

GUIDELINES FOR EXAMINING DOCTORS

MEDICAL AND VISUAL STANDARDS FOR SERVING SEAFARERS

The medical examiner should bear in mind that it is not possible to develop a comprehensive list of contraindications but that this list may provide some guidance. It cannot replace sound medical judgment.

When determining fitness for sea service in the case of persons with medical problems, he/she should consider and evaluate the following points:

- (a) the critical time needed for treatment/access to appropriate land-based care;
- (b) the extent of the threat and danger caused by the medical problem to the patient, other persons on board and to the safety of the vessel or the environment;
- (c) the current risk of occurrence of the medical problem.

Full clinical notes should be kept of any detailed medical examination. All sections of the medical examination form and medical certificate should be completed without exception and the form retained for 6 years.

Purpose and contents of the medical certificate

ILO/WHO/D.2/1997 establishes international standards concerning medical examinations and certificates.

The medical certificate is to attest:

- (a) that the hearing, sight and color vision of the person to be employed in the deck department (except for certain specialist personnel whose fitness for the work which they are to perform is not liable to be affected by defective color vision) are satisfactory;
- (b) that he/she is not suffering from any disease likely to be aggravated by, or render him/her unfit for, service at sea or likely to endanger the health of other persons on board ships.

Medical Standards

A SEAFARER IS DEEMED NOT TO BE FIT FOR SEA DUTY IF HE IS SUFFERING FROM:

I. INFECTIOUS DISEASES

- Gastro-Intestinal Infectious Diseases – Until satisfactorily treated. Special care should be taken in respect of catering staff.
- Active Pulmonary Tuberculosis – When the examining doctor is satisfied, on the advice of a chest physician, that the lesion is fully healed and that the patient has completed a full course of chemotherapy, then re-entry should be considered. Cases where either one or both lungs have been seriously affected are rarely suitable for re-employment. All relapsed cases should not be considered.
- Hepatitis. (also see Section X Disease of the Digestive System)
- Malaria.
- Acquired Immunodeficiency Syndrome (AIDS).
- Enteritis.
- Sexually Transmissible Diseases – All cases of acute infection not suitable for seafaring duties while under treatment. Cases under surveillance having finished treatment will usually be fit for normal service.
- Any other infectious or parasitic disease in its communicable or carrier state which would present a health hazard to other crew members or passengers through casual contact.

II. MALIGNANT NEOPLASMS

- Malignant Neoplasms - until considered cured, including lymphoma, leukemia and similar conditions.

III. ENDOCRINE AND METABOLIC DISEASES

- Thyroid Disease – Serving seafarers developing thyroid disease – Need further investigations and assess case individually
- Adrenal insufficiency
- Diabetes mellitus, all cases requiring insulin. Non-insulin requiring cases require demonstration of good control. Such cases will be referred to on-ship medical department for follow-up care.
- Immunosuppressive therapy.
- Obesity, incapacitating function. Careful consideration must be made of other risk factors affecting morbidity and mortality.
- All other cases of endocrine diseases, until treated and stable.

IV. DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS

- There should be no diseases or abnormalities of the hemotopoietic system or the circulating blood.

V. MENTAL DISORDERS

- Psychosis
- Alcohol or other substance abuse (Dependency)
- Psychoneurosis
- Dementia
- Personality disorder.
- Use of psychotropic medication (including antidepressants, anxiolytics and amphetamines) to treat a psychiatric condition.
- History of a mental disorder with a tendency to recur

VI. DISEASES OF THE NERVOUS SYSTEM

- Organic diseases of the nervous system or disorders due to metabolic disease causing disturbance of muscular function, balance, coordination or alertness.
- Epilepsy – Must have been seizure free and off all anticonvulsants for at least 10 years
- A single, Isolated seizure – medical evaluation must be normal and have been seizure free and off all anticonvulsants for at least 5 years
- Syncope and other disturbances of consciousness
- Post-concussion syndrome.
- Severe Meniere's Disease
- Migraine, frequent attacks causing incapacity.

VII. HEARING

- Acute and Chronic Otitis Externa – Should be completely healed before returning to sea. Care is required in passing fit for tropics.
- Acute Otitis Media – Not fit until satisfactorily treated.
- Chronic Otitis Media – May be passed fit after satisfactory treatment or surgery. Special care is required for passing fit for tropics, where air travel is required or if the job involves food handling.
- Loss of Hearing – Not fit for duty if there is a degree of impairment sufficient to interfere with communication.

Hearing Aids – The hearing aid should be sufficiently effective to allow communication at normal conversation tones.

VIII. CARDIOVASCULAR SYSTEM

The Cardiovascular System must be free from acute or chronic disease causing significant disability.

Heart diseases:

- Valvular abnormality causing significant impairment
- Vascular disease;
- Ischaemic heart disease, angina pectoral history of coronary thrombosis or bypass grafting (including history of angina)
- Symptomatic abnormality of the rate or rhythm;
- Dependence on pacemaker.
- Must have no current clinical diagnosis of myocardial infarction, angina pectoris, coronary insufficiency, thrombosis, or any other cardiovascular disease of a variety known to be accompanied by syncope, dyspnea, collapse, or congestive cardiac failure;

Hypertension:

- Hypertension necessitating the use of antihypertensive drugs with side-effects which adversely affect seafarers' fitness.
- Needs to be well controlled in the normal range

Arterial disease:

- History of intermittent claudication
- Aortic aneurysm.

Cerebrovascular disease:

- History of cerebrovascular accident including transient ischaemic attack;
- General cerebral arteriosclerosis including senility.

Diseases of veins:

- Varicose veins, moderate to severe;
- Varicose ulcerations;
- Recent, recurrent, or persistent deep vein thrombosis or thrombophlebitis;
- Haemorrhoids, symptomatic
- Varicocele, symptomatic

IX. RESPIRATORY SYSTEM

The respiratory system should be free from acute or chronic disease causing significant disability including:

- Acute Sinusitis
- Chronic Sinusitis
- Nasal Obstruction – Septal abnormality or polyps, a history of frequent sore throats or unhealthy tonsils with adenitis must not be accepted until satisfactorily treated.
- Chronic Bronchitis and/or Emphysema Bronchial Asthma
- Asthmatics who have been hospitalized or require systematic corticosteroids, or have been taking such medication during the past year
- Pneumothorax if recurrent or within the past year
- Pulmonary fibrosis
- Tumors

X. DISEASE OF THE DIGESTIVE SYSTEM

- Diseases of the Oral Cavity
- Mouth or Gum Infection
- Dental defects – Seafarers must be dentally fit.
- Diseases of the esophagus – Stomach and Duodenum
- Peptic Ulceration – Cases of proven ulceration should not return to seafaring until they are free from symptoms. There should also be evidence of healing on gastroscopy and the seafarer should have been on an ordinary diet, without treatment, for at least 6 months.
- Gastro-intestinal bleeding, perforation or recurrence peptic ulceration (in spite of treatment) or an unsatisfactory operation
- Recurrent attacks of appendicitis – Not to be accepted pending surgical removal.
- Hernia – Not to be accepted until repaired.
- Diaphragmatic Hernia – to be assessed according to the disability.
- Non-infective Enteritis and Colitis
- History of gastro-intestinal bleeding/perforation.
- Cholelithiasis, cholecystitis, cholangitis.
- Perianal pathology
- Intestinal Stoma
- Diseases of the Liver and Pancreas
- Cirrhosis of the liver
- Biliary tract disease – May be considered after complete surgical care.
- Pancreatitis – recurrent
- Hepatitis A – Not to be accepted if in the acute phase. May be re-examined in 60-90 days time.
- Hepatitis B – If tested positive for surface antibodies but have normal LFT's – can be certified fit. Infectious hepatitis are excluded.
- Hepatitis C – Not fit for employment.

XI. DISEASES OF THE GENITO-URINARY SYSTEM

All cases of proteinuria, glycosuria or other urinary abnormalities must be referred for investigation.

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- Acute Nephritis
 - Subacute or Chronic Nephritis or Nephrosis
 - Infections of Kidney
 - Acute urinary infection – Not accepted until satisfactorily treated. Recurrent cases – Not accepted unless full investigation has proved satisfactory.
 - Renal or Ureteral Calculus – For further investigation and any necessary treatment. An isolated attack of renal colic with passage of small calculus may be considered after a period of observation, provided urine and renal function remain normal and there is no clinical or radiological evidence of other calculi. Recurring stone formation must not be accepted.
 - Urinary obstruction
 - Removal of kidney
 - Renal transplant
 - Incontinence of urine
 - Genito-urinary tract infections, specific and non-specific until resolved
 - Renal failure.
 - Urinary tract obstruction.
 - Prostatism.
 - Hydrocoele, large, symptomatic.

XII. SKIN

- Infections of the skin
- Dermatoses severe or if systemic steroids are required
- Any condition liable to be aggravated by heat, sea, air, oil, caustics or detergents – or due to specific occupational allergens
- Acne – Severe pustular cystic acne
- Recurrent eczema unless mild
- Psoriasis – Severe cases resistant to treatment, frequently relapsing or associated with joint disease

XIII. MUSCULO-SKELETAL SYSTEM

Seafarers should have no defect of the musculoskeletal system that could interfere with their ability to discharge their duties (muscular power, balance, mobility, and coordination should be unimpaired).

- Osteoarthritis unless mild
- A limb prosthesis
- Back pain – Recurrent incapacitating back pain.
- Recurrent dislocation of a major joint.
- History of fusion, laminectomy or similar spinal procedure

XIV. EYESIGHT STANDARDS

- Both eyes must be free from progressive pathological conditions
- Binocular vision is necessary for all categories of seafarers.
- In all cases where visual aids (spectacles or contact lenses) are required for the efficient performance of duties, a spare pair must be carried when seafaring. Where different visual aids are used for distant and near vision a spare pair must be carried.

ANNEX IV

Minimum in-service eyesight standards (STCW Table B-I/9-1)

STCW Convention Regulation	Category of Seafarer	Distance Vision		Near/immediate vision	Colour vision	Visual fields	Night blindness	Diplopia (double vision)
		One eye	other eye	Both eyes together Aided or unaided				
I/11 II/1 II/2 II/3 II/4	Masters, deck officers and ratings required to undertake look-out duties Aided Unaided	0.5 † 0.1	0.5 0.1	Vision required for ships' navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment and identification of aids to navigation)		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	All engineer officers and ratings forming part of an engine-room Aided: Unaided:	0.4 0.1	0.4 0.1	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary		Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/II IV/2	Radio officers, and electrical/electronic Officers Aided: Unaided	0.4 0.1	0.4 0.1	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary		Sufficient visual fields	Vision required to perform necessary functions in darkness without compromise	No significant condition evident

***Note: Values given in Snellen decimal notation.**

†Note: A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.

XV. GYNAECOLOGICAL CONDITIONS

There should be no gynaecological disorder or disease such as heavy vaginal bleeding, lower abdominal pain or prolapse of the genital organs likely to cause trouble or affect working capacity.

- If normal pregnancy may work until 28th week (see MGN 112)