



Administrative Resolution No 400

Dated on 14 November 2017

Regulations Regarding Medical Fitness of the Seafarers

The General Director of Ports:

- By virtue of Legislative Decree No.154 issued in the year 1961 including the duties and authorities of the General Directorate of Ports.
- By virtue of Law No.14 issued in the year 2000 regarding the joining of the Syrian Arab republic to the international convention on standards of training certification and watchkeeping for seafarers 1978, as amended.
- By virtue of Law No.34 dated on 31/10/2017.
- By virtue of Ministerial Resolution No.1480 dated on 13/11/2017 regarding the application International Convention on Standards of Training Certification and Watchkeeping for Seafarers 1978, as amended.

Decides the following:

Definitions

Article 1

The following Definitions apply in this resolution.

“**Directorate**” means the General Directorate of Ports (the Competent Maritime Authority).

“**General Director**” means the General Director of Ports.

“**Convention**” means the International Convention on Standards of Training, Certification and Watchkeeping for seafarers (STCW), 1978, as amended

“**STCW Code**” means the Seafarers’ Training, Certification and Watchkeeping (STCW) Code as adopted by the 1995 Conference resolution 2, as it may be amended.

“**Seafarer**” means any person who is employed or engaged or works in any capacity on board a ship.

“**Recognized Doctor**” means the medical practitioner recognized by the Directorate.

“**Medical Certificate**” means Maritime Medical Certificate for seafarers.

Issuance of a Medical Certificate

Article 2

- (1) The Directorate shall issue a medical certificate in accordance with the provisions of Regulation I/9 to the STCW Convention, section A- I/9 and section B-I/9 of STCW code, and provisions of Article.62 of the Ministerial Resolution No.1480 dated on 13/11/ 2017.
- (2) The Maritime Inspection Manger is authorized to issue the medical certificate in accordance with the form outlined in annex /1/ of this Resolution.
- (3) The medical certificate shall be issued to seafarers who:
 - (a) Can provide a satisfactory proof of Identity; and
 - (b) Are not less than 16 years of age.

Medical Examination

Article 3

For the purpose of issuance a medical examination report, a Recognized Doctor shall conduct a medical examination of a seafarer, in accordance with the medical standards set out in annex 2 and taking into account the medical Standards set out in the ILO/WHO publication "*Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers*", including any subsequent versions.

Application for Certification

Article 4

- (1) The Directorate upon reception of a medical examination report from the recognized doctor, shall issue a medical certificate taking into account the specific requirements as;
 - i. Fit for sea service without limitation;
 - ii. Fit for sea service with limitation as specified in the certificate.
- (2) The Directorate forms a Committee that may consist but is not limited to the following members:

- Head of Maritime Qualifying Department	chairman
- Head of engineering officers Qualifying section	member
- Head of masters and deck officers Qualifying section	member
- Head of ratings Qualifying section	member

The Committee is responsible for the review of the medical examination reports issued by a Recognized Doctor and has the final decision prior to issuing the medical certificate.

Designation of Recognized Doctors

Article 5

- (1) For the purposes of this Resolution, the Directorate shall designate, as a Recognized Doctor, a physician who applies for that designation and who meets the requirements of Part 2, paragraph VIII of the ILO/WHO publication "*Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers*", including any subsequent versions.
- (2) Subject to subsection (1) of this Article, the physician towards designation as Recognized Doctor shall:
 - (a) Provide a certificate of practicing a medical profession from the Ministry of Health of the Syrian Arab Republic.
 - (b) Have an experience of not less than 5 years in his competence;
 - (c) have knowledge of the living and working conditions on board ships and the job demands on seafarers in so far as they relate to the effects of health problems on fitness for work.
 - (d) have facilities for the conduct of examinations that are conveniently situated for access by seafarers and enable all the requirements of the medical fitness examination to be met and conducted with respect for confidentiality, modesty and cleanliness.
 - (e) enjoy professional independence from shipowners, seafarers, and their representatives in exercising their medical judgement.
 - (f) have a clinic, in suitable place inside the city, contains devices and medical requirements for proceeding examinations and making medical judgement.

(g) be ready for carrying out the medical examinations for seafarers from nine o'clock to twelve o'clock during official working days; and

(3) Designation can be terminated in rare circumstances for the following reasons:

- Loss or suspension of medical license/ certificate of practicing a medical profession ; and
- Low quality of medical examination reports and/ or evaluations.

Employment of Seafarers

Article 6

(1) No person shall employ as a seafarer a person to whom this Resolution applies unless the person produces a medical certificate issued by the Directorate under article.2 of this resolution.

(2) The documents referred to in subsection (1) shall attest to the seafarer's ability to

(a) perform the duties for which they are to be employed; and

(b) complete the voyages to be engaged on by the vessel on board which they are to be employed.

(3) No person to whom this Resolution applies shall accept employment as a seafarer unless they hold a document referred to in subsection (1) that applies to their situation and that attests to the seafarer possessing the abilities referred to in subsection (2).

Medical Fitness

Article 7

(1) Only a Recognized Doctor may conduct a medical examination to a seafarer to whom this Resolution applies;

(2) Subject to subsection (1), if a Recognized Doctor who, conducts a medical examination of a seafarer, considers that the seafarer is fit for sea service, in accordance with the medical standards set out in annex /2/ and taking into account the medical standards set out in the ILO/WHO publication "*Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers*", including any subsequent versions, as well as the following medical standards he shall issue to the seafarer a provisional medical report declaring the seafarer fit for sea service, with or without limitations as he deem appropriate:

(a) Adequate muscle strength to lift and carry a weight of 22 kg;

(b) the physical capacity to wear breathing apparatus and the seafarer's personal life-saving equipment while climbing ladders:

(c) the agility and strength to carry out the duties that may be assigned to them regarding firefighting and vessel abandonment in an emergency;

(d) the physical and mental fitness to meet the occupational and operational requirements of the position that they occupy or seek to occupy; and

(e) demonstrate adequate hearing and speech to communicate effectively and detect any audible alarms;

(f) 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.

- (g) 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.
- (h) are not taking any medication that has side effects that will impair judgement, balance, or any other requirements for effective and safe performance of routine and emergency duties on board

Medical examination report

Article 8

- (1) After completing the medical examination of a seafarer, a Recognized Doctor shall:
 - (a) Provide to the Directorate:
 - (i) the original copy of the completed medical examination report in the form set out in Annex 3, and
 - (ii) any other relevant medical information; and
 - (b) issue a copy of the medical examination report to the seafarer; and
- (2) The Recognized Doctor, shall
 - (a) set out in the medical examination report their assessment of the seafarer's suitability as
 - (i) fit for sea service without limitations, or
 - (ii) fit for sea service with limitations; and
 - (b) if they issue a medical examination report but remain uncertain as to the seafarer's medical fitness, request that the Directorate take one or more of the actions set out in subsection (4) of Article 9 and issue a decision referred to in subsection (6) of Article 9.

Contestation of the Results of a Medical Certificate with Limitations

Article 9

- (1) The following persons may submit a memorandum to the Directorate contesting a medical certificate with respect to a seafarer:
 - (a) the seafarer's employer;
 - (b) the seafarer's prospective employer; and
 - (c) the seafarer if they have been declared
 - i. unfit for sea service and have been refused a medical certificate, or
 - ii. fit for sea service with limitations.
- (2) If the medical certificate declaring the holder to be fit for sea service or fit for sea service with limitations remains in force, **a seafarer's employer or prospective employer** who, taking into account the occupational and operational requirements of the position that the seafarer occupies or seeks to occupy, has grounds to believe that the seafarer's state of health might constitute a risk to the safety of the vessel on board which they occupy or seek to occupy a position or to the safety of other persons on board, may submit a memorandum to the Directorate requesting that the Directorate take at least one of the actions set out in subsection (4) of this Article.
- (3) **A seafarer** who has received a medical certificate declaring them fit for sea service with limitations, within 30 days after receiving the document, may request from the Directorate a reconsideration of that decision.
- (4) On receiving a request under subsection (2) or subsection (3), the Directorate shall:

- direct that further medical examinations or tests be carried out and, if the Directorate wishes, stipulate the nature of the examinations or tests required and the persons or organizations to carry them out;
- consult any expert on the medical fitness of the seafarer or the occupational and operational requirements of the position that the seafarer occupies or could occupy if the seafarer had the required medical certificate;
- The Contestation procedures shall not cause any delay for seafarer, and the decision shall be made during a period less than three days from date of the submitted request

(5) Subject to article 4 and after having taken into consideration the new information provided for under subsection (4), the Committee shall make its recommendation to the Directorate.

(6) After having taken into consideration, the health of the seafarer to whom it was issued, any memorandum submitted under subsection (1) and any recommendation made by the Committee in subsection (5), the Directorate shall make its final decision

Article 10

Medical certificates shall remain valid for a period of two years unless the seafarer is under the age of 18, in which case the period of validity shall be one year, If there is not any medical case required frequently assessment in this period.

Article 11

The resolution is published and informed to whom it may have to execute.

Latakia on 14/11/2017

Maritime Inspection Manager

**GENERAL DIRECTOR OF PORTS
ADMIRAL AKRAM IBRAHIM**

Annex No.1

SYRIAN ARAB REPUBLIC
MINISTRY OF TRANSPORT
GENERAL DIRECTORATE OF PORTS



الجمهورية العربية السورية
وزارة النقل
المديرية العامة للموانئ

شهادة طبية بحرية

Maritime Medical Certificate

تستوفي هذه الشهادة متطلبات كل من الاتفاقية الدولية لمعايير التدريب والإجازة والمناوبة للملاحين STCW لعام 1978 وتعديلاتها
واتفاقية العمل البحري MLC لعام 2006

This certificate meets the requirements of both the STCW convention 1978, as amended and the Maritime Labor Convention 2006.

اسم الأب		الاسم الكامل	
Father's Name		Full name	
الجنس		الجنسية	
<input type="checkbox"/> Male نكر	<input type="checkbox"/> Female نثى	Nationality	
		تاريخ الولادة	
		date of birth	

لخدمة			
<input type="checkbox"/> Deck Service يعمل في قسم المطبخ	<input type="checkbox"/> Engine Service يعمل في قسم المحركات	<input type="checkbox"/> Catering service يعمل في المطبخ	Other (Specify) أعمل أخرى
Visual acuity حدة الإبصار		Visual aid مساعدات للرؤية	
<input type="checkbox"/> Yes نعم	<input type="checkbox"/> No لا	<input type="checkbox"/> Yes نعم	<input type="checkbox"/> No لا
Fit for look-out duty ؟ لائق لأعمال المراقبة ؟			
<input type="checkbox"/> Yes نعم	<input type="checkbox"/> No لا		
Colour vision رؤية الألوان			
<input type="checkbox"/> Yes نعم	<input type="checkbox"/> No لا	date of test تاريخ الاختبار / /	
Hearing - لسمع			
Meets standards unaided يستوفي المعايير بدون أجهزة مساعدة		<input type="checkbox"/> Yes نعم	<input type="checkbox"/> No لا
If no, Meets standards aided لا، يستوفي المعايير مع أجهزة مساعدة		<input type="checkbox"/> Yes نعم	<input type="checkbox"/> No لا
date of test تاريخ الاختبار / /			
Assessment of candidate تقييم المتقدم			
The seafarer named in this document has been identified and examined and has been found to be 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 إن الملاح المذكور في هذه الشهادة قد فحص ووجد خال من أية مشاكل يرجح أن تتفاقم بفعل الخدمة في البحر أو تجعل الملاح غير لائق لهذه الخدمة أو تعرض صحة الأشخاص الآخرين العاملين على متن السفينة للخطر			
<input type="checkbox"/> Fit لائق		<input type="checkbox"/> Fit with limitations described below لائق مع القيود المحددة أدناه	
<input type="checkbox"/> No watchkeeping duties لا واجبات نوبة	<input type="checkbox"/> limited contiguous water إبحار محدود	<input type="checkbox"/> Near costal ملاحة ساحلية	
<input type="checkbox"/> Other (Specify) أخرى (تحديداً)			
Seafarer's signature توقيع الملاح			

Certificate No رقم لشهادة	Date of Examination تاريخ الفحص	Expiry date تاريخ الانتهاء
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توقيع المسؤول المفوض
signature of duly authorized official

photograph of
the holder of
the certificate
صورة حامل الشهادة

الخاتم الرسمي
official seal

اسم المسؤول المفوض
name of duly authorized official

Lattakia P.O.Box : for verifying purpose please visit the the GDP website : www.gdp.gov.sy
Or contact us on E-mail: dep@gdp.gov.sy Tel: +963 (0)41 473333 – 472593 fax: +963 (0)41 475805

First: Vision Standards

1- Testing

All tests needed to determine the visual fitness of a seafarer are to be reliably performed by an ophthalmologist and use medical procedures and standards stated in this resolution.

Quality assurance of vision-testing procedures at a person's first seafarer examination is particularly important to avoid inappropriate career decisions, so this will be achieved by the following:

- Distance vision should be tested using Snellen test type or equivalent.
- Near vision should be tested with reading test type.
- Colour vision should be tested by colour confusion plates (Ishihara or 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.
- 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 investigation.
- 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 should be undertaken if reduced night vision is suspected.

STCW Code table A-I/9: Minimum in-service eyesight standards for seafarers

STCW Convention regulation	Category of seafarer	Distance vision Aided		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	0.5 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	No 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.

2- Visual correction

The recognized doctor should advise persons required to use spectacles or contact lenses to perform duties that they should have a spare pair or pairs, as required, conveniently available on board the ship.

3- Additional guidance

- If laser refractive surgery has been undertaken, recovery should be complete and the quality of visual performance, including contrast, glare sensitivity and the quality of night vision, should have been checked by a specialist in ophthalmology.
- All seafarers should 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 should have vision sufficient to perform their routine and emergency duties safely and effectively.

Second: Hearing standards

1-Testing

- Hearing capacity for seafarers apart from those identified below should 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 meters and 2 meters, respectively).
- It is recommended that hearing examinations should be made by a pure tone audiometer.
- Alternative assessment methods using validated and standardized 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.
- 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.

Third: Physical capability requirements

Introduction

The physical capability requirements for work at sea vary widely and have to take account of both routine and emergency duties, so internist has to assess physical capability of seafarer, and the functions that may require assessment include:

- strength.
- Stamina.
- Flexibility.
- balance and coordination.
- size – compatible with entry into confined areas.
- exercise capacity – heart and respiratory reserve.
- fitness for specific tasks – wearing breathing apparatus.

Medical conditions and physical capability

Limitations may arise from a range of conditions, such as:

1. high or low body mass/obesity.
2. severely reduced muscle mass.
3. musculoskeletal disease, pain or limitations to movement.
4. a condition following an injury or surgery.
5. lung disease.
6. heart and blood vessel disease.
7. some neurological diseases.

2-Physical capability assessment

Physical capability testing should 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 will depend on the reasons for doing it. Table B-I/9 gives recommendations for physical capability abilities to be assessed for those seafarers covered by the STCW Convention, 1978, as amended, based on the tasks undertaken at sea.

The following approaches may be used to assess whether the requirements in table B-I/9 are met:

- Observed ability to do routine and emergency duties in a safe and effective way.
- Tasks that simulate normal and emergency duties.
- 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 performance is less likely to be compromised in the next few years. The benchmark test is maximum oxygen uptake (VO₂ max). This requires dedicated equipment. 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 recognized doctor.

-Clinical assessment of strength, mobility, coordination, etc.

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. fire-fighting, helicopter escape or STCW basic training.
- a confirmed personal pattern of regular strenuous exercise.

3-Interpretation of results

1. Is there any evidence that the seafarer is not able to perform their 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?
 - Test performance limited by shortness of breath, musculoskeletal or other pain, or exhaustion. Causes need to be investigated and taken into account in determining fitness.
 - Unable to complete test.
 - Completed but stressed or with poor recovery after stopping.
 - Completed to good or average standard.

4- 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:

1. Is there any indication that physical capability may be limited (e.g. stiffness, obesity or history of heart disease)?
 - No – do not test.
 - Yes – consider what tests or observations will enable the seafarer's capability to perform their routine and emergency duties to be determined. Go to (2).
2. Do the test results indicate that capabilities may be limited?
 - No – provided there are no underlying conditions that affect conduct of assessment. Able to perform all duties worldwide within designated department.
 - Yes – but duties can be modified to enable safe working, without putting excess responsibilities on others. Able to perform some but not all duties (R).
 - Yes – but cause of limitation can be remedied. Incompatible with reliable performance of essential duties safely or effectively (T).
 - Yes – but cause of limitation cannot be remedied. Incompatible with reliable performance of essential duties safely or effectively (P).

Table B-I/9. Assessment of minimum entry level and in-service physical abilities for seafarers³

Shipboard task, function, event or condition³	Related physical ability	A medical examiner should be satisfied that the candidate:⁴
<p>Routine movement around vessel:</p> <ul style="list-style-type: none"> - on moving deck - between levels - between compartments <p>Note 1 applies to this row</p>	<p>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</p>	<p>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:</p> <ul style="list-style-type: none"> - climb vertical ladders and stairways - step over high sills - manipulate door closing systems
<p>Routine tasks on board:</p> <ul style="list-style-type: none"> - use of hand tools - movement of ship's stores - overhead work - valve operation - standing a four-hour watch - working in confined spaces - responding to alarms, warnings and instructions - verbal communication <p>Note 1 applies to this row</p>	<p>Strength, dexterity and stamina to manipulate mechanical devices Lift, pull and carry a load(e.g. 18 kg) 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 and emergency escapes to have the minimum dimensions of 600mm x 600 mm) Visually distinguish objects, shapes and signals Hear warnings and instructions Give a clear spoken description</p>	<p>Does not have a defined impairment or diagnosed medical condition that reduces ability to perform routine duties essential to the safe operation of the vessel Has ability to:</p> <ul style="list-style-type: none"> - work with arms raised - stand and walk for an extended period - enter confined space - fulfil eyesight standards (table A-I/9) - fulfil hearing standards set by competent authority or take account of international guidelines - hold normal conversation

<p>Emergency duties⁶ on board:</p> <ul style="list-style-type: none"> - Escape - Fire-fighting - Evacuation <p>Note 2 applies to this row</p>	<p>Don a lifejacket or immersion suit</p> <p>Escape from smoke-filled spaces</p> <p>Take part in fire-fighting duties, including use of breathing apparatus</p> <p>Take part in vessel evacuation procedures</p>	<p>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</p> <p>Has ability to:</p> <ul style="list-style-type: none"> - don lifejacket or immersion suit - crawl - feel for differences in temperature - handle fire-fighting equipment - wear breathing apparatus (where required as part of duties)
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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; and (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; and (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.

Forth: Fitness criteria for medication use

1- Introduction

- ❖ Medication can play an important part in enabling seafarers to continue to work at sea.
- ❖ This annex is only concerned with continuing prescribed medication use that is identified at the medical examination.
- ❖ 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 recognized doctor will need to assess the known adverse effects of each medication used and the individual's reaction to it.
- ❖ 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 recognized doctor should be alert to the need for the seafarer to have written documentation for the use of their medications. This should 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.

2- Medications types

1. Medications that can impair routine and emergency duties

- Medication affecting the central nervous system functions (e.g. sleeping tablets, antipsychotics, some analgesics, some anti-anxiety and anti-depression treatments and some antihistamines).
- Agents that increase the likelihood of sudden incapacitation (e.g. insulin, some of the older anti-hypertensives and medications predisposing to seizures).
- Medication impairing vision (e.g. hyoscine and atropine).

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

- Bleeding from injury or spontaneously (e.g. warfarin); individual assessment of likelihood needed. Anticoagulants such as warfarin or dicoumarin normally have a likelihood of complications that is incompatible with work at sea but, 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.
- Dangers from cessation of medication use (e.g. metabolic replacement hormones including insulin, anti-epileptics, anti-hypertensives and oral anti-diabetics).
- Antibiotics and other anti-infection agents.
- Anti-metabolites and cancer treatments.
- Medications supplied for use at individual discretion (asthma treatments and antibiotics for recurrent infections).

3. Medications that require limitation of period at sea because of surveillance requirements

A wide range of agents, such as anti-diabetics, anti-hypertensives and endocrine replacements.

3- Issue of medical certificates

❖ **Incompatible with the reliable performance of routine and emergency duties safely or effectively:**

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

❖ **Able to perform some but not all duties or to work in some but not all waters:**

(R): a limited medical certificate will be issued when the medication can cause adverse effects but these only develop slowly, hence work in coastal waters will allow access to medical care.

(L): a limited medical certificate for a limited period will be issued when the surveillance of medication effectiveness or side effects needed more frequently than full duration of medical certificate .

❖ **Able to perform all duties worldwide within designated department:**

No impairing side effects; no requirements for regular surveillance of treatment.

Fifth: Fitness criteria for common medical conditions

Introduction

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 in the table below 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 need to be considered whenever a decision on fitness is taken:

- ❖ The recommendations are intended to allow some flexibility of interpretation while being compatible with consistent decision-making that aims to maintain safety at sea.
- ❖ 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 should not replace sound medical judgement.
- ❖ 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 an assessment of its features in the individual being examined should be used to reach a decision on fitness.

The table in this annex 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 should be consulted first when the table is being used to aid decisions about fitness.

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 should 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 should be consulted if the seafarer does not fit the criteria in column 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".

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	Infection			
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 atsea; 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 recurrence 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
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 watchkeeping. Time limited until next specialist check-up. Must be under regular specialist surveillance	Not applicable

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
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 (Physical capability requirements) 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 (fitness criteria for common medical conditions) performance average or better, weight steady or reducing and no co-morbidity
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	

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
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 comorbidity 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. -evidence of completion of unannounced/random programme of drug screening for at least three months with no positives and at least three negatives. - continuing participation in drug screening programme.	After three years from end of last episode without relapse and without comorbidity
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 behavior	Following single episode with provoking factors: T – Until investigated and stabilized and conditions for fitness met. At least three months after episode 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, provided that: - seafarer has insight. - is compliant with treatment. - has no adverse effects from medication 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. - has no impairing 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 Case-by-case assessment to exclude likelihood of recurrence at least five 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 has: -good functional recovery. -insight. -is fully compliant with treatment, with no impairing side effects. - 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

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
	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
G00–99	Diseases of the nervous system			
G40–41	Single seizure Harm to ship, others and self from seizures	Single seizure T – While under investigation and for one year after seizure	R – One year after seizure and on stable medication. Non-watchkeeping duties in near coastal waters	One year after seizure and one year after end of treatment. If provoked, there should be no continuing exposure to the provoking agent
	Epilepsy – No provoking factors (multiple seizures) Harm to ship, others and self from seizures	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 ten years, has not taken anti-epilepsy drugs during that ten-year period and does not have a continuing likelihood of seizures
G43	Migraine (frequent attacks causing incapacity) Likelihood of 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 episodes of 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 episodes of 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

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 Not listed separately	Other organic nervous disease, e.g. multiple sclerosis, Parkinson's disease Recurrence/progression. Limitations on muscular power, balance, coordination and mobility	T – Until diagnosed and stable P – If limitations affect safe working or unable to meet physical capability requirements.	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
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; (b) not a simple faint; unexplained disturbance, not recurrent and without any detected underlying cardiac, metabolic or neurological cause T – Four weeks (c) Disturbance; recurrent or with possible underlying cardiac, metabolic or neurological cause T – With possible underlying cause that is not identified or treatable; for six months after event if no recurrences T – With possible underlying cause or cause found and treated; for one month after successful treatment (d) Disturbance of consciousness with features indicating a seizure. Go to G40–41 P – For all of above if recurrent incidents persist despite full investigation and appropriate treatment	R, L – Case-by-case decision, near coastal with no lone watchkeeping R, L – Case-by-case decision, near coastal with no lone watchkeeping	Simple faint; if no incapacitating recurrences Three months after event if no recurrences With possible underlying cause but no treatable cause found; one year after event if no recurrences With possible underlying cause found and treated; three months after successful treatment With seizure markers – not applicable
T90	Intracranial surgery/injury, including treatment of vascular anomalies or serious head injury with brain damage Harm to ship, others and self from seizures. Defects in 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 condition or injury or recurrent seizures	R – After at least one year, near coastal, no lone watchkeeping if seizure likelihoods 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
H00–99	Diseases of the eyes and ears			
H00–59	Eye disorders: Progressive or recurrent (e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration and retinal detachment) Future inability to meet vision standards, risk of recurrence	T – Temporary inability to meet relevant vision standards and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant vision standards 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 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
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
H68–95	Ear disorders: Progressive (e.g. otosclerosis)	T – Temporary inability to meet relevant hearing standards and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant hearing standards 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 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	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 ischemic 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
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	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	Not applicable

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
	repeat cardiac event at sea		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 or 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	
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
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 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 Assess likelihood of future cardiac events (follow criteria in I20-25). Review at least annually	Not applicable

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
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
80.2–3	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
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 ,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 recurrence	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

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
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
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 I84	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

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
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	Case-by-case specialist assessment. Very low likelihood of recurrence or worsening in next two years	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 abstinence	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
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 diseases	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

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)	specialist report Able to perform all duties worldwide within designated department
O00–99	Pregnancy			
O00–99	Pregnancy Complications, late limitations on mobility. 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 an early stage so that national recommendations on antenatal care and screening can be followed
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	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
Y83.4 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 Arrangements for fitting prosthesis in emergency must be confirmed

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	General			
R47, F80	Speech disorders Limitations to communication ability	R – If assistance with communication is needed to ensure reliable performance of routine and emergency duties safely and effectively Specify assistance	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 Z88	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

Medical Examination application

photograph of
the holder of
the document

		اسم الأب		الاسم الكامل
		Father's Name		Full name
Sex الجنس			الجنسية	تاريخ الولادة
<input type="checkbox"/> Male نكر	<input type="checkbox"/> Female أنثى		Nationality	date of birth

Physical Examination Report

تقرير الفحص الطبي

VISION الرؤية	Right eye العين اليمنى	Left eye العين اليسرى	Meet standards in stew A-I/9	HEARING السمع	Right ear الأذن اليمنى	Left ear الأذن اليسرى	Meet standards in stew A-I/9
Without glasses بدون عدسات				Without hearing aid بدون أجهزة مساعدة			
With glasses مع عدسات				With hearing aid مع أجهزة مساعدة			
COLOUR TESTS اختبارات تمييز الألوان	Yellow أصفر	Red أحمر	Green أخضر	Blue أزرق	PRONUNCIATION النطق		
Book بكتاب					Is there any defect in pron? (yes/no) هل يوجد عيوب في النطق؟		
Lantern بالفانوس					Fit for look-out duty? yes/no لائق لأعمال لمراقبة؟		
date of tests تاريخ الاختبارات							
Heart القلب	E. C.G تخطيط القلب	Blood pressure ضغط الدم	Skin diseases آفات جلدية	Pulse النبض	Physical appearance المظهر العام		
Is the seafarer have Adequate muscle strength to lift and carry a weight of 22 kg ? هل لدى الملاح القدرة البدنية لرفع وتحريك مالا يقل عن 22 كغ							
Is the seafarer have the physical capacity to wear breathing apparatus and the seafarer's personal life-saving equipment while climbing ladders? هل لدى الملاح القدرة البدنية على ارتداء جهاز التنفس ومعدات الإنقاذ الشخصية أثناء تسلق سلالم							
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 هل الملاح خال من أية مشاكل يرجح أن تتفاقم بفعل الخدمة في البحر أو تجعل الملاح غير لائق لهذه الخدمة أو تعرض صحة الأشخاص الآخرين العاملين على متن السفينة للخطر؟							
<input type="checkbox"/> Fit لائق		<input type="checkbox"/> Fit with limitations described below لائق مع القيود المحددة أدناه					
<input type="checkbox"/> No watchkeeping duties لا واجبات نوبة		<input type="checkbox"/> limited contiguous water إبحار محدود		<input type="checkbox"/> Near costal ملاحة ساحلية			
<input type="checkbox"/> Other (Specify) أخرى (تحديداً)						
Seafarer's signature توقيع الملاح						
Ophthalmologist's signature				Internist's signature			
Head of masters and deck officers Qualifying Section's signature		Head of Ratings Qualifying Section's signature		Head of engineering officer s Qualifying section's signature			
Head of Maritime Qualifying Department's signature		The marine inspection manager's signature					