

INTERNATIONAL CRUISE SERVICES, INC

A Panamanian Company

Dear Seafarer:

In a healthcare system that provides coverage to seafarers, it is reasonable to expect and encourage seafarers to assume reasonable responsibilities for their own health. Healthcare specialists have proven that greater individual involvement in your care increases the likelihood of achieving the best outcomes and helps support a quality improvement cost-conscious environment. In the interest of good health for all Seafarers, International Cruise Services, Inc. (ICS) has enacted a specific Pre-Employment Medical Examination (PEME).

The PEME is valid for 12-months continuously. You cannot board any vessel with an expired. You may not have a PEME expire during any contract length without your employer's written approval. A PEME expires if the employment contract ends; your employment is terminated prior to the completion of the contract; with disembarkations and/or with repatriations. You cannot rely on a prior PEME to board a vessel since each PEME is independent of any prior examinations. Therefore, your employer requires you to present a new PEME with each new assignment.

As you are aware, each Seafarer is solely responsible for undergoing a PEME prior to joining any vessel. ICS has diligently created a PEME that promotes good health. The PEME is composed of a Complete Seafarer's Medical History Questionnaire, the Seafarer's Family Medical History, Complete Blood Count Tests, Blood Chemistry, Stool Tests (Parasitological and Culture), Complete Urinalysis, Serology Tests, Chest X-ray, Physical Examination, Vision Exams, Hearing Exams, Abdominal Ultrasound, and Vaccinations. Female Seafarers also need to undergo a Pregnancy Test and PAP Smear Examination.

It is your responsibility to assure we received a genuine copy of your PEME in our office no later than 21-days before your assignment date. Tardiness in providing information might result in either postponement or cancellation of your assignment. The purpose of this policy is to allow your employer to evaluate your medical status and fitness for sea duty under its guidelines. Your employer directly or via its assigned third party administrator will determine whether you are fit for sea duty based on the honest information you provide in your PEME. It is important that you answer each question honestly, since any falsehoods might result in your permanent dismissal from shipboard employment.

Pre-existing conditions must be disclosed on each PEME. Certain pre-existing condition might disqualify you. If your employer, however, provides an employment contract with a known pre-existing condition, it is solely your responsibility to take care of the pre-existing condition in a similar fashion as you did prior to joining the vessel. Caring for your pre-existing condition includes you bringing enough medication with you for the duration of the contract so you may continue the prescribed treatment. In essence, your employer trusts you to accept personal responsibility for the care of your pre-existing conditions. In the event you exercise due diligence for the caring of your pre-existing condition but the condition remains uncontrolled, the vessel's medical staff and your employer will provide you with available treatment.

In an effort to promote quality and a cost-conscious environment, your employer has pre-qualified certain physicians in your home country to perform the PEME. A list of all Pre-Qualified Physicians is available for your review at the office of the Food & Beverage Director aboard each vessel. Your hiring agent also has a list of the qualified physicians list.

Thank you for your assistance and cooperation with this matter. Should you have any questions or comments, please do not hesitate to contact us

Sincerely,

Medical Department

c/o Apollo Ship Chandlers, Inc
1775 NW 70th Avenue
Miami, Florida 33126

Phone: (305) 592-8790

Telex: 51 9725 APOLLO MIA
Fax: (305) 597-4396 APOLLO

Correspondences are made by Apollo Ship Chandlers on behalf of Seafarer's employer.
Apollo Ship Chandlers does not control or manage the Seafarer's employment

International Cruise Services, Inc

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CREW MEDICAL INFORMATION INSTRUCTIONS

In order to live up to current international and maritime laws, we require that all crewmembers aboard Oceania vessels, including concessionaires, upon joining the vessel be in possession of

1. A valid SSSL pre-joining medical certificate completed, signed and stamped by a licensed physician stating that the crew member is **FIT FOR SEA DUTY**.
2. You must submit for approval a complete copy of you Pre-Employment Medical Examination (PEME) including all laboratory tests results to the medical department no later than 21-days prior to your assignment date. Your PEME cannot be in excess of 30-days old at the time of submission to the medical department
3. PEME forms must be completely filled out, stamped, and signed by you and a Licensed Physician (the complete address of the doctor must appear on the forms).
4. Bring the written report of your chest x-ray and films.
5. All medical reports and test results must be **in English**
6. Original form of lab test results (see below lab tests required)
7. Necessary vaccination requirements (see below)

WARNING: Crewmembers with abnormal results, missing or incomplete medicals will not be allowed to commence their employment onboard.

REQUIRED TESTS

1. Chest X-ray or Tuberculosis Skin Testing. Skin test can be either TINE or PPD test. If Skin Test positive, chest x-ray is mandatory.
2. Complete Urine Analysis
3. Complete Blood Count
4. Blood Chemistry (see attached Required Laboratory Tests)
5. HIV
6. Pregnancy test (all females)
7. PAP smear (all females)
8. VDRL
9. Hepatitis (HbSag, HepA-IgM, AntiHCV)
10. Stool test (parasitology, culture)
11. EKG (everybody over age 40)

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CREW MEDICAL INFORMATION INSTRUCTIONS

REQUIRED VACCINATIONS

Yellow fever vaccination

Proof of vaccination is mandatory and local authorities requested – especially when calling ports in Asia, Australia, South America, and Africa. Valid 10 years. You must have the Yellow Fever Certificate attached to your passport at the time of boarding a vessel.

Tetanus vaccination

Proof of tetanus vaccination. Valid 5 years.

I agree to provide my employer information that is correct to the best of my knowledge. I understand that my employer will investigate any fraud that may arise from my falsifying any information in my Pre-Employment Medical Examination. However, I understand and agree that if any doctor or I falsify any information on my Pre-Employment Medical Examination, my employer can terminate my employment contract and repatriate at my expense.

Therefore, I am signing my name below and adopt this document as my own, to show that I am in agreement with everything that is said on this document.

Seafarer's Name: _____

Seafarer's ID No.: _____

Seafarer's Signature: _____

Date: _____

Please return the original to the Computer Operator HR and forward a copy to ICS c/o Apollo Ship Chandlers, Inc.'s Risk Management Department.

IMPORTANT INFORMATION

Seafarers' Responsibilities

In a healthcare system that provides coverage to seafarers, it is reasonable to expect and encourage seafarers to assume reasonable responsibilities. Greater individual involvement in your care increases the likelihood of achieving the best outcomes and helps support a quality improvement, cost-conscious environment. Such responsibilities include:

- Take responsibility for maximizing healthy habits, such as exercising, not smoking, and eating a healthy diet.
- Become involved in specific health care decisions.
- Work collaboratively with healthcare providers in developing and carrying out agreed-upon treatment plans.
- Disclose relevant information and clearly communicate wants and needs to the healthcare provider.
- Disclose all pre-existing conditions to the healthcare provider.
- Disclose all illnesses that you had in the past and the treatment of those illnesses to the health care provider.
- Take responsibility for bringing sufficient medication with you that is required to treat any pre-existing medical condition.
- Disclose all types of medication, including vitamins and herbal supplements, to your health care provider.
- Avoid knowingly spreading disease.
- Recognize the reality of risks and limits of the science of medical care and the human fallibility of the healthcare professional.
- Be aware of a health care provider's obligation to be reasonably efficient and equitable in providing care to other patients.
- Become knowledgeable about the health plan including all covered benefits, limitations, and exclusions, rules regarding use of network providers, coverage and referral rules, appropriate processes to secure additional information, and the process to appeal coverage decisions.
- Make a good-faith effort to meet financial obligations.
- Abide by administrative and operational procedures of health plans, healthcare providers, and Government health benefit programs.
- Report wrongdoing and fraud to appropriate resources or legal authorities.

IMPORTANT INFORMATION

Limitations and Exclusions

Pre-Existing Conditions Limitations

Health benefits excluded all pre-existing conditions regardless if disclose in the Pre-Employment Medical Examination (PEME) form or later discovered. Unless specifically stated, in writing, otherwise, no benefits will be provided for or on account of the following items:

1. Treatment, services, supplies, or surgeries that is not medically necessary.
2. Treatment, services, supplies, or surgeries that your employer did not authorized.
3. Treatment, services, supplies, or surgeries that your employer considers as preventative treatment or service.
4. Treatment of any bodily injury or sickness that is arising from, or sustained in the course of any occupation or employment for compensation, profit or gain that is not related to your employment or occupation aboard the vessel.
5. Treatment of any bodily injury or sickness that is arising from, or sustained in the course of any activity before you "Signing On" aboard the vessel.
6. Treatment of any bodily injury or sickness that is arising from or sustained in the course of any activity, occupation or employment that you received compensation from a third party or a third party previously paid for such treatment, service, supplies and/or surgery.
7. A sickness or bodily injury, for which benefits are paid or received under any type of worker's compensation, socialized medical program or similar law or program in your country.
8. Any drug, biological product, device, medical treatment, or procedure which is experimental, or investigational or for research purposes.
9. Treatment of nicotine habit or addiction, including, but not limited to, nicotine patches, hypnosis, smoking cessation classes or tapes.
10. Treatment of drug habit or addiction, including, but not limited to, pain killers, prescription drugs, narcotics, over the counter drugs and illegal drugs, hypnosis, drug use cessation classes or tapes, drug treatment programs and/or rehabilitation programs.
11. Treatment of alcoholic beverage habit or addiction, including, but not limited to, hypnosis, Alcoholic Beverage use cessation classes or tapes, Alcoholic Beverage treatment programs and/or rehabilitation programs.
12. Prescription drugs and self-administered injectable drugs unless administered to you:
 - a. While an inpatient in a hospital, or skilled nursing facility or health care treatment facility outside of the vessel;
 - b. By a healthcare practitioner during an office visit; or
 - c. By a home health care agency as part of a covered/approved home healthcare plan and when approved by your employer.
13. Any over the counter drug, supplement product, diet supplements, diet drugs, diet nutritional supplements, and/or special diets required to control any medical condition.
14. In-vitro fertilization; any medical or surgical treatment of infertility; infertility evaluations; infertility services; sex change services; or reversal of elective sterilization.
15. Cosmetic surgery and cosmetic services or devices, unless for reconstructive surgery:
 - a. Resulting from a bodily injury, infection or other disease of the involved part while aboard the vessel and when functional impairment is presented.
Functional Impairment is defined as a direct measurable reduction of physical performance of an organ or body part resulting from an injury while aboard the vessel. Expense incurred for reconstructive surgery performed due to the presence of a psychological condition are not covered, unless the condition(s) described above are also met.
16. Dental services, appliances or supplies for treatment of the teeth, gums, jaws or alveolar processes, including but not limited to, any oral surgery, periodontal surgery, preoperative, postoperative care, implants and related procedures, orthodontic procedures, and any dental services related to a bodily injury or sickness unless otherwise stated herein;
 - a. The exclusion does not apply to
 - i. Extraction of teeth.
17. Services and supplies for treatment of temporomandibular joint disorder or dysfunction (TMJ) and craniomandibular jaw disorders (CMJ) that are recognized as dental procedures. This includes, but is not limited to, the extraction of teeth and the application of orthodontic devices and splints.

IMPORTANT INFORMATION

Limitations and Exclusions continues

18. Sickness or injury for which the seafarer refuses to accept the recommended care and treatment of his or her physician when: (a) the physician believes that no professionally acceptable alternative exists; and (b) the employer has given the seafarer written notice that the employer will only provide the physician's recommended care and treatment.
19. Custodial care.
20. Any treatment, including but not limited to surgical procedures:
 - a. For obesity, which includes morbid obesity,
 - b. For obesity, which includes morbid obesity, for the purpose of treating a sickness or bodily injury caused by, complicated by, or exacerbated by the obesity.
21. Alternative Medicine
22. Chiropractic services or spinal manipulations.
23. Vision examinations or testing for the purposes of prescribing corrective lenses; orthoptic training (eye exercises); radial keratotomy, refractive keratoplasty or any other surgery to correct myopia, hyperopia or stigmatic error; or the purchase, replacement of or fitting of eyeglasses or contact lenses (except as the result of an accident);
24. Any care, treatment, services, equipment or supplies received outside of the services or providers or network of medical providers:
 - a. If you could have reasonably foreseen or anticipated a need before departure from the services area or network of medical providers;
 - b. Which are not authorized by your employer or to the extent they exceed the maximum allowable fee.
25. Treatment of allergies resulting from products, foods, chemicals, clothing, seafood, cleaning solutions, rubber gloves, latex gloves, alcoholic beverage, food additives, dust, milk and dairy products, detergents, and soaps.
26. Services, supplies, and treatment of any type of pregnancy and complications arising from any pregnancy.
27. Treatment and services for the treatment of mental disorders or illnesses of any kind, including, but not limited to, hypnosis, counseling, hospitalization, treatment programs and/or rehabilitation programs.
28. Treatment, services, supplies or surgeries that your employer considers as elective treatment or service
29. Diabetes Type I and Type II

These limitations and exclusions apply even if a healthcare practitioner has performed or prescribed a medically appropriate procedure, treatment, or supply. This does not prevent your healthcare practitioner from providing or performing the procedure, treatment or supply; however, the procedure, treatment, or supply will not be a cover expense.

Therefore, I am signing my name below and adopt this document as my own, to show that I am in agreement with everything that is said on this document.

Seafarer's Name: _____ Seafarer's ID No.: _____

Seafarer's Signature: _____

Date: _____

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**Pre-Employment and Shipboard Employee
Medical Examination Form A.**

Comments: (by medical provider review questions)	
Question #	

I agree to provide my employer information that is correct to the best of my knowledge. I understand that my employer will be unable to promptly investigate any fraud that may arise from any doctor or I falsifying any information in my Pre-Employment Medical Examination. However, I understand and agree that if any doctor or I falsify any information on my Pre-Employment Medical Examination, then my employer can terminate my employment aboard any vessel.

Seaman's Signature: _____ Date: _____ Witness Signature: _____

Seaman's ID: _____

MEDICAL CONSENT/AUTHORIZATION/RELEASE:

My signature below acknowledges that all statements provided by me in this application are true and correct to the best of my knowledge and belief, and I further authorize and consent to the release of any/all of my medical records from any source, including national insurance offices, doctors, hospitals, and/or other institutions or public authorities. This general medical release will also authorize the release of any/all of my psychological or psychiatric records or referrals. I am being tested for Aids Virus. I consent to have the results revealed to my Employer. I understand that falsification will be grounds for loss of benefits and/or termination of employment. My signature further acknowledges my consent to any/all physical examinations and diagnostic testing.

Seaman's Signature: _____ Date: _____ Witness Signature: _____

Doctor's Signature: _____ Doctor's Medical License Number: _____

Reviewed by: _____ Title: _____

DISTRIBUTION: ORIGINAL - Employee (To Take to Ship Medical Facility).
3 SIGNED XEROX COPIES - 1-Hiring Partner for File, 1-Hiring Partner (To Send to ICS c/o Apollo Ship Changers- Medical Department),
1-Physician

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Pre-Employment and Shipboard Employee Medical Examination Form B.

Name: _____ Date of Birth: _____ Date: _____

B. MEDICAL EXAMINATION FORM:

TEMP:	PULSE:	RESP:	B/P:	HEIGHT:	WEIGHT:																									
Urinalysis (circle if Positive)		VDRL	Chest X-Ray	Field Vision	Color Vision	Vision adequate for position per Norwegian requirements? Yes _____ No _____																								
Blood: Leukocytes: _____ Albumin: Bacteria: _____ Glucose: Nitrates: _____ Ketones: Protein: _____ Urobilinogen: Crystals: _____	Reactive _____ Non-reactive _____	WNL _____ Other: _____	R = WNL _____ L = WNL _____	_____ Ishihara _____ Snellen _____ Boston Kugelberg _____ Passed _____ Not Passed																										
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	500hz	1000hz	2000hz	3000hz	4000hz	6000hz	8000hz																							
Rt. Ear																														
Lt. Ear																														

Any subjective signs of impaired hearing or dizziness? Yes _____ No _____
 General information concerning use of hearing protection provided Yes _____ No _____

VACCINATIONS	Date of last vaccination? Please attach copy of vaccination booklet to this form.	REQUIRED TESTS (Attach all LAB TEST results to original)
		Chest X-ray
		VDRL
		Urinalysis
		EKG (all over age 40)
		CBC
		Chemistry-20 Panel
		HIV
		Hepatitis HbSag, HepAlgM, AntiHCV
		Stool test parasitology, culture
		PAP smear (all females)
		Pregnancy Test (all females)

YELLOW FEVER certificate required for Asian, South American and Far East itineraries. Proof of **TETANUS VACCINATION** required

	NORMAL		ABNORMAL		NORMAL		ABNORMAL		NORMAL		ABNORMAL		
Physical Exam	HEENT				THORAX			ABDOMEN			RECTAL		
	MOUTH			LUNGS			SHAPE			HEMORRHOIDS			
	TONSILS			PERCUSSION			TENDERNESS			PROSTATE			
	PHARYNX			AUSCULTATION			MASSES			FISTULA			
	EARS			EXTREMITIES			SCARS			EMOTIONAL			
	EYES			VARICOSE VEINS			HERNIA			STATUS			
	NECK			EDEMA			CIRCUMCISED						
	NODES			DISCOLORATION			TESTICLES			NOTES/COMMENTS:			
	MOTION			DEFORMITIES			PELVIC						
	THYROID			BREAST			NEURO						
HEART						MOTOR							
RHYTHM						SENSORY							
MURMURS						REFLEXES							

	NORMAL		ABNORMAL		NORMAL		ABNORMAL		NORMAL		ABNORMAL	
Range of Motion	CERVICAL			ELBOW			LUMBAR			ANKLE		
	FORWARD FLEXION			RETAINED FLEXION			FORWARD FLEX			DORSAL FLEX		
	EXTENSION			EXTENSION			EXTENSION			PLANTAR FLEX		
	LATERAL FLEXION			PRONATION			LAT. FLEX			INVERSION		
	ROTATION			SUPINATION			ROTATION			EVERSION		
	SHOULDER			WRIST			SLR (SITTING)			FEET		
	FORWARD ELEV.			PRONATION			SLR (SUPINE)			INSPECTION		
	BACKWARD ELEV.			SUPINATION			HIP			ARCH STATUS		
	ABDUCTION			DORSIFLEXION			FLEXION			FLAT		
	ADDUCTION			PLANAR FLEXION			EXTENSION			NOTES/COMMENTS:		
INT. ROTATION			ABDUCT			ABDUCTION						
EXT. ROTATION			ADDUCT			ADDUCTION						
			FINGERS			INT. ROTATION						
			FLEXION			EXT. ROTATION						
			EXTENSION			KNEE						
						RETAINED FLEX						
						EXTENSION						

JOB SPECIFIC PERFORMANCE:

_____ Fit for work: (the crew member is not believed to be suffering from any sickness or physical or mental ailment making him unfit for service or which may endanger the health of the other persons onboard.)

_____ Unfit for work (Reason: _____) Fit after defect corrected (Describe: _____)

Physician Signature: _____ Printed Name: _____ Date: _____

Address: _____ Phone Number: () _____

SUMMARY OF ALL REQUIRED EXAMS

YOU MUST ATTACH THE ACTUAL LABORATORY TESTS' REPORTS TO THIS SUMMARY

BLOOD CHEMISTRY	Normal Values	Results	CBC	Normal Values	Results
Glucose			White Blood Cells (WBC)		
BUN			Red Blood Cells (RBC)		
Creatinine			Hemoglobin		
Total Bilirubin			Hematocrit		
Direct Bilirubin			MCV		
Indirect Bilirubin			MCH		
Alanine aminotransferase (ALT)			Lymphocytes		
Aspartate aminotransferase (AST)			Monocytes		
Albumin			Granulocytes		
Total Protein			URINALYSIS	Normal Values	Results
Alkaline Phosphatase			Color		
Uric acid			Appearance		
Total Cholesterol			Ph		
Tyglycerides			Nitrites		
STOOL EXAM	Positive	Negative	Glucose		
<i>If results are abnormal, indicate treatment. Follow-up with subsequent results of Negative Stool Exams</i>			Ketones		
Culture			Protein		
Parasitology			urobilin		
			WBC		
RENAL/CREW	Positive	Negative	RBC		
Pregnancy Test			Epithelial Cells		
	Class I	Class II	Crystals		
PAP Smear *			Bacteria		
*If PAP Smear result is not either a class I or II, or shows any abnormal results, indicate treatment.			Other Exams Required	Positive	Negative
	Date	Reference Number	H.I.V. (AIDS)		
Vaccinations:			VDRL (SYPHYLIS)		
Yellow Fever			HbsAg (surface antigen)		
Tetanus			HepA (IgM)		
			AntiHCV		
			Abdominal Ultrasound		