

7.2 Specific standards

7.2.1 Vision standards

1. Distance vision shall be tested using Snellen test type or its equivalent.
2. Near vision should be tested with reading test type.
3. Colour vision shall be tested by colour confusion plates (Ishihara or an equivalent). Supplementary investigations such as lantern tests may be used when appropriate (see the International Recommendations for Colour Vision Requirements for Transport of the International Commission on Illumination (CIE-143-2001, including any subsequent versions). The use of colour-correcting lenses will invalidate test results and should not be permitted.
4. Visual fields may initially be assessed using confrontation tests (Donders, etc.) and any indication of limitation or the presence of a medical condition where visual field loss can occur should lead to more detailed investigations.

Limitations to night vision may be secondary to specific eye diseases or may follow ophthalmological procedures. They may also be noted during other tests or found as a result of limitations to low-contrast vision testing. Specialist assessment shall be undertaken if reduced night vision is suspected.

7.2.2 Visual correction

Medical practitioners or eye specialist should advise persons who require the use of spectacles or contact lenses to perform duties to have a spare pair or pairs, as required, conveniently available on board the ship.

7.2.2.1 Additional guidance

If laser refractive surgery has been undertaken, recovery shall be complete and the quality of visual performance, including contrast, glare sensitivity and the quality of night vision, shall be checked and certified by a specialist in ophthalmology. The results shall be satisfactory before the seafarer is allowed to go on board. All seafarers shall achieve the minimum eyesight standard of 0.1 unaided in each eye (STCW Code, section B-I/9, paragraph 10). This standard may also be relevant to other seafarers to ensure visual capability under emergency conditions when visual correction may be lost or damaged. Seafarers not covered by the STCW Convention's eyesight standards shall have vision sufficient to perform their routine and emergency duties safely and effectively.

STCW Code for minimum in-service eyesight standards for seafarers can be found in appendix 1.

7.2.3 Hearing standards

Satisfactory hearing is critical for the safety of seafarers on board. Hearing capacity for seafarers shall be an average of at least 30 dB (unaided) in the better ear and an average of 40 dB (unaided) in the less good ear within the frequencies 500, 1,000, 2,000 and 3,000 Hz (approximately equivalent to speech-hearing distances of 3 metres and 2 metres, respectively).

It is recommended that hearing examinations should be made by a pure tone audiometer. Alternative assessment methods using validated and standardised tests that measure impairment to speech recognition are also acceptable. Speech and whisper testing may be useful for rapid practical assessments. It is recommended that those undertaking deck/ bridge duties are able to hear whispered speech at a distance of 3 metres. It is recommended that the GP understands the readings to be able to make an informed decision in advising the seafarer. Hearing aids are only acceptable in serving seafarers where it has been confirmed that the individual will be capable of safely and effectively performing the specific routine and emergency duties required of them on the vessel that they serve on throughout the period of their medical certificate. This may well require access to a back-up hearing aid and sufficient batteries and other consumables. Arrangements need to be in place to ensure that they will be reliably aroused from sleep in the event of an emergency alarm. The GP must be able to

effectively explain the implications of poor hearing to the safety of the seafarer board and the precautions to be taken at all times.

If noise-induced hearing loss is being assessed as part of a health surveillance programme, different criteria and test methods shall be required. It is recommended that the GP follows the national audiological practices, using the above thresholds as criteria. The GP should indicate the procedure used for the hearing tests and the methods to be adopted in deciding if the use of a hearing aid is acceptable.

7.2.4 Physical capability requirements

The physical capability requirements for work at sea vary widely and have to take account of both routine and emergency duties. The functions that may require assessment include: strength; stamina; flexibility; balance and coordination; body size: this should be compatible with entry into confined areas; exercise capacity; heart and respiratory reserve; and fitness for specific tasks wearing breathing apparatus.

7.2.5 Medical conditions and physical capability

Limitations may arise from a range of conditions, such as: high or low body mass; obesity; severely reduced muscle mass; musculoskeletal disease, pain or limitations to movement; a condition following an injury or surgery; lung disease; heart and blood vessel disease; and some neurological diseases.

7.2.6 Physical capability assessment

Physical capability testing shall be undertaken when there is an indication for it, for instance because of the presence of one of the above conditions or because of other concerns about a seafarer's physical capabilities. The aspects that are tested shall depend on the reasons for performing the tests. Recommendations for physical abilities to be assessed for those seafarers covered by the STCW Convention, 1978, as amended, based on the tasks undertaken at sea can be found in Appendix 2.

1. The following approaches may be used to assess whether the requirements are met:
2. The seafarer should be observed for his/her ability to do routine and emergency duties in a safe and effective way.
3. The seafarer can be asked to perform tasks that simulate normal and emergency duties.
4. The GP can carry out assessment of cardio-respiratory reserve, including spirometry and ergometric tests. This will predict maximum exercise capacity and hence the seafarer's ability to perform physically demanding work. A large reserve will also indicate that heart and lung performances are less likely to be compromised in the next few years. The benchmark test is maximum oxygen uptake (VO2 max). This

requires dedicated equipment: the GP should identify where such tests can be carried out so that the seafarer can be directed when needed.

7.2.7 Other tests

Step tests such as the Chester or the Harvard, are simpler alternatives, which may be used for screening. If step tests are abnormal, they should be further validated (e.g. VO2 max or treadmill stress tests). – Informal testing of reserve, for instance climbing three to six flights of stairs and assessing any distress, plus the speed of pulse rate decline on stopping. This is not readily reproducible but can be used for repeat assessment at the same location by the same medical practitioner.

7.2.8 Clinical assessment of strength, mobility, coordination

Additional information may come from activities recently or regularly undertaken, as described by the seafarer, such as: physically demanding duties on the vessel, e.g. carrying weights or handling mooring equipment; attendance at a physically demanding course within the last two years, e.g. firefighting, helicopter escape or STCW basic training; and a confirmed personal pattern of regular strenuous exercise.

7.3 Interpretation of results

The GP shall make inferences based on the results of the tests:

1. Is there any evidence that the seafarer is not able to perform his/her routine and emergency duties effectively?
2. Are there any observed limitations to strength, flexibility, stamina or coordination?
3. What is the outcome of any test for cardio-respiratory reserve?

7.3.1 Causes need to be investigated and taken into account in determining fitness if:

i. Test performance was limited by shortness of breath, musculoskeletal or other pain, or exhaustion
ii. Seafarer was unable to complete the test.
iii. Seafarer completed but was stressed or had poor recovery after stopping.
iv. Seafarer completed to good or average standard.

The GP shall discuss subjective feelings during the test with the seafarer and also go over experiences of fitness and capability when doing normal tasks and emergency drills. The GP should obtain corroboration from others if the seafarer's performance at work is uncertain. Decision-making Information from a range of sources may be required and many of these are not easily accessed in the course of a medical examination. However, the GP shall identify where the tests can be accessed and refer the seafarer when necessary. The following shall guide the GP in his/her decisions.

Table 1: Decisions based on findings

Condition	Response	Recommended Action	Comment
Is there any indication that physical capability may be limited (e.g. stiffness, obesity or history of heart disease)?	No	Do not do any further tests	Seafarer should perform all duties worldwide
	Yes	Consider what tests or observations will enable the seafarer's capability to perform their routine and emergency duties to be determined	Recommend further tests
Do the test results indicate that capabilities may be limited	No	Provided there are no underlying conditions that affect conduct of assessment	Seafarer should be able to perform all duties worldwide within designated department
	Yes	Duties can be modified to enable safe working, without putting excess responsibilities on others.	Seafarer should be able to perform some but not all duties (R)
	Yes	But cause of limitation can be remedied. Defined as temporary (T)	Incompatible with reliable performance of essential duties safely or effectively (issue certificate as T: incapable for less than 2 years)
	Yes	But cause of limitation cannot be remedied. Defined as permanent (P)	Incompatible with reliable performance of essential duties safely or effectively (issue certificate as P: incapable for more than 2 years)

7.4 Fitness criteria for medication use

Medication can play an important part in enabling seafarers to continue to work at sea. Some have side effects that can affect safe and effective performance of duties and some have other complications that will increase the likelihood of illness at sea. This is only concerned with continuing prescribed medication use that is identified at the medical examination. Ship operators need policies in place to reduce the impairing effects from short-term use of prescribed medication or the use of over-the counter medications.

The use of oral medication at sea may be prevented by nausea and vomiting, and illness may arise if an oral medication is used to suppress the harmful effects of a condition (e.g. epilepsy) or if it is used to replace essential body chemicals (e.g. hormones). The examining

medical practitioner shall assess the known adverse effects of each medication used and the individual's reaction to it. The GP shall be aware of any medications the seafarer is taking and advise appropriately.

If medication is clinically essential for the effective control of a condition, e.g. insulin, anticoagulants and medication for mental health conditions, it is dangerous to stop it in an attempt to be fit for work at sea. The medical practitioner shall be alert to the need for the seafarer to have written documentation for the use of their medications. This shall be in a form that can be shown to any official who may question the presence of the medication on board. This is particularly important for those medications that are legally prescribed; controlled drugs or those drugs which may be abused. The GP shall be aware of such medications in Ghana

7.4.1 Medications that can impair routine and emergency duties

(1) Medication affecting the central nervous system functions (e.g. sleeping tablets, antipsychotics, some analgesics, some anti-anxiety; anti-depression treatments and some antihistamines).

(2) Agents that increase the likelihood of sudden incapacitation (e.g. insulin, some of the older anti-hypertensive and medications predisposing to seizures).

(3) Medication impairing vision (e.g. hyoscine and atropine).

7.4.2 Medications that can have serious adverse consequences for the user while at sea

The GP shall be aware of the following and advice the seafarer accordingly

1. Bleeding from injury or spontaneously when on warfarin; individual assessment of likelihood should be done to determine the likelihood in a seafarer. Anticoagulants such as warfarin or dicoumarin normally have a likelihood of complications that are incompatible with work at sea. However, if coagulation values are stable and closely monitored, work that is near to onshore medical facilities and that does not carry an increased likelihood of injury may be considered.
2. Dangers from cessation of medication use (e.g. metabolic replacement hormones including insulin, anti-epileptics, anti-hypertensive and oral anti-diabetics).
3. Antibiotics and other anti-infection agents.
4. Anti-metabolites and cancer treatments.
5. Medications supplied for use at individual discretion (asthma treatments and antibiotics for recurrent infections).

7.4.3 Issue of Medical Certificate based on history of medication:

Medical certificate of fitness shall not be issued if medication is incompatible with the reliable performance of routine and emergency duties safely or effectively:

1. on the recommendation of the examining medical practitioner, based on reliable information about severe impairing side effects;
2. oral medication where there are life-threatening consequences if doses are missed because of sickness
3. evidence indicating the likelihood of cognitive impairment when taken as prescribed;
4. established evidence of severe adverse effects likely to be dangerous at sea, e.g. anticoagulants.

Seafarer will be able to perform some but not all duties or to work in some but not all waters:

1. medication can cause adverse effects but these only develop slowly, hence work in coastal waters will allow access to medical care.
2. surveillance of medication effectiveness or side effects needed more frequently than full duration of medical certificate (see guidelines on individual conditions in Appendix 6).

Seafarer shall be able to perform all duties worldwide within designated department:

1. when there is no impairing side effects; no requirements for regular surveillance of treatment.

7.5 Fitness criteria for common medical conditions

The medical practitioner shall bear in mind that it is not possible to develop a comprehensive list of fitness criteria covering all possible conditions and the variations in their presentation and prognosis. The principles underlying the approach adopted may often be extrapolated to conditions not covered by it.

Decisions on fitness when a medical condition is present depend on careful clinical assessment and analysis and the following points shall be considered whenever a decision on fitness is taken:

1. The recommendations are intended to allow some flexibility of interpretation while being compatible with consistent decision-making that aims to maintain health and safety at sea.
2. The medical conditions listed are common examples of those that may render seafarers unfit. The list can also be used to determine appropriate limitations to fitness. The criteria given can only provide guidance for physicians and shall not replace sound medical judgment.
3. The implications for working and living at sea vary widely, depending on the natural history of each condition and the scope for treatment. Knowledge about the condition and assessment of its features in the individual being examined shall be used to reach a decision on fitness.

The table in the appendix is laid out as follows:

Column 1: WHO International Classification of Diseases, 10th revision (ICD-10). Codes are listed as an aid to analysis and, in particular, international compilation of data.

Column 2: The common name of the condition or group of conditions, with a brief statement on its relevance to work at sea.

Column 3: The guideline recommending when work at sea is unlikely to be indicated, either temporarily or permanently. This column shall be consulted first when the table is being used to aid decisions about fitness and unfitness.

Column 4: The guideline recommending when work at sea may be appropriate but when restriction of duties or monitoring at intervals of less than two years is likely to be appropriate. This column shall be consulted if the seafarer does not fit the criteria in column 3.

Column 5: The guideline recommending when work at sea within a seafarer's designated department is likely to be appropriate. This column shall be consulted if the seafarer does not fit the criteria in columns 3 or 4.

For some conditions, one or more columns are either not relevant or are not an appropriate certification category. These are identified by the term "Not applicable".

7.6 Special criteria for Catering Crew

Food handlers potentially represent a specific source of disease transmission in a remote area, such as offshore environment or the sea. Since a food borne epidemic can produce significant morbidity, lost time and potential mortality, it is critical to consider the various sources of disease in the food delivery and handling system. Food handlers, especially in remote locations, require proper medical evaluation to ensure health and safety of the employees.

Caterers are required to follow the standard protocols and procedures of the industry, which includes, but are not limited to:

1. Medical clearance, which consist of, but not be limited to:

    1. Thorough clinical examination of potential communicable disease portals, for example, skin, ears, upper respiratory tract and gastrointestinal tract.

    2. Laboratory examination of at least one fecal specimen for the presence of enteric pathogens should be performed at the pre-employment examination and before commencing food-handling duties. Fecal specimens should be obtained at subsequent periodic examinations if there is clinical suspicion of gastrointestinal infection or possible carrier status. Where there a positive finding results, further investigation requirements should be discussed with a specialist in communicable diseases in order to assess the significance and provide the appropriate treatment.

3. A chest x-ray is normally included if clinically indicated.

2. It is vital that food handlers report medical problems relating to any potential communicable disease. Additional investigations and fitness for duty assessment may be required in the following circumstances:

- Frank or suspected gastrointestinal disease.
- Close contact with an individual known to be suffering from gastroenteritis.
- Returning from a visit to an area with known high endemic incidence of gastrointestinal disease.

A stool sample shall be submitted with immediate cessation of all food handling duties until a negative result is obtained. In the case of frank gastrointestinal disease, three negative specimens will be required before return to food handling duties. The GMA may determine that additional requirements could become applicable in the future, and will notify caterers as additional requirements become necessary based on recommendations from the GP.

7.7 Other requirements

As appropriate, the seafarer shall be counselled on lifestyle (limiting alcohol intake, stopping smoking, modifying diet, losing weight, etc.) and on the dangers of and methods of prevention of malaria, hepatitis, HIV/AIDS and other communicable diseases.

Printed health educational materials on drug and alcohol abuse prevention, smoking cessation, diet, communicable diseases prevention, etc., should also be provided, if available.

7.8 Medical records

The medical examination records should be clearly marked as confidential and retained, according to national regulations, in the custody of the health establishment where the medical certificate was issued. A copy of the medical certificate shall be kept in the files of the health institution in which it was issued. The file shall be kept confidential and shall not be used for any purpose other than facilitating the treatment of seafarers and should be made available only to persons duly authorised in accordance with national data protection laws. Relevant information on his/her health should be given to the seafarer on request and the seafarer should be advised to take it to the next medical examination or when he or she is treated for an illness or injury.

If possible, a card indicating blood type, any serious allergies and other vital information shall also be given to the seafarer to facilitate emergency treatment. The seafarer shall be informed about the importance of the card and encouraged to present it at any health facility that he/she accesses health care from. Medical examination findings shall be used to decide whether to issue a medical certificate of fitness to a seafarer or not. Consistent decision-making needs to be based on the application of criteria for fitness that are applied in a

uniform way which is internationally accepted due global nature of seafaring and marine transport.

The ability to safely and effectively perform routine and emergency duties depends on both a person's current degree of fitness and on the likelihood that he/she will develop an impairing condition during the validity period of the medical certificate. Criteria for performing routine and emergency duties safely will be higher where the person has critical safety duties, either as part of their routine or in emergencies. Other safety consequences also need to be considered, for instance whether a seafarer is suffering from any medical condition likely to be aggravated by service at sea, to render the seafarer unfit for such service, or to endanger the health and safety of other persons on board. The examining medical practitioner shall base the decision to issue a medical certificate on whether criteria for minimum performance requirements are met. Thus, the examining medical practitioner needs the skills to assess individual fitness in all these areas and the knowledge to relate their findings to the requirements of the individual's routine and emergency duties at sea whenever any limitations in fitness are identified.

All tests needed to determine the fitness of a seafarer are to be reliably performed by a competent person and the GP shall use procedures recognised by the Ministry of Health. Quality assurance of procedures at a person's first seafarer examination is particularly important to avoid inappropriate career decisions. The GP must be conversant with existing national policies and guidelines that regulate medical practice in Ghana to ensure quality assurance.

The GMA may, without prejudice to the safety of the seafarers or the ship, differentiate between those persons seeking to start a career at sea and those seafarers already serving at sea and between different functions on board, bearing in mind the different duties of seafarers.

PART 8: APPENDICES

Appendices provide information on the disabilities and medical conditions which are not likely to prevent all routine and emergency duties being performed, those which require adaptation or limitation to routine and emergency duties, and those which result in either short-term or longer term unfitness to work at sea. They also include format of medical certificate, minimum standards and extract from international conventions such as the Maritime Labour Convention, 2006.

Appendix 1 - STCW Code Table A-I/9: Minimum in-service eyesight standards for seafarers

STCW Convention regulation	Category of seafarer	Distance vision aided[1]		Near/intermediate vision	Colour vision[3]	Visual fields[4]	Night blindness[4]	Diplopia (double vision)[4]
		One eye	Other eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look-out duties	0.52[2]	0.5	Vision required for ship's navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal visual fields	Vision required to perform all necessary functions in darkness without compromise	significant condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro technical officers, electro technical ratings and ratings or others forming part of an engine room watch	0.4[5]	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 IV/2	GMDSS radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Notes:

1. Values given in Snellen decimal notation.
2. A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.
3. As defined in the International Recommendations for Colour Vision Requirements for Transport by the Commission Internationale de l'Eclairage (CIE-143-2001, including any subsequent versions).
4. Subject to assessment by a clinical vision specialist where indicated by initial examination findings.
5. Engine department personnel shall have a combined eyesight vision of at least 0.4.
6. CIE colour vision standard 1 or 2.
7. CIE colour vision standard 1, 2 or 3.

Appendix 2: Assessment of minimum entry level and in-service physical abilities for seafarers

Shipboard task, function, event or condition[3]	**Related physical ability**	**A medical examiner should be satisfied that the candidate:**[4]
Routine movement around vessel: - on moving deck - between levels - between compartments Note 1 applies to this row	Maintain balance and move with agility Climb up and down vertical ladders and stairways Step over coamings (e.g. Load Line Convention requires coamings to be 600 mm high) Open and close watertight doors	Has no disturbance in sense of balance Does not have any impairment or disease that prevents relevant movements and physical activities Is, without assistance,[5] able to: - climb vertical ladders and stairways - step over high sills - manipulate door closing systems
Routine tasks on board: - use of hand tools - movement of ship's stores - overhead work - valve operation - standing a	Strength, dexterity and stamina to manipulate mechanical devices Lift, pull and carry a load (e.g. 18 kg)	Does not have a defined impairment or diagnosed medical condition that reduces ability to perform routine

four-hour watch - working in confined spaces - responding to alarms, warnings and instructions	Reach upwards Stand, walk and remain alert for an extended period Work in constricted spaces and move through restricted openings (e.g. SOLAS regulation 11-I/3-6.5.1 requires openings in cargo spaces	duties essential to the safe operation of the vessel Has ability to: - work with arms raised - stand and walk for an extended period - enter confined space - fulfil eyesight standards
- verbal communication Note 1 applies to this row	and emergency escapes to have the minimum dimensions of 600 mm x 600 mm) Visually distinguish objects, shapes and signals Hear warnings and instructions Give a clear spoken description	(table A-I/9) - fulfil hearing standards set by competent authority or take account of international guidelines - hold normal conversation
Emergency duties[6] on board: - Escape - Fire-fighting - Evacuation Note 2 applies to this row	Don a lifejacket or immersion suit Escape from smoke-filled spaces Take part in fire-fighting duties, including use of breathing apparatus Take part in vessel evacuation procedures Does	Does not have a defined impairment or diagnosed medical condition that reduces ability to perform emergency duties essential to the safe operation of the vessel Has ability to: - don lifejacket or immersion suit - crawl - feel for differences in temperature - handle fire-fighting equipment - wear breathing apparatus (where required as part of duties)

Notes:

1. Rows 1 and 2 of the above table describe:

(a) ordinary shipboard tasks, functions, events and conditions

(b) the corresponding physical abilities which may be considered necessary for the safety of a seafarer, other crew members and the ship

(c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.

2. Row 3 of the above table describes:

(a) emergency shipboard tasks, functions, events and conditions

(b) the corresponding physical abilities which should be considered necessary for the safety of a seafarer, other crew members and the ship

(c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.

3. This table is not intended to address all possible shipboard conditions or potentially disqualifying medical conditions. Parties should specify physical abilities applicable to the category of seafarers (such as "deck officer" and "engine rating"). The special circumstances of individuals and for those who have specialized or limited duties should receive due consideration.

4. If in doubt, the medical practitioner should quantify the degree or severity of any relevant impairment by means of objective tests, whenever appropriate tests are available, or by referring the candidate for further assessment.

5. The term "assistance" means the use of another person to accomplish the task.

6. The term "emergency duties" is used to cover all standard emergency response situations such as abandon ship or fire-fighting as well as the procedures to be followed by each seafarer to secure personal survival.

Appendix 3: Medical certificate for service at sea

The minimum requirements for medical certificates are specified in STCW Code, section A-I/9, paragraph 7. These form a suitable framework for all seafarer medical certificates. Certificates meeting the criteria will also meet the requirements of the Maritime Labour Convention, 2006. Only information directly relevant to the functional requirements of the seafarer's duties should be included. Details of any medical conditions identified or test results, other than those listed, should not be recorded on the certificate. It is recommended that the certificate is in a format which minimizes the likelihood of alteration of its contents or fraudulent copy.

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1. Authorizing authority and the requirements under which the document is issued

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2. Seafarer information

2.1. Name: (last, first, middle)

2.2. Date of birth: (day/month/year)

2.3. Gender: (male/female)

2.4. Nationality

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3. Declaration of the recognized medical practitioner

3.1. Confirmation that identification documents were checked at the point of examination: Yes/No

3.2. Hearing meets the standards in STCW Code, section A-I/9: Yes/No/Not applicable

3.3. Unaided hearing satisfactory? Yes/No

3.4. Visual acuity meets standards in STCW Code, section A-I/9? Yes/No

3.5. Colour vision meets standards in STCW Code, section A-I/9? Yes/No (testing only required every six years) 3.5.1. Date of last colour vision test:

3.6. Fit for lookout duties? Yes/No

3.7. No limitations or restrictions on fitness? Yes/No

If "no", specify limitations or restrictions:

3.8. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board? Yes/No

3.9. Date of examination: (day/month/year)

3.10. Expiry date of certificate: (day/month/year)

4. Details of the issuing authority

4.1. Official stamp (including name) of the issuing authority

4.2. Signature of the authorized person

5. Seafarer's signature – Confirming that the seafarer has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9 of the STCW Code.

6. The certificate should indicate that it is issued to meet the requirements of both the STCW Convention, 1978, as amended, and the Maritime Labour Convention, 2006.

Appendix 4: Suggested format for recording medical examinations of seafarers

1. Personal data/Biodata

Name (last, first, middle):

Date of birth (day/month/year):

Sex: □ Male □ Female

Home address:

Method of confirmation of identity, e.g. Passport No./Seafarer's book No. or other relevant identity document No.:

Department (deck/engine/radio/food handling/other):

Routine and emergency duties (if known):

Type of ship (e.g. container, tanker, passenger):

Trade area (e.g. coastal, tropical, worldwide):

1. Seafarer's personal declaration (Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

Physical condition	**yes**	**No**
1. Eye/vision problem		
2. High blood pressure		
3. Heart/vascular disease		
4. Heart surgery		
5. Varicose veins/piles		
6. Asthma/bronchitis		
7. Blood disorder		
8. Diabetes		
9. Thyroid problem		
10. Digestive disorder		
11. Kidney problem		
12. Skin problem		
13. Allergies		
14. Infectious/contagious diseases		
15. Hernia		
16. Genital disorder		
17. Pregnancy		
18. Operation/surgery		
19. Do you smoke, use alcohol or drugs?		

20. Dizziness/fainting		
21. Loss of consciousness		
22. Loss of memory		
23. Balance problem		
24. Severe headaches		
25. Ear (hearing, tinnitus)/nose/throat problem		
26. Restricted mobility		
27. Back or joint problem		
28. Amputation		
29. Fractures/dislocations		

Mental state	**yes**	**no**
Sleep problems		
Eating problems (eating too much or too little)		
Do you smoke		
Do you use drugs		
Do you take alcohol		
Had seizures or epileptic		
Depressed/have you been depressed in the past 6 months		
Felt like giving up or stressed		
Persistent headache		
Feelings of high energy alternate with very low energy		

Feeling of anxiety or intense fear		
Felt like committing suicide		
Other details	normal	abnormal
Observe behaviour		
Observe appearance		
perception		
Thoughts		

If you answered "yes" to any of the above questions, please give details:

Additional questions

	yes	No
Have you ever been signed off as sick or repatriated from a ship?		
Have you ever been hospitalized? If yes state reason for hospitalization		
Have you ever been declared unfit for sea duty? If yes, explain		
Has your medical certificate even been restricted or revoked? if yes, explain		
Are you aware that you have any medical problems, diseases or illnesses? if yes, explain		
Do you feel healthy and fit to perform the duties of your designated position/occupation?		
Are you allergic to any medication?		

Comments:

Are you taking any non-prescription or prescription medications?

If yes, please list the medications taken, duration, the purpose(s) and dosage(s):

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of seafarer: _____ Date (day/month/year):…./…./……

Witnessed by (signature): _____ Name (typed or printed): _____

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. _____ (the approved medical practitioner).

Signature of examinee: _____ Date (day/month/year): .... /..../……..

Witnessed by (signature): _____ Name (typed or printed): _____

Date and contact details for previous medical examination (if known): _____

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2. MEDICAL EXAMINATION

1. Sight

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose)

Visual acuity

	unaided			**Aided**		
	Right eye	**Left eye**	**Binocular**	**Right eye**	**Left eye**	**Binocular**
Distant						
Near						
Visual fields						

	Normal	Defective
Right eye		
Left eye		

Colour vision

Right eye - □ Not tested □ Normal □ Doubtful □ Defective

Left eye - □ Not tested □ Normal □ Doubtful □ Defective

Intra ocular pressure

EYE	READING	COMMENT
Right eye		
Left eye		

2. Hearing

Pure tone and audiometry (threshold values in db)				
	500 HZ	**1 000 HZ**	**2 000 HZ**	**3 000 HZ**
Right ear				
Left ear				
Speech and whisper test (metres)				
			Normal	**whisper**
Right ear				
Left ear				

3. Clinical findings

Height: _____ (cm) Weight: _____ (kg)
Pulse rate: _____/(minute) Rhythm: _____
Blood pressure: Systolic: _____ (mm Hg) Diastolic: _____ (mm Hg)
Urinalysis: Glucose: _____ Protein: _____ Blood: _____

	Normal	Abnormal
Head		
Sinuses, nose, throat		
Mouth/teeth		
Ears (general)		
Tympanic membrane		
Eyes		
Ophthalmoscopy		
Pupils		

Eye movement
Lungs and chest
Breast examination
Heart
Skin
Varicose veins
Vascular (inc. pedal pulses)
Abdomen and viscera
Hernia
Anus (not rectal exam)
G-U system
Upper and lower extremities
Spine (C/S, T/S and L/S)
Neurologic (full/brief)
Mental state

Chest X-ray

□ Not performed □ Performed on (day/month/year): ../../….

Results:

Other diagnostic test(s) and result(s):

Test: Result:

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

□ Fit for look-out duty □ Not fit for look-out duty

	Deck service	Engine service	Catering services	Other services
Fit				
Unfit				

Without restrictions □ With restrictions □ Visual aid required □ Yes □ No

Describe restrictions (e.g., specific position, type of ship, trade area)

Medical certificate's date of expiration (day/month/year): _____/_____/_____

Date medical certificate issued (day/month/year): _____/_____/_____

Number of medical certificate: _____

Signature of medical practitioner: _____

Medical practitioner information (name, license number, address): _____
_____
_____

Appendix 5: Extracts from International conventions

Extract from the Maritime Labour Convention, 2006

Regulation 1.2 – Medical certificate

Purpose: To ensure that all seafarers are medically fit to perform their duties at sea

1. Seafarers shall not work on a ship unless they are certified as medically fit to perform their duties. 2. Exceptions can only be permitted as prescribed in the Code.

Standard A1.2 – Medical certificate

1. The competent authority shall require that, prior to beginning work on a ship, seafarers hold a valid medical certificate attesting that they are medically fit to perform the duties they are to carry out at sea.

2. In order to ensure that medical certificates genuinely reflect seafarers' state of health, in light of the duties they are to perform, the competent authority shall, after consultation with the shipowners' and seafarers' organizations concerned, and giving due consideration to applicable international guidelines referred to in Part B of this Code, prescribe the nature of the medical examination and certificate.

3. This Standard is without prejudice to the International Convention on Standards of Training, Certification and Watch keeping for Seafarers, 1978, as amended (STCW). A medical certificate issued in accordance with the requirements of STCW shall be accepted by the competent authority, for the purpose of regulation 1.2. A medical certificate meeting the substance of those requirements, in the case of seafarers not covered by STCW, shall similarly be accepted.

4. The medical certificate shall be issued by a duly qualified medical practitioner or, in the case of a certificate solely concerning eyesight, by a person recognized by the competent authority as qualified to issue such a certificate. Practitioners must enjoy full professional independence in exercising their medical judgment in undertaking medical examination procedures.

5. Seafarers that have been refused a certificate or have had a limitation imposed on their ability to work, in particular with respect to time, field of work or trading area, shall be given the opportunity to have a further examination by another independent medical practitioner or by an independent medical referee.

6. Each medical certificate shall state in particular that:
(a) the hearing and sight of the seafarer concerned, and the colour vision in the case of a seafarer to be employed in capacities where fitness for the work to be performed is liable to be affected by defective colour vision, are all satisfactory; and
(b) the seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board.

7. Unless a shorter period is required by reason of the specific duties to be performed by the seafarer concerned or is required under STCW:
(a) a medical certificate shall be valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year;
(b) a certification of colour vision shall be valid for a maximum period of six years.

8. In urgent cases the competent authority may permit a seafarer to work without a valid medical certificate until the next port of call where the seafarer can obtain a medical certificate from a qualified medical practitioner, provided that: (a) the period of such permission does not exceed three months; and (b) the seafarer concerned is in possession of an expired medical certificate of recent date.

9. If the period of validity of a certificate expires in the course of a voyage, the certificate shall continue in force until the next port of call where the seafarer can obtain a medical certificate from a qualified medical practitioner, provided that the period shall not exceed three months.

10. The medical certificates for seafarers working on ships ordinarily engaged on international voyages must as a minimum be provided in English.
Appendix 6 guidelines on individual conditions

Appendix 6 guidelines on individual conditions

ICD-10 *(diagnostic codes)*	Condition *(justification for criteria)*	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
A00–B99	**Infections**			
A00–09	**Gastrointestinal infection** *Transmission to others, recurrence*	T – If detected while onshore (current symptoms or awaiting test results on carrier status); or confirmed carrier status until elimination demonstrated	Not applicable	*Non-catering department:* When satisfactorily treated or resolved *Catering department:* Fitness decision to be based on medical advice – bacteriological clearance may be required
A15–16	**Pulmonary TB** *Transmission to others, recurrence*	T – Positive screening test or clinical history, until investigated If infected, until treatment stabilized and lack of infectivity confirmed P – Relapse or severe residual damage	Not applicable	Successful completion of a course of treatment in accordance with WHO Treatment of Tuberculosis guidelines
A50–64	**Sexually transmissible infections** *Acute impairment, recurrence*	T – If detected while onshore, until diagnosis confirmed, treatment initiated and impairing symptoms resolved P – Untreatable impairing late complications	R – Consider near coastal if oral treatment regime in place and symptoms non-incapacitating	On successful completion of treatment
B15	**Hepatitis A** *Transmissible by food or water contamination*	T – Until jaundice resolved and liver function tests returned to normal	Not applicable	On full recovery
B16–19	**Hepatitis B, C, etc.** *Transmissible by contact with blood or other bodily fluids* *Possibility of permanent liver impairment and liver cancer*	T – Until jaundice resolved and liver function tests returned to normal P – Persistent liver impairment with symptoms affecting safe work at sea or with likelihood of complications	R, L – Uncertainty about total recovery or lack of infectivity. Case-by-case decision-making based on duties and voyage patterns	On full recovery and confirmation of low level of infectivity
B20–24	**HIV+** *Transmissible by contact with blood or other bodily fluids. Progression to HIV-associated diseases or AIDS*	T – Until stabilized on treatment with CD4 level of >350 or when treatment changed and tolerance of new medication uncertain P – Non-reversible impairing HIV-associated diseases. Continuing impairing effects of medication	R, L – Time limited and/or near coastal: HIV+ and low likelihood of progression; on no treatment or on stable medication without side effects, but requiring regular specialist surveillance	HIV+, no current impairment and very low* likelihood of disease progression. No side effects of treatment or requirements for frequent surveillance
A00–B99 Not listed separately	**Other infections** *Personal impairment, infection of others*	T – If detected while onshore: until free from risk of transmission and capable of performing duties P – If continuing likelihood of repeated impairing or infectious recurrences	Case-by-case decision based on nature of infection	Full recovery and confirmation of low level of infectivity

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
C00–48	**Cancers**			
C00–48	**Malignant neoplasms** – including lymphoma, leukaemia and related conditions. *Recurrence – especially acute complications, e.g. harm to self from bleeding and to others from seizures*	T – Until investigated, treated and prognosis assessed P – Continuing impairment with symptoms affecting safe work at sea or with high likelihood of recurrence	L – Time limited to interval between specialist reviews if: – cancer diagnosed <5 years ago; and – there is no current impairment of performance of normal or emergency duties or living at sea; and – there is a low likelihood of recurrence and minimal risk of requirement for urgent medical treatment R – Restricted to near coastal waters if any continuing impairment does not interfere with essential duties and any recurrence is unlikely to require emergency medical treatment	Cancer diagnosed more than 5 years ago, or specialist reviews no longer required and no current impairment or low continuing likelihood of impairment from recurrence To be confirmed by specialist report with evidence for opinion stated
D50–89	**Blood disorders**			
D50–59	**Anaemia/Haemoglobinopathies** *Reduced exercise tolerance. Episodic red cell breakdown*	T – Distant waters, until haemoglobin normal and stable P – Severe recurrent or continuing anaemia or impairing symptoms from red cell breakdown that are untreatable	R, L – Consider restriction to near coastal waters and regular surveillance if reduced haemoglobin level but asymptomatic	Normal levels of haemoglobin
D73	**Splenectomy** (history of surgery) *Increased susceptibility to certain infections*	T – Post surgery until fully recovered	R – Case-by-case assessment. Likely to be fit for coastal and temperate work but may need restriction on service in tropics	Case-by-case assessment
D50–89 Not listed separately	**Other diseases of the blood and blood-forming organs** *Varied relevance of abnormal bleeding and also possibly reduced exercise tolerance or low resistance to infections*	T – While under investigation P – Chronic coagulation disorders	Case-by-case assessment for other conditions	Case-by-case assessment

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
E00–90	**Endocrine and metabolic**			
E10	**Diabetes – Insulin using** *Acute impairment from hypoglycaemia. Complications from loss of blood glucose control Increased likelihood of visual, neurological and cardiac problems*	T – From start of treatment until stabilized P – If poorly controlled or not compliant with treatment. History of hypoglycaemia or loss of hypoglycaemic awareness. Impairing complications of diabetes	R, L – Subject to evidence of good control, full compliance with treatment recommendations and good hypoglycaemia awareness Fit for near coastal duties without solo watch-keeping. Time limited until next specialist check-up. Must be under regular specialist surveillance	Not applicable
E11–14	**Diabetes – Non-insulin treated**, on other medication *Progression to insulin use. Increased likelihood of visual, neurological and cardiac problems*	T – Distant waters and watchkeeping until stabilized	R – Near coastal waters and non-watchkeeping duties until stabilized R – Near coastal waters, no solo watchkeeping if minor side effects from medication. Especially when using sulphonylureas L – Time limited if compliance poor or medication needs frequent review. Check diet, weight and vascular risk factor control	When stabilized, in the absence of impairing complications
	Diabetes – Non-insulin treated, treated by diet alone *Progression to insulin use. Increased likelihood of visual, neurological and cardiac problems*	T – Distant waters and watchkeeping until stabilized	R – Near coastal waters and non-watchkeeping duties until stabilized L – Time limited when stabilized, if compliance poor. Check diet, weight and vascular risk factor control	When stabilized, in the absence of impairing complications
E65–68	**Obesity/abnormal body mass** – high or low *Accident to self, reduced mobility and exercise tolerance for routine and emergency duties. Increased likelihood of diabetes, arterial diseases and arthritis*	T – If safety-critical duties cannot be performed, capability or exercise test (Appendix C) performance is poor P – Safety-critical duties cannot be performed; capability or exercise test performance is poor with failure to achieve improvements Note: Body mass index is a useful indicator of when additional assessment is needed. National norms will vary. It should not form the sole basis for decisions on capability	R, L – Time limited and restricted to near coastal waters or to restricted duties if unable to perform certain tasks but able to meet routine and emergency capabilities for assigned safety-critical duties	Capability and exercise test (Appendix E) performance average or better, weight steady or reducing and no co-morbidity

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
E00–90 Not listed separately	**Other endocrine and metabolic disease** (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes) *Likelihood of recurrence or complications*	T – Until treatment established and stabilized without adverse effects P – If continuing impairment, need for frequent adjustment of medication or increased likelihood of major complications	R, L – Case-by-case assessment with specialist advice if any uncertainty about prognosis or side effects of treatment. Need to consider likelihood of impairing complications from condition or its treatment, including problems taking medication, and consequences of infection or injury while at sea	If medication stable with no problems in taking at sea and surveillance of conditions infrequent, no impairment and very low likelihood of complications Addison's disease. The risks will usually be such that an unrestricted certificate should not be issued
F00–99	**Mental, cognitive and behavioural disorders**			
F10	**Alcohol abuse** (dependency) *Recurrence, accidents, erratic behaviour/safety performance*	T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse P – If persistent or there is co-morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: treating physician reports successful participation in rehabilitation programme; and there is an improving trend in liver function tests	After three years from end of last episode without relapse and without co-morbidity
F11–19	**Drug dependence/persistent substance abuse**, includes both illicit drug use and dependence on prescribed medications *Recurrence, accidents, erratic behaviour/safety performance*	T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse P – If persistent or there is co-morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: – treating physician reports successful participation in rehabilitation programme; and – evidence of completion of unannounced/random programme of drug screening for at least three months with no positives and at least three negatives; and – continuing participation in drug screening programme	After three years from end of last episode without relapse and without co-morbidity

ICD-10 (Diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F20–31	**Psychosis** (acute) – whether organic, schizophrenic or other category listed in the ICD. Bipolar (manic depressive disorders) *Recurrence leading to changes to perception/cognition, accidents, erratic and unsafe behaviour*	*Following single episode with provoking factors:* T – Until investigated and stabilized and conditions for fitness met. At least three months after episode	R, L – Time limited, restricted to near coastal waters and not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: – seafarer has insight; – is compliant with treatment; and – has no adverse effects from medication	Case-by-case assessment at least one year after the episode, provided that provoking factors can and will always be avoided
		Following single episode without provoking factors or more than one episode with or without provoking factors: T – Until investigated and stabilized and conditions for fitness met. At least two years since last episode P – More than three episodes or continuing likelihood of recurrence. Criteria for fitness with or without restrictions are not met	R, L – Time limited, restricted to near coastal waters and not to work as master in charge of vessel or without close supervision and continuing medical monitoring providing that: – the seafarer has insight; – is compliant with treatment; and – has no impairing adverse effects from medication	Case-by-case assessment to exclude likelihood of recurrence at least two years since end of episode if no further episodes; no residual symptoms; and no medication needed during last two years
F32–38	**Mood/affective disorders** Severe anxiety state, depression, or any other mental disorder likely to impair performance *Recurrence, reduced performance, especially in emergencies*	T – While acute, under investigation or if impairing symptoms or side effects of medication present. At least three months on stable medication P – Persistent or recurrent impairing symptoms	R, L – Restrict to near coastal waters and not to work as master in charge of ship, only when seafarers have: – good functional recovery; – insight; – is fully compliant with treatment, with no impairing side effects; and – a 'low' likelihood of recurrence	Case-by-case assessment to exclude likelihood of recurrence after at least two years with no further episodes and with no medication or on medication with no impairing effects
	Mood/affective disorders Minor or reactive symptoms of anxiety/depression *Recurrence, reduced performance, especially in emergencies*	T – Until symptom free. If on medication to be on a stable dose and free from impairing adverse effects P – Persistent or recurrent impairing symptoms	R, L – Time limited and consider geographical restriction if on stable dose of medication and free from impairing symptoms or impairing side effects from medication	Case-by-case assessment after one year from end of episode if symptom free and off medication or on medication with no impairing effects
F00–99 Not listed separately	**Other disorders**, e.g. disorders of personality, attention (e.g. ADHD), development (e.g. autism) *Impairment of performance and reliability and impact on relationships*	P – If considered to have safety-critical consequences	R – As appropriate if capable of only limited duties	No anticipated adverse effects while at sea. No incidents during previous periods of sea service

ICD-10 (diagnostic codes)	Condition: *justification for criteria*	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
R55	**Syncope and other disturbances of consciousness** Recurrence causing injury or loss of control	T – Until investigated to determine cause and to demonstrate control of any underlying condition		
		Event is:		
		(a) simple faint;		Simple faint: if no incapacitating recurrences
		(b) not a simple faint, unexplained disturbance, not recurrent and without any detected underlying cardiac, metabolic or neurological cause	R, L – Case-by-case decision, near coastal with no one-watchkeeping	Three months after event if no recurrences
		T – Four weeks		
		(c) Disturbance, recurrent or with possible underlying cardiac, metabolic or neurological cause	R, L – Case-by-case decision, near coastal with no one-watchkeeping	IMO: possible underlying cause but no treatable cause found, one year after event if no recurrences
		T – IMO: possible underlying cause that is not identified or treatable, for six months after event if no recurrences		With possible underlying cause found and treated, three months after successful treatment
		T – With possible underlying cause or cause found and treated, for six months after successful treatment		
		(d) Disturbance of consciousness with features indicating a seizure. Go to G40–41		IMO: seizure markers – not applicable
		P – For all of above if recurrent incidents persist despite full investigation and appropriate treatment		
T06	**Intracranial surgery/injury** Including treatment of vascular and leaks or serious head injury with brain damage *Aware to stop, others and self from seizures. Limbs to cognitive, sensory or motor function. Recurrence or complication of underlying condition*	T – For one year or longer until seizure likelihood low,* based on advice from specialist P – Continuing impairment from underlying vascular or injury or recurrent seizures	R – After at least one year, near coastal, no one-watchkeeping if seizure likelihood low* and no impairment from underlying condition or injury Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist	No impairment from underlying condition or injury, not on anti-epilepsy medications. Seizure likelihood very low* Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist
H00–H59	**Diseases of the eyes and ears**			
H00–H59	**Eye disorders**. Progressive or recurrent (e.g. glaucoma, retinopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, nystagmus, uveitis, corneal ulceration and retinal detachment) Retinal disability to meet vision standards, risk of recurrence	T – Temporary inability to meet relevant vision standards (Appendix A) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant vision standards (Appendix A), or, if treated, increased likelihood of subsequent deterioration or impairing recurrence	R – Near coastal waters if recurrence unlikely but foreseeable and treatable with early medical intervention L – If risk of progression foreseeable but unlikely and can be detected by regular monitoring	Very low likelihood of recurrence. Progression to a level where vision standards (Appendix A) are not met during period of certificate is very unlikely

ICD-10 (diagnostic codes)	Condition: *justification for criteria*	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
G00–99	**Diseases of the nervous system**			
G40–41	**Single seizure** Harm to ship, others and self from seizure	Single seizure T – While under investigation and for one year after seizure	R – One year after seizure and on stable medication. More watchkeeping duties in near coastal waters	One year after seizure and one year after end of treatment. If persisted, there should be no continuing exposure to the provoking agent
	Epilepsy – No provoking factors (multiple seizures) Harm to ship, others and self from seizure	T – While under investigation and for two years after last seizure P – Recurrent seizures, not controlled by medication	R – Off medication or on stable medication with good compliance: case-by-case assessment of fitness, restricted to non-watchkeeping duties in near coastal waters	Seizure-free for at least the last two years, has not taken anti-epilepsy drugs during that ten-year period and does not have a continuing likelihood of seizures
	Epilepsy – provoked by alcohol, medication, head injury (multiple seizures) Harm to ship, others and self from seizures	T – While under investigation and for two years after last seizure P – Recurrent fits, not controlled by medication	R – Case-by-case assessment after two years' abstention from any known provoking factors, seizure-free and either off medication or on stable medication with good compliance, restricted to non-watchkeeping duties in near coastal waters	Seizure-free for at least the last five years, has not taken anti-epilepsy drugs during that five-year period, provided there is not continuing exposure to the provoking agent
G43	**Migraine** Frequent attacks causing incapacity, likelihood or disabling recurrences	P – Frequent attacks leading to incapacity	R – As appropriate, if only capable of limited duties	No anticipated incapacitating adverse effects while at sea. No incidents during previous periods of sea service
G47	**Sleep apnoea** *Fatigue and somnolence at sleep while working*	T – Until treatment started and successful for three months P – Treatment unsuccessful or not being complied with	L – Once treatment demonstrably working effectively for three months, including compliance with CPAP (continuous positive airway pressure) machine use confirmed. Six-monthly assessments of compliance based on CPAP machine recording	Case-by-case assessment based on job and emergency requirements, informed by specialist advice
	Narcolepsy *Fatigue and somnolence at sleep while working*	T – Until controlled by treatment for at least two years P – Treatment unsuccessful or not being complied with	R, L – Near coastal waters and no watchkeeping duties, if specialist confirms full control of treatment for at least two years Annual review	Not applicable
G00–99 Not listed separately	**Other organic nervous disease** e.g. multiple sclerosis, Parkinson's disease, Neurovascular degeneration *Limitations on muscular power, fatigue, coordination and mobility*	T – Until diagnosed and stable P – If limitations affect safe working or unable to meet physical capability requirements (Appendix C)	R, L – Case-by-case assessment based on job and emergency requirements, informed by specialist advice	Case-by-case assessment based on job and emergency requirements, informed by specialist advice

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
H65–67	**Otitis – External or media** *Recurrence, risk as infection source in food handlers, problems using hearing protection*	T – Until treated P – If chronic discharge from ear in food handler	Case-by-case assessment. Consider effects of heat, humidity and hearing protection use in otitis externa	Effective treatment and no excess likelihood of recurrence
H66–95	**Ear disorders**: Progressive (e.g. otosclerosis)	T – Temporary inability to meet relevant hearing standards (Appendix B) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant hearing standards (Appendix B) or, if treated, increased likelihood or subsequent deterioration or impairing recurrence	L – If risk of progression foreseeable but unlikely and it can be detected by regular monitoring	Very low likelihood of recurrence. Progression to a level where hearing standards (Appendix B) are not met during period of certificate is very unlikely
H81	**Ménière's disease** and other forms of chronic or recurrent disabling vertigo *Inability to balance, causing loss of mobility and nausea* See STCW table in Appendix C	T – During acute phase P – Frequent attacks leading to incapacity	R – As appropriate. If only capable of limited duties R, L – If frequent specialist surveillance required	Low* likelihood of impairing effects while at sea
I00–99	**Cardiovascular system**			
I05–08 I34–39	**Congenital and valve disease of heart** (including surgery for these conditions) Heart murmurs not previously investigated *Likelihood of progression, limitations on exercise*	T – Until investigated and, if required, treated P – If exercise tolerance limited or episodes of incapacity occur or if on anticoagulants or if permanent high likelihood of impairing event	R – Near coastal waters if case-by-case assessment indicates either likelihood of acute complications or rapid progression L – If frequent surveillance is recommended	*Heart murmurs* – Where unaccompanied by other heart abnormalities and considered benign by a specialist cardiologist following examination *Other conditions* – Case-by-case assessment based on specialist advice
I10–15	**Hypertension** *Increased likelihood of ischaemic heart disease, eye and kidney damage and stroke. Possibility of acute hypertensive episode*	T – Normally if >160 systolic or >100 diastolic mm Hg until investigated and treated in accordance with national or international guidelines for hypertension management P – If persistently >160 systolic or >100 diastolic mm Hg with or without treatment	L – If additional surveillance needed to ensure level remains within national guideline limits	If treated in accordance with national guidelines and free from impairing effects from condition or medication

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
I20–25	**Cardiac event**, i.e. myocardial infarction, ECG evidence of past myocardial infarction or newly recognized left bundle-branch block, angina, cardiac arrest, coronary artery bypass grafting, coronary angioplasty *Sudden loss of capability, exercise limitation. Problems of managing repeat cardiac event at sea*	T – For three months after initial investigation and treatment, longer if symptoms not resolved P – If criteria for issue of certificate not met and further reduction of likelihood of recurrence improbable	L – If excess likelihood of recurrence is very low* and fully compliant with risk reduction recommendations and no relevant co-morbidity, issue six-month certificate initially and then annual certificate R, L – If excess likelihood of recurrence is low.* Restricted to: – no lone working or solo watchkeeping; and – operations in near coastal waters, unless working on vessel with ship's doctor Issue six-month certificate initially and then annual certificate R, L – If likelihood of recurrence is moderate* and asymptomatic. Able to meet the physical requirements of their normal and emergency duties: – no lone working or watchkeeping/ lookout; and – operating within one hour of port, unless working on vessel with ship's doctor Case-by-case assessment to determine restrictions Annual review	Not applicable
I44–49	**Cardiac arrhythmias** and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD)) *Likelihood of impairment from recurrence, sudden loss of capability, exercise limitation. Pacemaker/ICD activity may be affected by strong electric fields*	T – Until investigated, treated and adequacy of treatment confirmed P – If disabling symptoms present or excess likelihood of impairment from recurrence, including ICD implant	L – Surveillance needed at shorter intervals and no impairing symptoms present and very low* excess likelihood of impairment from recurrence, based on specialist report R – Restrictions on solo duties or for distant waters if low* likelihood of acute impairment from recurrence or foreseeable requirement for access to specialist care Surveillance and treatment regime to be specified. If pacemaker fitted, duration of certificate to coincide with pacemaker surveillance	Surveillance not needed or needed at intervals of more than two years; no impairing symptoms present; and very low* likelihood of impairment from recurrence, based on specialist report

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
I61–69 G46	**Ischaemic cerebrovascular disease** (stroke or transient ischaemic attack) *Increased likelihood of recurrence, sudden loss of capability, mobility limitation. Liable to develop other circulatory disease causing sudden loss of capability*	T – Until treated and any residual impairment stabilized and for three months after event P – If residual symptoms interfere with duties or there is significant excess likelihood of recurrence	R, L – Case-by-case assessment of fitness for duties; exclude from lone watchkeeping. Assessment should include likelihood of future cardiac events. General standards of physical fitness should be met (Appendix C). Annual assessment	Not applicable
I73	**Arterial claudication** *Likelihood of other circulatory disease causing sudden loss of capability. Limits to exercise capacity*	T – Until assessed P – If incapable of performing duties	R, L – Consider restriction to non-watchkeeping duties in coastal waters, provided symptoms are minor and do not impair essential duties or if they are resolved by surgery or other treatment and general standard of fitness can be met (Appendix C). Assess likelihood of future cardiac events (follow criteria in I20–25). Review at least annually	Not applicable
I83	**Varicose veins** *Possibility of bleeding if injured, skin changes and ulceration*	T – Until treated if impairing symptoms. Post-surgery for up to one month	Not applicable	No impairing symptoms or complications
I80.2–3	**Deep vein thrombosis/pulmonary embolus** *Likelihood of recurrence and of serious pulmonary embolus. Likelihood of bleeding from anticoagulant treatment*	T – Until investigated and treated and normally while on short-term anticoagulants P – Consider if recurrent events or on permanent anticoagulants	R, L – May be considered fit for work with a low liability for injury in national coastal waters, once stabilized on anticoagulants with regular monitoring of level of coagulation	Full recovery with no anticoagulant use
I00–99 Not listed separately	**Other heart disease**, e.g. cardio-myopathy, pericarditis, heart failure *Likelihood of recurrence, sudden loss of capability, exercise limitation*	T – Until investigated, treated and adequacy of treatment confirmed P – If impairing symptoms or likelihood of impairment from recurrence	Case-by-case assessment, based on specialist reports	Case-by-case assessment, very low* likelihood of recurrence

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
J00–99	**Respiratory system**			
J02–04 J30–39	**Nose, throat and sinus conditions** *Impairing for individual. May recur. Transmission of infection to food/other crew in some conditions*	T – Until resolved P – If impairing and recurrent	Case-by-case assessment	When treatment complete, if no factors predisposing to recurrence
J40–44	**Chronic bronchitis and/or emphysema** *Reduced exercise tolerance and impairing symptoms*	T – If acute episode P – If repeated severe recurrences or if general fitness standards cannot be met or if impairing shortness of breath	R, L – Case-by-case assessment More stringency for distant water duties. Consider fitness for emergencies and ability to meet general standards of physical fitness (Appendix C) Annual review	Not applicable
J45–46	**Asthma** (detailed assessment with information from specialist in all new entrants) *Unpredictable episodes of severe breathlessness*	T – Until episode resolved, cause investigated (including any occupational link) and effective treatment regime in place In person under age 20 with hospital admission or oral steroid use in last three years P – If foreseeable likelihood of rapid life-threatening asthma attack while at sea or history of uncontrolled asthma, i.e. history of multiple hospital admissions	R, L – Near coastal waters only or on ship with doctor if history of moderate** adult asthma, with good control with inhalers and no episodes requiring hospital admission or oral steroid use in last two years, or history of mild or exercise-induced asthma that requires regular treatment	Under age 20: if history of mild or moderate** childhood asthma, but with no hospital admissions or oral steroid treatment in last three years and no requirements for continuing regular treatment Over age 20: if history of mild** or exercise-induced** asthma and no requirements for continuing regular treatment
J93	**Pneumothorax** (spontaneous or traumatic) *Acute impairment from discomfort*	T – Normally for 12 months after initial episode or shorter duration as advised by specialist P – After recurrent episodes unless pleurectomy or pleurodesis performed	R – Duties in harbour areas only once recovered	Normally 12 months after initial episode or shorter duration as advised by specialist Post surgery – based on advice of treating specialist
K00–99	**Digestive system**			
K01–06	**Oral health** *Acute pain from toothache. Recurrent mouth and gum infections*	T – If visual evidence of untreated dental defects or oral disease P – If excess likelihood of dental emergency remains after treatment completed or seafarer non-compliant with dental recommendations	R – Limited to near coastal waters, if criteria for full fitness not met, and type of operation will allow for access to dental care without safety-critical manning issues for vessel	If teeth and gums (gums alone of edentulous and with well-fitting dentures in good repair) appear to be good. No complex prosthesis; or if dental check in last year, with follow-up completed and no problems since
K25–28	**Peptic ulcer** *Recurrence with pain, bleeding or perforation*	T – Until healing or cure by surgery or by control of helicobacter and on normal diet for three months P – If ulcer persists despite surgery and medication	R – Consider case-by-case assessment for earlier return to near coastal duties	When cured and on normal diet for three months

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
K40–41	**Hernias – inguinal and femoral** *Likelihood of strangulation*	T – Until surgically investigated to confirm no likelihood of strangulation and, if required, treated	R – Untreated: Consider case-by-case assessment for near coastal waters	When satisfactorily treated or exceptionally when surgeon reports that there is no likelihood of strangulation
K42–43	**Hernias – Umbilical, ventral** *Instability of abdominal wall on bending and lifting*	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort
K44	**Hernias – Diaphragmatic (hiatus)** *Reflux of stomach contents and acid causing heartburn, etc.*	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them
K50, 51, 57, 58, 90	**Non-infectious enteritis, colitis, Crohn's disease, diverticulitis, etc.** *Impairment and pain*	T – Until investigated and treated P – If severe or recurrent	R – Does not meet the requirements for unrestricted certificate but rapidly developing recurrence unlikely: near coastal duties	Case-by-case specialist assessment. Fully controlled with low likelihood of recurrence
K60 (84	**Anal conditions: Piles (haemorrhoids), fissures, fistulae** *Likelihood of episode causing pain and limiting activity*	T – If piles prolapsed, bleeding repeatedly or causing symptoms. If fissure or fistula painful, infected, bleeding repeatedly or causing faecal incontinence P – Consider if not treatable or recurrent	Case-by-case assessment of untreated cases for near coastal duties	When satisfactorily treated
K70, 72	**Cirrhosis of liver** *Liver failure. Bleeding oesophageal varices*	T – Until fully investigated P – If severe or complicated by ascites or oesophageal varices	R, L – Case-by-case specialist assessment	Not applicable
K80–83	**Biliary tract disease** *Biliary colic from gallstones, jaundice, liver failure*	T – Biliary colic until definitely treated P – Advanced liver disease, recurrent or persistent impairing symptoms	R, L – Case-by-case specialist assessment. Does not meet requirements for unlimited certificate. Sudden onset of biliary colic unlikely	Case-by-case specialist assessment. Very low likelihood of recurrence or worsening in next two years
K85–86	**Pancreatitis** *Likelihood of recurrence*	T – Until resolved P – If recurrent or alcohol related, unless confirmed abstention	Case-by-case assessment based on specialist reports	Case-by-case assessment based on specialist reports, very low likelihood of recurrence
Y83	**Stoma (ileostomy, colostomy)** *Impairment if control is lost – need for bags, etc. Potential problems during prolonged emergency*	T – Until stabilized P – Poorly controlled	R – Case-by-case assessment	Case-by-case specialist assessment

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
N00–99	**Genito-urinary conditions**			
N00, N17	**Acute nephritis** *Renal failure, hypertension*	P – Until resolved	Case-by-case assessment if any residual effects	Full recovery with normal kidney function and no residual damage
N03–05, N18–19	**Sub-acute or chronic nephritis or nephrosis** *Renal failure, hypertension*	T – Until investigated	R, L – Case-by-case assessment by specialist, based on renal function and likelihood of complications	Case-by-case assessment by specialist, based on renal function and likelihood of complications
N20–23	**Renal or ureteric calculus** *Pain from renal colic*	T – Until investigated and treated P – Recurrent stone formation	R – Consider if concern about ability to work in tropics or under high temperature conditions. Case-by-case assessment for near coastal duties	Case-by-case assessment by specialist with normal urine and renal function without recurrence
N33, N40	**Prostatic enlargement/urinary obstruction** *Acute retention of urine*	T – Until investigated and treated P – If not remediable	R – Case-by-case assessment for near coastal duties	Successfully treated; low* likelihood of recurrence
N70–98	**Gynaecological conditions** – Heavy vaginal bleeding, severe menstrual pain, endometriosis, prolapse of genital organs or other impairment from pain or bleeding	T – If impairing or investigation needed to determine cause and remedy it	R – Case-by-case assessment if condition is likely to require treatment on voyage or affect working capacity	Fully resolved with low* likelihood of recurrence
R31, 80, 81, 82	**Proteinuria, haematuria, glycosuria** or other urinary abnormality indicator of kidney or other disease	T – If initial findings clinically significant P – Serious and non-remediable underlying cause –e.g. impairment of kidney function	L – When repeat surveillance required R, L – When uncertainty about cause but no immediate problem	Very low likelihood of serious underlying condition
Z90.5	**Removal of kidney or one non-functioning kidney** *Limits to fluid regulation under extreme conditions if remaining kidney not fully functional*	P – Any reduction of function in remaining kidney in new seafarer. Significant dysfunction in remaining kidney of serving seafarer	R – No tropical or other heat exposure. Serving seafarer with minor dysfunction in remaining kidney	Remaining kidney must be fully functional and not liable to progressive disease, based on renal investigations and specialist report
O00–99	**Pregnancy**			
O00–99	**Pregnancy** *Complications, late terminations do modality. Potential for harm to mother and child in the event of premature delivery at sea*	T – Late stage of pregnancy and early postnatal period Abnormality of pregnancy requiring high level of surveillance	R, L – Case-by-case assessment if minor impairing effects. May consider working until later in pregnancy on near coastal vessel	Uncomplicated pregnancy with no impairing effects – normally until 24th week Decisions to be in accord with national practice and legislation. Pregnancy should be declared at

ICD-10 (diagnostic codes)*	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
L00–99	**Skin**			
L00–08	**Skin infections** *Recurrence, transmission to others*	T – Until satisfactorily treated P – Consider for catering staff with recurrent problems	R, L – Based on nature and severity of infection	Cured with low likelihood of recurrence
L10–99	**Other skin diseases**, e.g. eczema, dermatitis, psoriasis *Recurrence, sometimes occupational cause*	T – Until investigated and satisfactorily treated	Case-by-case decision R – As appropriate if aggravated by heat, or substances at work	Stable, not impairing
M00–99	**Musculoskeletal**			
M10–23	**Osteoarthritis**, other joint diseases and subsequent joint replacement *Pain and mobility limitation affecting normal or emergency duties. Possibility of infection or dislocation and limited life of replacement joints*	T – Full recovery of function and specialist advice required before return to sea after hip or knee replacement P – For advanced and severe cases	R – Case-by-case assessment based on job requirements and history of condition. Consider emergency duties and evacuation from ship. Should meet general fitness requirements (Appendix D)	Case-by-case assessment. Able to fully meet routine and emergency duty requirements with very low likelihood of worsening such that duties could not be undertaken
M24.4	**Recurrent instability of shoulder or knee joints** *Sudden limitation of mobility, with pain*	T – Until satisfactorily treated	R – Case-by-case assessment of occasional instability	Treated, very low* likelihood of recurrence
M54.5	**Back pain** *Pain and mobility limitation affecting normal or emergency duties. Exacerbation of impairment*	T – In acute stage P – If recurrent or incapacitating	Case-by-case assessment	Case-by-case assessment
V83.4 Z97.1	**Limb prosthesis** *Mobility limitation affecting normal or emergency duties*	P – If essential duties cannot be performed	R – If routine and emergency duties can be performed but there are limitations on specific non-essential activities	If general fitness requirements are fully met (Appendix C). Arrangements for fitting prosthesis in emergency must be confirmed

ICD-10 (diagnostic codes)*	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	General			
R47, F80	**Speech disorders** *Limitations to communication ability*	P – Incompatible with reliable performance of routine and emergency duties safely or effectively	R – If assistance with communication is needed to ensure reliable performance of routine and emergency duties safely and effectively Specify assistance	No impairment to essential speech communication
T78.2§8	**Allergies** (other than allergic dermatitis and asthma) *Likelihood of recurrence and increasing severity of response. Reduced ability to perform duties*	T – Until fully investigated by specialist P – If life-threatening response reasonably foreseeable	Case-by-case assessment of likelihood and severity of response, management of the condition and access to medical care R – Where response is impairing rather than life-threatening, and reasonable adjustments can be made to reduce likelihood of recurrence	Where response is impairing rather than life-threatening, and effects can be fully controlled by long-term non-steroidal self-medication or by lifestyle modifications that are practicable at sea with no safety-critical adverse effects
Z94	**Transplants** – Kidney, heart, lung, liver (for prosthetics, i.e. joints, limbs, lenses, hearing aids, heart valves, etc. see condition-specific sections) *Possibility of rejection. Side effects of medication*	T – Until effects of surgery and anti-rejection medication stable P – Case-by-case assessment, with specialist advice	R, L – Case-by-case assessment, with specialist advice	Not applicable
Classify by condition	**Progressive conditions**, which are currently within criteria, e.g. Huntington's chorea (including family history) and keratoconus	T – Until investigated and treated if indicated P – Consider at pre-sea medical if likely to prevent completion or limit scope of training	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely
Classify by condition	**Conditions not specifically listed**	T – Until investigation and treated if indicated P – If permanently impairing	Use analogy with related conditions as a guide. Consider likelihood of sudden incapacity, recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction and referral to referee	Use analogy with related conditions as a guide. Consider excess likelihood of sudden incapacity, of recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction and referral to referee

Notes:

* Recurrence rates: Where the terms very low, low and moderate are used for the excess likelihood of a recurrence. These are essentially clinical judgements but, for some conditions, quantitative evidence on the likelihood of recurrence is available. Where this is available, e.g. for seizure and cardiac events, it may indicate the need for additional investigations to determine an individual's excess likelihood of a recurrence.

Quantitative recurrence levels approximate to:

- Very low: recurrence rate less than 2 per cent per year;
- Low: recurrence rate 2–5 per cent per year;
- Moderate: recurrence rate 5–20 per cent per year.

** Asthma severity definitions:

Childhood asthma:

- *Mild*: Onset age > ten, few or no hospitalizations, normal activities between episodes, controlled by inhaler therapy alone, remission by age 16, normal lung function.
- *Moderate*: Few hospitalizations, frequent use of reliever inhaler between episodes, interference with normal exercise activity, remission by age 16, normal lung function.
- *Severe*: Frequent episodes requiring treatment to be made more intensive, regular hospitalization, frequent oral or IV steroid use, lost schooling, abnormal lung function.

Adult asthma:

Asthma may persist from childhood or start over the age of 16. There is a wide range of intrinsic and external causes for asthma developing in adult life. In late-entry recruits with a history of adult onset asthma, the role of specific allergens, including those causing occupational asthma, should be investigated. Less specific inducers such as cold, exercise and respiratory infection also need to be considered. All can affect fitness for work at sea.

- *Mild intermittent asthma*: Infrequent episodes of mild wheezing occurring less than once every two weeks, readily and rapidly relieved by beta agonist inhaler.
- *Mild asthma*: Frequent episodes of wheezing requiring use of beta agonist inhaler or the introduction of a corticosteroid inhaler. Taking regular inhaled steroids (or steroid/long-acting beta agonists) may effectively eliminate symptoms and the need for use of beta agonist treatment.
- *Exercise-induced asthma*: Episodes of wheezing and breathlessness provoked by exertion, especially in the cold. Episodes may be effectively treated by inhaled steroids (or steroid/long-acting beta agonist) or other oral medication.
- *Moderate asthma*: Frequent episodes of wheezing despite regular use of inhaled steroid (or steroid/long acting beta agonist) treatment requiring continued use of frequent beta agonist inhaler treatment, or the addition of other medication, occasional requirement for oral steroids.
- *Severe asthma*: Frequent episodes of wheezing and breathlessness, frequent hospitalization, frequent use of oral steroid treatment.

Guideline B1.2 – Medical certificate

Guideline B1.2.1 – International guidelines

1. The competent authority, medical practitioners, examiners, shipowners, seafarers' representatives and all other persons concerned with the conduct of medical fitness examinations of seafarer candidates and serving seafarers should follow the ILO/WHO Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers, including any subsequent versions, and any other applicable international guidelines published by the International Labour Organization, the International Maritime Organization or the World Health Organization.

Regulation 4.1 – Medical care on board ship and ashore

Purpose: To protect the health of seafarers and ensure their prompt access to medical care on board ship and ashore

1. Each Member shall ensure that all seafarers on ships that fly its flag are covered by adequate measures for the protection of their health and that they have access to prompt and adequate medical care whilst working on board.
2. The protection and care under paragraph 1 of this Regulation shall, in principle, be provided at no cost to the seafarers.
3. Each Member shall ensure that seafarers on board ships in its territory who are in need of immediate medical care are given access to the Member's medical facilities on shore.
4. The requirements for on-board health protection and medical care set out in the Code include standards for measures aimed at providing seafarers with health protection and medical care as comparable as possible to that which is generally available to workers ashore.

Standard A4.1 – Medical care on board ship and ashore

1. Each Member shall ensure that measures providing for health protection and medical care, including essential dental care, for seafarers working on board a ship that flies its flag are adopted which:

(a) ensure the application to seafarers of any general provisions on occupational health protection and medical care relevant to their duties, as well as of special provisions specific to work on board ship; (b) ensure that seafarers are given health protection and medical care as comparable as possible to that which is generally available to workers ashore, including prompt access to the necessary medicines, medical equipment and facilities for diagnosis and treatment and to medical information and expertise; (c) give seafarers the right to visit a qualified medical doctor or dentist without delay in ports of call, where practicable;

(d) ensure that, to the extent consistent with the Member's national law and practice, medical care and health protection services while a seafarer is on board ship or landed in a foreign port are provided free of charge to seafarers; and

(e) are not limited to treatment of sick or injured seafarers but include measures of a preventive character such as health promotion and health education programmes.

2. The competent authority shall adopt a standard medical report form for use by the ships' masters and relevant onshore and on-board medical personnel. The form, when completed, and its contents shall be kept confidential and shall only be used to facilitate the treatment of seafarers.

3. Each Member shall adopt laws and regulations establishing requirements for on-board hospital and medical care facilities and equipment and training on ships that fly its flag.

4. National laws and regulations shall as a minimum provide for the following requirements:
(a) all ships shall carry a medicine chest, medical equipment and a medical guide, the specifics of which shall be prescribed and subject to regular inspection by the competent authority; the national requirements shall take into account the type of ship, the number of persons on board and the nature, destination and duration of voyages and relevant national and international recommended medical standards
(b) ships carrying 100 or more persons and ordinarily engaged on international voyages of more than three days' duration shall carry a qualified medical doctor who is responsible for providing medical care; national laws or regulations shall also specify which other ships shall be required to carry a medical doctor, taking into account, inter alia, such factors as the duration, nature and conditions of the voyage and the number of seafarers on board
(c) ships which do not carry a medical doctor shall be required to have either at least one seafarer on board who is in charge of medical care and administering medicine as part of their regular duties or at least one seafarer on board competent to provide medical first aid; persons in charge of medical care on board who are not medical doctors shall have satisfactorily completed training in medical care that meets the requirements of the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers, 1978, as amended ("STCW"); seafarers designated to provide medical first aid shall have satisfactorily completed training in medical first aid that meets the requirements of STCW; national laws or regulations shall specify the level of approved training required taking into account, inter alia, such factors as the duration, nature and conditions of the voyage and the number of seafarers on board
(d) the competent authority shall ensure by a prearranged system that medical advice by radio or satellite communication to ships at sea, including specialist advice, is available 24 hours a day; medical advice, including the onward transmission of medical messages by radio or satellite communication between a ship and those ashore giving the advice, shall be available free of charge to all ships irrespective of the flag that they fly.

Guideline B4.1 – Medical care on board ship and ashore

Guideline B4.1.1 – Provision of medical care

1. When determining the level of medical training to be provided on board ships that are not required to carry a medical doctor, the competent authority should require that:
(a) ships which ordinarily are capable of reaching qualified medical care and medical facilities within eight hours should have at least one designated seafarer with the approved medical first-aid training required by STCW which will enable such persons to take

immediate, effective action in case of accidents or illnesses likely to occur on board a ship and to make use of medical advice by radio or satellite communication
(b) all other ships should have at least one designated seafarer with approved training in medical care required by STCW, including practical training and training in life-saving techniques such as intravenous therapy, which will enable the persons concerned to participate effectively in coordinated schemes for medical assistance to ships at sea, and to provide the sick or injured with a satisfactory standard of medical care during the period they are likely to remain on board.

2. The training referred to in paragraph 1 of this Guideline should be based on the contents of the most recent editions of the International Medical Guide for Ships, the Medical First Aid Guide for Use in Accidents Involving Dangerous Goods, the Document for Guidance – An International Maritime Training Guide, and the medical section of the International Code of Signals as well as similar national guides.

3. Persons referred to in paragraph 1 of this Guideline and such other seafarers as may be required by the competent authority should undergo, at approximately five year intervals, refresher courses to
enable them to maintain and increase their knowledge and skills and to keep up-to-date with new developments.

4. The medicine chest and its contents, as well as the medical equipment and medical guide carried on board, should be properly maintained and inspected at regular intervals, not exceeding 12 months, by responsible persons designated by the competent authority, who should ensure that the labeling, expiry dates and conditions of storage of all medicines and directions for their use are checked and all equipment functioning as required. In adopting or reviewing the ship's medical guide used nationally, and in determining the contents of the medicine chest and medical equipment, the competent authority should take into account international recommendations in this field, including the latest edition of the International Medical Guide for Ships, and other guides mentioned in paragraph 2 of this Guideline.

5. Where a cargo which is classified dangerous has not been included in the most recent edition of the Medical First Aid Guide for Use in Accidents Involving Dangerous Goods, the necessary information on the nature of the substances, the risks involved, the necessary personal protective devices, the relevant medical procedures and specific antidotes should be made available to the seafarers. Such specific antidotes and personal protective devices should be on board whenever dangerous goods are carried. This information should be integrated with the ship's policies and programmes on occupational safety and health described in Regulation 4.3 and related Code provisions.

6. All ships should carry a complete and up-to-date list of radio stations through which medical advice can be obtained; and, if equipped with a system of satellite communication, carry an up-to-date and complete list of coast earth stations through which medical advice can

be obtained. Seafarers with responsibility for medical care or medical first aid on board should be instructed in the use of the ship's medical guide and the medical section of the most recent edition of the International Code of Signals so as to enable them to understand the type of information needed by the advising doctor as well as the advice received.

Guideline B4.1.2 – Medical report form

1. The standard medical report form for seafarers required under Part A of this Code should be designed to facilitate the exchange of medical and related information concerning individual seafarers between ship and shore in cases of illness or injury.

Guideline B4.1.3 – Medical care ashore

1. Shore-based medical facilities for treating seafarers should be adequate for the purposes. The doctors, dentists and other medical personnel should be properly qualified.

2. Measures should be taken to ensure that seafarers have access when in port to: (a) outpatient treatment for sickness and injury; (b) hospitalization when necessary; and (c) facilities for dental treatment, especially in cases of emergency.

3. Suitable measures should be taken to facilitate the treatment of seafarers suffering from disease. In particular, seafarers should be promptly admitted to clinics and hospitals ashore, without difficulty and irrespective of nationality or religious belief, and, whenever possible, arrangements should be made to ensure, when necessary, continuation of treatment to supplement the medical facilities available to them.

Guideline B4.1.4 – Medical assistance to other ships and international cooperation

1. Each Member should give due consideration to participating in international cooperation in the area of assistance, programmes and research in health protection and medical care. Such cooperation might cover:
(a) developing and coordinating search and rescue efforts and arranging prompt medical help and evacuation at sea for the seriously ill or injured on board a ship through such means as periodic ship position reporting systems, rescue coordination centres and emergency helicopter services, in conformity with the International Convention on Maritime Search and Rescue, 1979, as amended, and the International Aeronautical and Maritime Search and Rescue (IAMSAR) Manual
(b) making optimum use of all ships carrying a doctor and stationing ships at sea which can provide hospital and rescue facilities
(c) compiling and maintaining an international list of doctors and medical care facilities available worldwide to provide emergency medical care to seafarers
(d) landing seafarers ashore for emergency treatment
(e) repatriating seafarers hospitalized abroad as soon as practicable, in accordance with the medical advice of the doctors responsible for the case, which takes into account the seafarer's wishes and needs

(f) arranging personal assistance for seafarers during repatriation, in accordance with the medical advice of the doctors responsible for the case, which takes into account the seafarer's wishes and needs
g) endeavoring to set up health centres for seafarers to:
(i) conduct research on the health status, medical treatment and preventive health care of seafarers
(ii) train medical and health service staff in maritime medicine
(h) collecting and evaluating statistics concerning occupational accidents, diseases and fatalities of seafarers and integrating and harmonizing the statistics with any existing national system of statistics on occupational accidents and diseases covering other categories of workers
(i) organizing international exchanges of technical information, training material and personnel, as well as international training courses, seminars and working groups
(j) providing all seafarers with special curative and preventive health and medical services in port, or making available to them general health, medical and rehabilitation services
(k) arranging for the repatriation of the bodies or ashes of deceased seafarers, in accordance with the wishes of the next of kin and as soon as practicable.
2. International cooperation in the field of health protection and medical care for seafarers should be based on bilateral or multilateral agreements or consultations among Members.

Guideline B4.1.5 – Dependants of seafarers

1. Each Member should adopt measures to secure proper and sufficient medical care for the dependants of seafarers domiciled in its territory pending the development of a medical care service which would include within its scope workers generally and their dependants where such services do not exist and should inform the International Labour Office concerning the measures taken for this purpose.

Extract from the International Convention on Standards of Training, Certification and Watch keeping for Seafarers, 1978, as amended - **Regulation I/9**

Medical standards

1. Each Party shall establish standards of medical fitness for seafarers and procedures for the issue of a medical certificate in accordance with the provisions of this regulation and of section A-I/9 of the STCW Code.

2. Each Party shall ensure that those responsible for assessing the medical fitness of seafarers are medical practitioners recognized by the Party for the purpose of seafarer medical examinations, in accordance with the provisions of section A-I/9 of the STCW Code.

3. Every seafarer holding a certificate issued under the provisions of the Convention, who is serving at sea, shall also hold a valid medical certificate issued in accordance with the provisions of this regulation and of section A-I/9 of the STCW Code.

4. Every candidate for certification shall: (1) be not less than 16 years of age; (2) provide satisfactory proof of his/her identity; and (3) meet the applicable medical fitness standards established by the Party.

5. Medical certificates shall remain valid for a maximum period of two years unless the seafarer is under the age of 18, in which case the maximum period of validity shall be one year.

6. If the period of validity of a medical certificate expires in the course of a voyage, then the medical certificate shall continue in force until the next port of call where a medical practitioner recognized by the Party is available, provided that the period shall not exceed three months.

7. In urgent cases the Administration may permit a seafarer to work without a valid medical certificate until the next port of call where a medical practitioner recognized by the Party is available, provided that: (1) the period of such permission does not exceed three months; and (2) the seafarer concerned is in possession of an expired medical certificate of recent date.

Extract from the Seafarers' Training, Certification and Watch keeping Code - Section A-I/9

Medical standards for individual countries

1. Parties, when establishing standards of medical fitness for seafarers as required by regulation I/9, shall adhere to the minimum in-service eyesight standards set out in table A-I/9 and take into account the criteria for physical and medical fitness set out in paragraph 2. They should also take into account the guidance given in section B-I/9 of this Code and table B-I/9 regarding assessment of minimum physical abilities. These standards may, to the extent determined by the Party without prejudice to the safety of the seafarers or the ship, differentiate between those persons seeking to start a career at sea and those seafarers already serving at sea and between different functions on board, bearing in mind the different duties of seafarers. They shall also take into account any impairment or disease that will limit the ability of the seafarer to effectively perform his/her duties during the validity period of the medical certificate.

2. The standards of physical and medical fitness established by the Party shall ensure that seafarers satisfy the following criteria:
(1) have the physical capability, taking into account paragraph 5 below, to fulfil all the requirements of the basic training as required by section A-VI/1, paragraph 2;
(2) demonstrate adequate hearing and speech to communicate effectively and detect any audible alarms;
(3) have no medical condition, disorder or impairment that will prevent the effective and safe conduct of their routine and emergency duties on board during the validity period of the medical certificate; (4) are not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health and

safety of other persons on board; and (5) are not taking any medication that has side effects that will impair judgment, balance, or any other requirements for effective and safe performance of routine and emergency duties on board.

3. Medical fitness examinations of seafarers shall be conducted by appropriately qualified and experienced medical practitioners recognized by the Party.

4. Each Party shall establish provisions for recognizing medical practitioners. A register of recognized medical practitioners shall be maintained by the Party and made available to other Parties, companies and seafarers on request.

5. Each Party shall provide guidance for the conduct of medical fitness examinations and issuing of medical certificates, taking into account provisions set out in section B-I/9 of this Code. Each Party shall determine the amount of discretion given to recognized medical practitioners on the application of the medical standards, bearing in mind the different duties of seafarers, except that there shall not be discretion with respect to the minimum eyesight standards for distance vision aided, near/immediate vision and colour vision in table A-I/9 for seafarers in the deck department required to undertake lookout duties. A Party may allow discretion on the application of these standards with regard to seafarers in the engine department, on the condition that seafarers' combined vision fulfils the requirements set out in table A-I/9.

6. Each Party shall establish processes and procedures to enable seafarers who, after examination, do not meet the medical fitness standards or have had a limitation imposed on their ability to work, in particular with respect to time, field of work or trading area, to have their case reviewed in line with that Party's provisions for appeal.

7. The medical certificate provided for in regulation I/9, paragraph 3, shall include the following information as a minimum:
(1) Authorizing authority and the requirements under which the document is issued
(2) Seafarer information
(2.1) Name: (last, first, middle)
(2.2) Date of birth: (day/month/year)
(2.3) Gender: (male/female)
(2.4) Nationality

(3) Declaration of the recognized medical practitioner
(3.1) Confirmation that identification documents were checked at the point of examination: Yes/No (3.2) Hearing meets the standards in section A-I/9: Yes/No
(3.3) Unaided hearing satisfactory? Yes/No
(3.4) Visual acuity meets standards in section A-I/9? Yes/No
(3.5) Colour vision* meets standards in section A-I/9? Yes/No (3.5.1) Date of last colour vision test: (3.6) Fit for lookout duties? Yes/No

(3.7) No limitations or restrictions on fitness? Yes/No If “yes”, specify limitations or restrictions: (3.8) Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board? Yes/No (3.9) Date of examination: (day/month/year)
(3.10) Expiry date of certificate: (day/month/year) * Note: Colour vision assessment only needs to be conducted every six years.

(4) Details of the issuing authority
(4.1) Official stamp (including name) of the issuing authority
(4.2) Signature of the authorized person

(5) Seafarer’s signature – Confirming that the seafarer has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/9. 8. Medical certificates shall be in the official language of the issuing country. If the language used is not English, the text shall include a translation into that language.