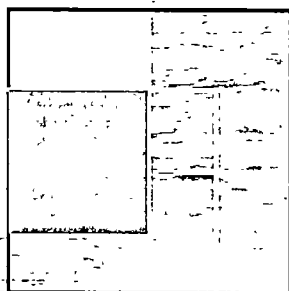
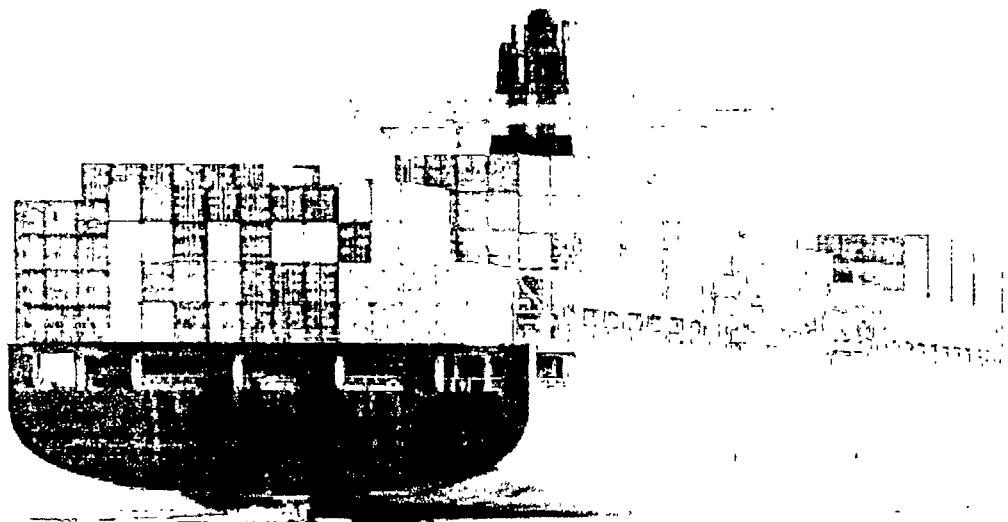


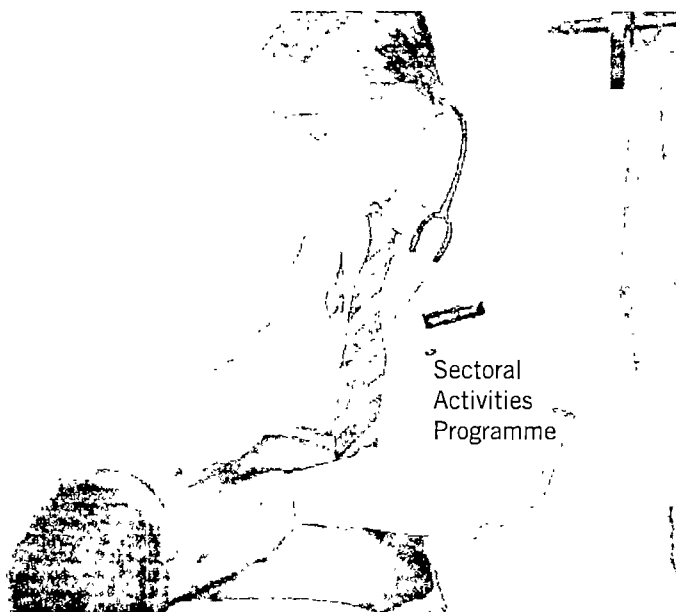


International
Labour
Office

Geneva



Guidelines on the medical examinations of seafarers



Sectoral
Activities
Programme

Guidelines on the medical examinations of seafarers

INTERNATIONAL LABOUR OFFICE GENEVA
INTERNATIONAL MARITIME ORGANIZATION

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First published by the ILO 2013

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ILO Cataloguing in Publication Data

Guidelines on the medical examinations of seafarers / International Labour Office, Sectoral Activities Programme; International Migration Organization. – Geneva: ILO, 2013

ILO/IMO/JMS/2011/12

ISBN 978-92-2-127462-9 (print)

ISBN 978-92-2-127463-6 (web pdf)

International Labour Office; Sectoral Activities Programme; International Maritime Organization

medical examination / occupational health service / seafarer / merchant marine / sea transport

02.07.4

ILO Cataloguing in Publication Data

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Visit our web site: www.ilo.org/publns

This publication was produced by the Document and Publications Production,
Printing and Distribution Branch (PRODOC) of the ILO.

*Graphic and typographic design, layout and composition,
printing, electronic publishing and distribution.*

PRODOC endeavours to use paper sourced from forests managed
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Code: COC-WEI-MUS

Preface

The International Labour Organization (ILO) adopted the Medical Examination of Young Persons (Sea) Convention, 1921 (No. 16), as one of the first Conventions. This was followed by the Medical Examination (Seafarers) Convention, 1946 (No. 73). These instruments have now been consolidated into the Maritime Labour Convention, 2006 (MLC, 2006). The laws of most maritime countries require that all seafarers carry a valid medical certificate.

The International Maritime Organization's (IMO) International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978, as amended, 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.

With national fitness standards for seafarers varying widely, the set of international guidelines adopted in 1997 (the Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers) was a first attempt towards harmonization. The increasing internationalization of shipping makes such harmonization even more desirable. Medical practitioners performing such examinations should have a clear understanding of the special requirements of seafaring life, as their professional judgement is often critical to the lives of seafarers. All concerned should be able to trust a seafarer's medical certificate as having been issued in accordance with the relevant applicable international standards.

These Guidelines have been endorsed by the ILO Governing Body and the IMO Maritime Safety Committee to provide complementary advice to competent authorities, medical practitioners and all stakeholders of the shipping industry on the application of the MLC, 2006, and the STCW Convention, 1978, as amended, with regard to safeguarding the health of seafarers and promoting safety at sea.

These Guidelines supersede the Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers, which were published by the ILO and the World Health Organization (WHO) in 1997.

Disseminating these Guidelines and ensuring their implementation should contribute towards harmonizing the standards for medical examinations of seafarers and improving the quality and effectiveness of the medical care provided to seafarers.

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Part 1. Introduction

I. Purpose and scope of the Guidelines

Seafarers are required to undergo medical examinations to reduce risks to other crew members and for the safe operation of the ship, as well as to safeguard their personal health and safety.

The MLC, 2006, and the STCW Convention, 1978, as amended, 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 Guidelines apply to seafarers in accordance with the requirements of the MLC, 2006, and the STCW Convention, 1978, as amended. They revise and replace the Guidelines for Conducting Pre-sea and Periodic Medical Fitness Examinations for Seafarers, published by the ILO and WHO in 1997.

When implementing and utilizing these Guidelines, it is essential to ensure that:

- (i) the fundamental rights, protections, principles, and employment and social rights outlined in Articles III and IV of the MLC, 2006, are respected;
- (ii) 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
- (iii) 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, in giving due consideration to applicable international guidelines referred to in Guideline B.1.2 of the MLC, 2006, prescribe the nature of the medical examination and certificate, as outlined in Standard A.1.2.2 of the MLC, 2006.

These Guidelines are intended to provide maritime administrations with an internationally recognized 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. Valid and consistent guidelines should assist medical practitioners, shipowners, seafarers' representatives, seafarers and other relevant persons with the conduct of medical fitness examinations of serving seafarers and seafarer candidates. Their purpose is to help 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.

These Guidelines have been developed in order 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 contribute to health and safety at sea.

A medical certificate issued in accordance with the requirements of the STCW Convention, 1978, as amended, also meets the requirements of the MLC, 2006.

II. Contents and use of the Guidelines

The Guidelines are arranged in the following manner:

Part 1 summarizes the purpose and scope of the Guidelines, their contents and the background to their preparation, and identifies the main features of a framework for medical examinations and the issue of a medical certificate to a seafarer.

Part 2 provides information relevant to competent authorities to assist with the framing of national regulations that will be compatible with relevant international instruments on the health and fitness of seafarers.

Part 3 provides information relevant to those who are carrying out seafarer medical assessments. This may be used directly or may form the basis for national guidelines for medical practitioners.

Part 4 includes a series of appendices on standards for different types of impairing conditions, recordkeeping and the contents of the medical certificate.

Some parts of the Guidelines are more appropriate for competent authorities than for individual medical practitioners, and vice versa. Nevertheless, it is suggested that the whole of the Guidelines be taken into consideration to ensure that all topics and information are taken into account. The Guidelines are designed as a tool to enhance medical examinations and make them more consistent; they cannot and are not intended to replace the professional skill and judgement of recognized medical practitioners.

III. Background to the preparation of the Guidelines

In 1997, the ILO and WHO published the first international guidelines concerning the medical examinations of seafarers. This has been an invaluable document for maritime authorities, the social partners in the shipping industry and the medical practitioners who conduct medical examinations of seafarers. Since 1997 there have been important changes in the diagnosis, treatment and prognosis of many of the medical conditions that need to be taken into account. The 1997 Guidelines provided detailed information on the conduct of seafarer medical examinations but they did not, with the exception of vision, assist by proposing the appropriate criteria to be used when deciding whether a medical certificate could be issued for other conditions.

The need for revision was recognized by a number of maritime authorities, by the social partners and by doctors undertaking seafarer medical examinations. This led to a resolution being adopted by the 94th (Maritime) Session of the International Labour Conference in 2006 recommending that the need for revision should be considered. The IMO, in its comprehensive review of the 1978 STCW Convention and Code, also recognized the need to include medical fitness criteria that were relevant to maritime safety, and concluded that the present Guidelines required revision.

The ILO and the IMO subsequently agreed to create a joint working group to develop revised Guidelines.

IV. Seafarer medical fitness examinations

The aim of the medical examination is to ensure that the seafarer being examined is medically fit to perform his or her routine and emergency duties at sea and 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. Wherever possible, 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 abilities of the seafarer should be assessed in relation to his or her routine and emergency duties and recommendations made on what the seafarer is able to do and whether any reasonable adjustments could enable him or her to work effectively. In some cases, problems will be identified that are incompatible with duties at sea and cannot be remedied. Appendices A–E 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.

Medical examination findings are used to decide whether to issue a medical certificate to a seafarer. Consistent decision-making needs to be based on the application of criteria for fitness that are applied in a uniform way, both nationally and, because of the global nature of seafaring and marine transport, internationally. These Guidelines provide the basis for establishing national arrangements which are compliant with the relevant international Conventions.

The medical certificate is neither a certificate of general health nor a certification of the absence of illness. It is a confirmation that the seafarer is expected to be able to meet the minimum requirements for performing the routine and emergency duties specific to their post at sea safely and effectively during the period of validity of the medical certificate. Hence, the routine and emergency duties must be known to the examining medical practitioner, who will have to establish, using clinical skills, whether the seafarer meets the standards for all anticipated routine and emergency duties specific to their individual post and whether any routine or emergency duties need to be modified to enable them to be performed safely and effectively.

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 they 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 should base the decision to issue a medical certificate on whether criteria for minimum performance requirements, as listed in the appendices to this document, are met in the following areas:

- (i) vision (Appendix A), hearing (Appendix B) and physical capabilities (Appendix C);
- (ii) impairment from the use of medication (Appendix D);
- (iii) presence or recent history of an illness or condition (Appendix E).

The consequences of impairment or illness will depend on the routine and emergency duties and, in some cases, on the distance from shore-based medical facilities.

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.

Competent authorities 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 2. Guidance for competent authorities

V. Relevant standards of and guidance from the International Labour Organization, the International Maritime Organization and the World Health Organization

The Guidelines have taken into account the appropriate Conventions, Recommendations and other instruments of the ILO, the IMO and WHO. Competent authorities should ensure that medical practitioners are provided with information on other relevant standards which may have been formulated after the date of adoption of these Guidelines.

ILO instruments concerning the medical examination and health of seafarers

Several earlier Conventions on seafarer working conditions have been consolidated in the MLC, 2006, including requirements for the issue of medical certificates (Regulation 1.2 and associated standards and guidelines) and for medical care on board ship and ashore (Regulation 4.1 and associated standards and guidelines).

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).

IMO instruments concerning medical examination requirements for seafarers

The IMO STCW Convention, 1978, as amended, includes requirements for medical examinations and the issue of medical certificates.

Earlier versions of the STCW Convention included criteria for vision and physical capability but not for other aspects of medical assessment.

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

WHO measures concerning seafarers' health and medical services and medical examinations of seafarers

The WHO Executive Board and World Health Assembly have adopted resolutions on the health of seafarers (WHA14.51, EB29.R10, WHA15.21, EB37.R25, EB43.R23), requesting to assist nations to improve the health of seafarers, ameliorate the medical records of seafarers, and make available to seafarers services in each port where the necessary specialized medical care can be provided. Furthermore, in May 1996, a resolution of the 49th World Health Assembly (WHA49.12) on the WHO Global Strategy for Occupational Health for All and in May 2007, a resolution of the 60th World Health Assembly (WHA60.26), the Global Plan of Action on Workers Health urge countries to

give special attention to full occupational health services for the working population, including groups at high risk, such as seafarers. In addition, the following guidelines approved by the WHO Guidelines Review Committee since 2007 include references to medical examinations: the “Guidelines for treatment of tuberculosis” (fourth edition); the “WHO policy on TB infection control in health-care facilities, congregate settings and households”; the “Guidelines for using HIV testing technologies in surveillance: selection, evaluation and implementation” (2009 update); and the “mhGAP Intervention Guide for mental, neurological and substance use disorders in non-specialized health settings”.

VI. Purpose and contents of the medical certificate

The MLC, 2006, (Standard A1.2) and the STCW Convention, 1978, as amended, (section A-I/9, paragraph 7) specify the information that should be included as a minimum on the medical certificate. The detailed content of these Guidelines aligns with these requirements and the other more detailed provisions of the relevant international Conventions, which should be consulted when developing national procedures. The aim of the Guidelines is, wherever possible, to avoid subjectivity and to give objective criteria for decision-making.

The period of validity of the medical certificate is indicated in the MLC, 2006, (Standard A1.2, paragraph 7) and the STCW Convention, 1978, as amended, (regulation I/9). Both Conventions specify that the medical certificate will remain in force for a maximum period of two years from the date on which it is granted, unless the seafarer is under the age of 18, in which case the maximum period of validity is one year. Medical certificates issued in accordance with the STCW Convention, 1978, as amended, which expire during the course of a voyage will continue to be in force until the next port of call where the seafarer can obtain a medical certificate from a medical practitioner recognized by the party, provided that the period does not exceed three months. 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 the period of such permission does not exceed three months and the seafarer concerned is in possession of an expired medical certificate of recent date. In so far as a medical certificate relates to colour vision, it will remain in force for a period not exceeding six years from the date it is granted.

Two years is the period over which fitness should normally be assessed. However, if the examining medical practitioner considers that more frequent surveillance of a condition that may affect health or performance at sea is indicated, a medical certificate of shorter duration should be issued and arrangements made for reassessment. The examining medical practitioner should only issue a medical certificate with a duration of less than two years if they can justify their reasons in a particular case.

The medical practitioner should indicate on the medical certificate whether the person is fit for all duties worldwide within their department (deck/engine/catering/other), as indicated on their medical certificate; whether they can undertake all routine and emergency duties but are only able to work in specified waters, or whether adaptation of some routine and emergency duties is required. Safety-critical visual capabilities such as lookout duties should be specifically indicated.

If the seafarer cannot perform routine and emergency duties safely and effectively and adaptation of duties is not possible, the seafarer should be notified that they are “not fit for duty”. If adaptation is possible then they should be notified that they are “fit for duty with limitations”. The notification must be accompanied by an explanation of the seafarer’s right to appeal as provided in section IX.

Where illnesses and injuries may impair the ability of a seafarer with a valid medical certificate to perform routine and emergency duties safely, their current fitness may need to be assessed. Such examinations may be considered in various circumstances such as more than 30 days incapacitation, disembarkation for medical reasons, hospital admission or requirement for new medication. Their current medical certificate may be revised accordingly.

Before training commences, it is advantageous for any person who intends to subsequently work at sea to be medically examined to confirm that they meet the required medical fitness standards.

VII. Right to privacy

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. 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.

VIII. Recognition of medical practitioners

The competent authority should maintain a list of recognized medical practitioners to conduct medical examinations of seafarers and issue medical certificates. The competent authority should consider the need for medical practitioners to be personally interviewed and for clinic facilities to be inspected before authorization to conduct medical examinations of seafarers is given. A list of medical practitioners recognized by the competent authority should be made available to competent authorities in other countries, companies and seafarers' organizations on request.

The competent authority, when developing guidance for the conduct of medical fitness examinations, should take into consideration that general medical practitioners may need more detailed guidance than medical practitioners with competence in maritime health.

In addition, the provision of an expert helpline can aid decision-making on novel or complex problems and can be a source of information that may be used to improve the quality of assessments.

The names of any medical practitioners whose recognition has been withdrawn during the previous 24 months should continue to be included, with a note to the effect that they are no longer recognized by the competent authority to conduct seafarers' medical examinations.

A medical practitioner so recognized by the competent authority:

- (i) should be a qualified medical practitioner currently accredited by the medical registration authority for the place where they are working;
- (ii) should be experienced in general and occupational medicine or maritime occupational medicine;
- (iii) should 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, gained wherever possible through special instruction and through knowledge based on personal experience of seafaring;
- (iv) should 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;
 - (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 competent authority, ensuring that any conflicts with this are recognized 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 their medical judgement in terms of the medical examination procedures. 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.

In the case of a certificate solely concerned with a seafarer's sight and/or hearing, the competent authority may authorize a person other than a recognized medical practitioner to test the seafarer and issue such a certificate. In such cases, the qualifications for such authorized persons should be clearly established by the competent authority and such persons should receive information on the appeals procedure described in section IX of these Guidelines.

The competent authority should have in place quality assurance procedures to ensure that medical examinations meet the required standards. These should include publicized arrangements for:

- (i) the investigation of complaints from shipowners, seafarers, and their representatives concerning the medical examination procedures and the authorized medical practitioners;
- (ii) collection and analysis of anonymized 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 recordkeeping undertaken by, or on behalf of, the competent authority. Alternatively, they could endorse appropriate external clinical accreditation arrangements for those undertaking seafarers' medical examinations, the results of which would be made available to the authority.

Recognized medical practitioners who are found by the competent authority as a result of an appeal, complaint, audit procedure, or other reasons to no longer meet the requirements for recognition should have their authorization to conduct seafarers' medical examinations withdrawn.

IX. Appeals procedures

The MLC, 2006 (Standard A1.2, paragraph 5) provides that seafarers that have been refused a medical certificate or have had a limitation imposed on their 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 STCW Code, in section A-I/9, paragraph 6, requires parties to the Convention to 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 in line with that party's provisions for appeal.

The competent authority may delegate the arrangements for appeals, or part of them, to an organization or authority exercising similar functions in respect of seafarers generally.

The appeals procedure may include the following elements:

- (i) the medical practitioner or referee undertaking the review should have at least the same qualifications as the medical practitioner who conducted the initial examination;
- (ii) the medical practitioner or referee undertaking the review process should be provided access to other medical experts;
- (iii) the appeals procedure should not result in unnecessary delays for the seafarer or shipowner;
- (iv) the same principles of confidentiality called for in the handling of medical records should apply to the appeals procedure; and
- (v) quality assurance and review procedures should be in place to confirm the consistency and appropriateness of decisions taken at appeal.

Part 3. Guidance to persons authorized by competent authorities to conduct medical examinations and to issue medical certificates

X. Role of the medical examination in shipboard safety and health

The medical practitioner should 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:

- (i) 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. 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. Medication used by seafarers needs 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.
- (ii) 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.
- (iii) 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.
- (iv) 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 maximize 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.
- (v) 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.
- (vi) Seafarers need to be able to adjust to living and working conditions on board ships, including the requirement to keep watches at varying times of the day and night, the motion of the vessel in bad weather, the need to live and work within the limited spaces of a ship, to climb and lift weights and to work under a wide variety of weather conditions (see Appendix C, table B-I/9, for examples of relevant physical abilities).
- (vii) Seafarers should be able to live and work closely with the same people for long periods of time and under occasionally stressful conditions. They should be capable of dealing effectively with isolation from family and friends and, in some cases, from persons of their own cultural background.

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 relevant national authority, shipping company and trade union representatives and otherwise endeavour to learn as much as possible about seafaring life.

XI. 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 a cadet's or trainee's ability to undertake the range of duties and assignments that are essential for complete training, there may be less flexibility in the application of fitness standards than for serving seafarers, in order to ensure that all training requirements can be met.

Examinations are normally performed every two years. Where there is a health condition that requires more frequent surveillance, they may be performed at shorter intervals. It is important to recognize 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.

Any examination requirements of employers or insurers should be distinguished from statutory fitness examinations; the seafarer should be informed if both are being assessed at the same time and should consent to this. A medical certificate should be issued if statutory standards are met, irrespective of compliance with any additional employer requirements.

Seafarer medical examinations may also provide an opportunity to take measures to correct or mitigate medical conditions which could adversely affect the health of seafarers and should include measures of a preventive character. Tests necessary to evaluate the occupational exposure at work on board ship may, when appropriate, be performed at the same time as the periodic examinations.

XII. Conduct of medical examinations

The following suggested procedures do not aim to replace in any way the judgement 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 F.

- (i) The medical practitioner should 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, should conduct the examination accordingly.
- (ii) The identity of the seafarer to be examined should be verified. The number of his or her seafarer's book, passport or other relevant identity document should be entered on the examination form.
- (iii) The examinee's intended position on board ship and, as far as practicable, the physical and mental demands of this work and the anticipated voyage pattern should 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.

- (iv) Information should be collected from the examinee on his or her previous medical history. Point-by-point questions on the details of previous diseases and injuries should be asked and the results recorded. Details of other diseases or injuries not covered should also be recorded. After the information is collected, the examinee should sign the form to certify that to the best of his/her knowledge it is a true statement. An individual should not, however, bear the burden of proof concerning the consequences of illness, past or present, on his or her fitness for work.
- (v) The examinee's previous medical records, where appropriate and available, should be reviewed.
- (vi) The physical examination and the necessary additional examinations should be checked and recorded according to set procedures (see Appendix F).
- (vii) Hearing, eyesight and colour vision, if necessary, should be checked and recorded. Eyesight should be in compliance with the international eyesight standards for seafarers set out in section A-I/9 of the STCW Code (see Appendix A for vision standards and Appendix B for hearing standards). In examinations, appropriate equipment should be used in the assessment of hearing capacity, visual acuity, colour vision and night blindness, particularly regarding those examinees who will be engaged in lookout duties.
- (viii) Physical capability should be assessed where the medical examination identifies that it may be limited by an impairment or medical condition (see Appendix C).
- (ix) 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.
- (x) 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 Appendices A–E. Such tests should only be used where there is a clinical indication. The validity of any test used for the identification of a relevant medical condition will depend on the frequency with which the condition occurs. Use is a matter for national or local judgement, based on disease incidence and test validity. In addition, 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, use will result in inappropriate certification of a proportion of those tested.
- (xi) The medical practitioner should be aware that there are no well-validated tests for the assessment of mental aspects of working ability that are suitable for inclusion in the medical examinations of seafarers.
- (xii) The results of the examination should be recorded and assessed to determine if the seafarer is fit for the work which will be undertaken. Appendices A–E contain guidance on medical criteria used to consider whether a seafarer is fit or currently unfit for work at sea. 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 be taken into account.

There are defined numerical criteria for some aspects of vision (Appendix A) and hearing (Appendix B). Here, decisions on fitness will depend on achieving the levels of perception that are listed, taking note of the explanatory information in the appendices. 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 view on prognosis is needed or where there is considerable diversity in capability or likelihood of recurrence or progression.

(A) Incompatible with the reliable performance of routine and emergency duties safely or effectively:

- (i) expected to be temporary (T), i.e. less than two years;
- (ii) expected to be permanent (P), i.e. more than two years.

For seafarers who are determined by the medical practitioner to have a medical condition where such a finding has been made, a medical certificate would not normally be issued.

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; 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 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 basis where the seafarer has a condition that can be expected to render them unable to meet the standards in the future.

(B) Able to perform some but not all routine and emergency duties or to work in some but not all waters (R): a restricted medical certificate would normally be issued.

Increased surveillance needed (L): 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 (L).

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 should 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.

(C) Able to perform all duties worldwide within 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 their 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. Any restrictions concerning work (i.e. 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 Appendix G.

If the seafarer is found temporarily or permanently unfit for service or has limitations placed on their duties, he or she should 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 IX of these Guidelines. If “temporarily unfit”, advice should be given 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.

As appropriate, the seafarer should 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.

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. The file should be kept confidential and should not be used for any purpose other than facilitating the treatment of seafarers and should be made available only to persons duly authorized 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 should also be given to the seafarer to facilitate emergency treatment.

A copy of the medical certificate should be kept in the files of the health institution in which it was issued.