

responsibility to reveal to the Approved Doctor the outcome of any previous medical examination. They should also inform the Approved Doctor of any significant medical condition they may have, or medical treatment they are undergoing at the time of the examination. Failure to do so may be considered as obtaining a certificate under false pretences, which is an offence under fraud legislation. The Approved Doctor will also carry out an examination, including testing eyesight and colour vision.

- 4.6 It may be necessary, with the seafarer's consent, for the Approved Doctor to obtain information from the seafarer's General Practitioner or consultant or other doctor providing medical care to the seafarer. When it is necessary to consult with other doctors, the usual ethical considerations about patient consent and medical confidentiality apply, but the decision on fitness for seafaring, in accordance with the required Standards, rests with the Approved Doctor, subject to the review procedure (described in paragraph 9 of this Notice).
- 4.7 The Approved Doctor is required to keep full clinical notes of any detailed medical examination, and records including a completed medical report form (ENG 2) must be retained for 10 years. Any records relating to health surveillance under the terms of the Merchant Shipping (Health and Safety at Work) Regulations 1997, and related legislation must be retained for up to 40 years. Approved Doctors are also required to send statistical returns to the MCA on examinations carried out. Form MSF 4103 must be used for this purpose. MCA will supply the form when requesting the return. These records may be subject to clinical and administrative audit by the MCA to ensure that Approved Doctors are following MCA medical Standards and procedures correctly.

5. Statutory Standards of medical fitness (Regulation 8)

- 5.1 Approved Doctors are required to determine a seafarer's fitness by reference to the statutory medical and eyesight Standards set out in Annex A to this Notice (also available to download from the MCA web site www.gov.uk/government/publications/msn-1839-seafarer-fitness-standards-and-guidance). The Standards provide for flexibility to reflect relative risk; this enables doctors to take some account of particular circumstances, such as distance from medical care, and normal duties and requirements for crew members. In accordance with international guidelines, the Approved Doctor may also consider it appropriate to undertake additional tests such as audiometry and physical fitness, as well as giving lifestyle guidance, immunisations and tuberculosis screening. Additional charges may be incurred for additional tests and immunisations.

5.2 Medical fitness Standards

- 5.2.1 It is clearly not possible to cover every medical condition within the specified Standards. As a general principle the Approved Doctor should be satisfied in each case that no disease or defect is present which could either be aggravated by working at sea, or represent an unacceptable health risk to the individual seafarer, other crew members or the safety of the ship.
- 5.2.2 Apart from the purely medical aspects, the occupational circumstances which apply at sea should be fully considered, especially in any borderline case. Particular factors which should be taken into account are:
- a) the potentially hazardous nature of seafaring, which calls for a high standard of health and continuing fitness;
 - b) the restricted medical facilities likely to be available on board ship. Few ships carry doctors, medical supplies are limited and unless a ship is in port there will be delay before full medical treatment is available;



- c) the possible difficulty of providing/ replacing required medication. As a rule, a seafarer should not be accepted for service if the loss of a necessary medicine could precipitate the rapid deterioration of a medical condition;
- d) the confined nature of life on board ship and the need to be able to live and work in a closed community;
- e) the limited crew complements which mean that illness of one crew member may place a burden on others or impair the safe and efficient working of the ship;
- f) the potential need for crew members to play a role in an emergency or emergency drill, which may involve strenuous activity in adverse conditions;
- g) since many seafarers will need to join and leave ships by air, they should be free from any condition which precludes air travel or could be seriously affected by it, such as pneumothorax or conditions which predispose to barotraumas.

5.2.3 The Approved Doctor should be satisfied that no condition is present which is likely to lead to problems during the voyage and no treatment is being followed which might cause adverse side effects. It would be unsafe practice to allow a seafarer to go to sea with any known medical condition where there was the possibility of serious exacerbation requiring expert treatment. Where medication is acceptable for seafarers, the individual seafarer should arrange for a reserve stock of the prescribed drugs to be held in a safe place, with the agreement of the ship's master.

5.3 Eyesight Standards

5.3.1 The Approved Doctor must also ensure that the seafarer meets the visual acuity and colour vision Standards. The UK's Standards for visual acuity are based on the international standards laid down in the IMO Convention on the Standards of Training, Certification and Watchkeeping (STCW 78 as amended). Candidates will be tested for each eye separately and must meet both the high standard required with visual aids (where needed), and a minimum standard without visual aids, in order to ensure that in an emergency they have adequate vision to carry out emergency procedures safely. For colour vision, candidates are screened using Ishihara plates. It is essential that seafarers applying for Certificates of Competency as deck or dual career (merchant/fishing) officers have full colour vision.

5.3.2 A deck applicant who fails the Ishihara test may arrange for their colour vision to be re-tested free of charge using an MCA approved lantern at one of the MCA Marine Offices that offer lantern tests (listed at Annex B). Failure in this test will mean that a medical certificate may only be issued with a restriction precluding lookout duties.

5.3.3 Applicants intending to work as engineer or radio officers must also meet colour vision requirements and those who fail the Ishihara test may be re-tested by any registered optometrist using the Farnsworth D15 or City University tests. Failure in these tests will mean that a certificate will only be issued with a restriction precluding work with colour-coded cables and equipment.

5.3.4 In view of the importance of meeting the eyesight Standards, anyone considering a sea-going career is strongly advised to have a full sight test by an optometrist before beginning training to ensure that they meet the Standards.

5.4 Categories of medical fitness

5.4.1 The following categories are applied in assessing whether or not a seafarer is fit in terms of the medical and eyesight Standards:

Category 1 : Fit for sea service, with no restrictions



Category 2 : Fit for sea service but with restrictions

Category 3 : Temporarily unfit for sea service. The Approved Doctor must specify the duration of the period of unfitness.

Category 4: Permanently unfit for sea service. This category will normally be considered to last for a minimum of five years and may only be changed at a later date if an Approved Doctor is presented with medical evidence of the reversal of the original medical condition. Review by a Medical Referee may also be required.

5.4.2 **Restrictions:** The Approved Doctor may issue a seafarer with a “Fit” certificate with restrictions on the geographical locations or duties in which the seafarer is fit to work – for example, the restriction “not fit for lookout duties” where the seafarer has a colour vision deficiency, as mentioned above. This restriction will be written on the face of the ENG 1 certificate, and is a notification to any employer, the master, and to the issuing authority for any Certificate of Competency issued. There are a small number of restrictions which may preclude the issue of certain certificates of competency. MCA will advise.

5.4.3 **Conditions:** The Regulations also provide for the Approved Doctor to set conditions for the issue of a medical fitness certificate. A condition is a formal notification from the Approved Doctor to the seafarer of measures that must be taken in order for the seafarer’s medical fitness to be maintained. This should be put in writing, but should not be written on the ENG 1 certificate since it should be confidential between the doctor and the seafarer. It will however, on occasion, be necessary for the seafarer to make their employer or master aware of the condition agreed, for example where the seafarer is required to take regular medication which must be carried on board.

6. Issue of medical certificate (Regulation 8)

6.1 If the Approved Doctor considers the seafarer is fit to perform the duties they are to carry out at sea and meets the medical and eyesight Standards, the Approved Doctor will issue a medical fitness certificate (form MSF 4104 known as the ENG 1) under Category 1 or 2.

6.2 If the Approved Doctor considers the seafarer is temporarily unfit for a period of more than three months (Category 3) or permanently unfit (Category 4) or issues any certificate subject to a restriction (Category 2), they must issue the seafarer with a Notice of Failure/Restriction (form MSF 4106, known as the ENG 3), which the seafarer can use to apply for a review of the Approved Doctor’s decision (“appeal”). It is helpful to the seafarer in deciding whether or not to apply for a review, if the Approved Doctor discloses to the seafarer the medical reasons for the refusal of a certificate or the inclusion of a restriction, unless the Approved Doctor considers that such disclosure would be harmful to the seafarer’s health. The period of unfitness may range from a few weeks (e.g. to allow simple investigations to be undertaken) to a year or more (e.g. pending treatment). Seafarers considered temporarily unfit for a period of 3 months or less, under Category 3, do not have a right of review.

6.3 It is the responsibility of the employer, or those authorised to act on his behalf, to ensure that the decision and any restriction (or, where disclosed, condition) imposed by the Approved Doctor is taken fully into account when the engagement or the continued employment of a seafarer is under consideration. This should include considering whether it is possible to accommodate such restrictions by making “reasonable adjustments” to the seafarer’s duties or working environment, in compliance with the Disability Discrimination Act.



6.4 The ENG 1 certificate is the property of the seafarer and must be carried on board the ship on which they are working. If a certificate is lost or damaged, the Approved Doctor who issued the original certificate may, at their discretion, issue a replacement certificate. The Approved Doctor will notify MCA of the seafarer's name, date of birth and the serial number of the original ENG 1 and the new certificate issued. The Approved Doctor may make an administrative charge for a replacement certificate (Regulation 17). However, if a significant period of time has passed since the medical examination was carried out, they may consider that a new examination is required so that they can issue a new certificate.

7. Validity of medical fitness certificates (Regulation 9)

7.1 The medical fitness certificate will specify the date that the medical examination was carried out and the expiry date of the certificate. Under the Regulations, the maximum validity period for all seafarers over 18 (including those working on chemical carriers) is 2 years, and for seafarers under 18 years old, 1 year. If the seafarer's health demands it, an Approved Doctor may issue a certificate valid for a period of less than 2 years.

8. Certificates accepted as equivalent to an ENG 1 medical fitness certificate (Regulations 10 and 11)

8.1 There are two groups of certificates which the MCA accepts are equivalent to the ENG 1 in particular circumstances:

- (a) for the crew of a passenger vessel of Class VI or VI(A), and for the master and crew of a small commercial vessel of large yacht operating under the appropriate MCA Code of Practice which goes no more than 60 miles from shore, an ML5 (Regulation 10). See also MGN 264 (Medical Fitness Requirements for Those Employed on Boats Certificated under MCA Codes of Practice, Crew of Seagoing Local Passenger Vessels and Non-seagoing Boatmasters);
- (b) for any vessel, a certificate of medical fitness issued by the Maritime Authority of any country which is recognised by the UK as complying with STCW 78 as amended and as equivalent to the UK certificate. The countries whose certificates are recognised as equivalent are listed in MSN 1815 (Regulation 11). The certificate must show key information in English. It remains valid until the expiry date shown on the certificate.

9. Reporting of medical conditions (Regulation 12)

9.1 If a seafarer is absent from work for 30 days or more for a medical reason (illness or injury), they must report the reason as soon as possible to an approved medical practitioner (if practicable the one who issued their certificate) who will advise whether a further medical examination is required before the seafarer returns to work.

9.2 Similarly, if a seafarer develops a medical condition which may affect their fitness to work at sea, they must report this to an Approved Doctor and if advised to do so, attend for a medical examination for re-issue of their medical certificate.

9.3 In either case, once the absence or condition is identified, the seafarer's medical fitness certificate is suspended until they have been assessed by a medical practitioner. This may not require examination, but as a minimum, advice should be sought from the medical practitioner. Failure to seek re-assessment in the light of a newly identified medical condition may put at risk both the seafarer concerned and those they work with.



9.4 Where a seafarer on a UK ship holds a medical certificate issued on behalf of another maritime administration, they should consult the issuing authority. If that is not practicable, advice should be sought from a UK Approved Doctor, who may advise the seafarer undergoes an examination for a UK ENG 1 medical certificate.

9.5 A seafarer who is the holder of a valid medical certificate may at any time be required by the employer or owner or master of a ship, if in accordance with their terms and conditions, to obtain a new certificate where as a result of illness, injury or reasonable cause it is believed the seafarer may no longer meet appropriate minimum standards.

10. Suspension and cancellation of a certificate (Regulation 13)

10.1 If an Approved Doctor has reasonable grounds for believing that:

- (a) there has been significant change in the medical fitness of a seafarer while holding a valid certificate; **or that**
- (b) the seafarer is not complying with the terms of a condition of issue of the certificate; **or that**
- (c) they did not have full details of the seafarer's condition at the time of examination, and if they had done so he could not reasonably have considered that the seafarer met the required standards; **or that**
- (d) the medical fitness certificate was not issued in accordance with the Regulations;

the Approved Doctor may either:

- (a) suspend the certificate until the seafarer has undergone a further medical examination; **or**
- (b) suspend it for such period as they consider the seafarer will remain unfit to go to sea; **or**
- (c) cancel the certificate if they consider that the seafarer will remain permanently unfit to go to sea

and must notify the seafarer accordingly.

10.2 In the event of a decision to cancel or suspend the medical certificate, the Approved Doctor should exercise his right under the Regulations to require the surrender of the medical certificate (Regulation 13(3)). If for any reason the certificate is not returned, the Approved Doctor should inform the MCA's Medical Administration Team at the address at the end of this Notice, who will take appropriate action.

10.3 A seafarer required to hold a valid medical fitness certificate is required to produce it to a proper authority (for example an inspector appointed under Section 258 of the Merchant Shipping Act 1995, or a Port State Control inspector) on demand.

10.4 A seafarer whose medical fitness certificate is suspended for more than three months or cancelled has a right of review of that suspension or cancellation.

11. Application for a review ("appeal" - Regulation 14)

11.1 Any seafarer (including new entrants) found permanently unfit (Category 4), or fit only for restricted service (Category 2), or whose certificate is cancelled or suspended for more than 3 months by an Approved Doctor, has a right of review (appeal) by an independent Medical Referee appointed by the Secretary of State for the Department



for Transport. A seafarer has no right of appeal against a condition notified by an Approved Doctor under Regulation 8(2)(b) (see paragraph 5.4.3).

- 11.2 A seafarer who wishes to apply for a review should complete the application form which forms part of the Notice of Failure/ Restriction (ENG 3) which will be issued by the Approved Doctor, and forward it to the MCA's Medical Administration Team at the address at the end of this Notice. The application should be made within **one month** of the date on which the seafarer is given notice by the Approved Doctor of refusal, restriction or suspension of a certificate. The MCA will then arrange for the appeal to be considered by a Medical Referee.
- 11.3 In signing the application for review, the seafarer is also giving authority for the Approved Doctor to release his or her report to the Medical Referee. If the applicant wishes to submit additional medical evidence in support of their application they should arrange for this to be sent to the Medical Referee before the appointment date.
- 11.4 Before exercising the right of review, the seafarer may wish to seek independent medical advice from their General Practitioner (GP), or perhaps from their trade union or employer. The cost of the review, and of any additional specialist reports required by the Medical Referee in order to make their decision, is met by MCA. The seafarer is responsible for their travel costs to their appointment, and if having agreed the appointment time with the referee they fail to attend without giving due notice, may be required to cover the cost of the missed appointment.
- 11.5 Medical Referees are empowered, while working to the same medical and eyesight Standards as the approved medical practitioner:
- to ensure that the diagnosis has been established beyond reasonable doubt, in accordance with the medical evidence on which the Approved Doctor reached their decision and, if necessary with the assistance of a report from a Consultant in the appropriate specialty,
 - to determine whether the medical and eyesight Standards, especially those with a discretionary element, have been properly interpreted; and
 - to consider the possibility of a seafarer, previously declared permanently unfit, returning to sea in some capacity.
- 11.6 Where a Medical Referee has determined that a seafarer is permanently unfit to go to sea, MCA will not normally allow a further application for review from that seafarer within five years of that determination.
- 11.7 In cases not specifically covered by the statutory medical and eyesight Standards, or in cases where the Approved Doctor has assessed the seafarer as "permanently unfit" and exceptional medical considerations apply, the Medical Referee should decide an appropriate fitness category after obtaining relevant information from the Approved Doctor who made that assessment and consideration of all the evidence presented to them.
- 11.8 The Medical Referee should reach a decision within 2 months of the date on which the review was lodged with the MCA, or longer where necessary, subject to agreement with the MCA.

12. Transfer of night workers to day work (Regulation 15)



12.1 Under the Regulations, “night” is defined as a period of 9 consecutive hours including the period between midnight and 5am. Although the Regulations are expressed in “local” time, it is recognised that “ship’s time” may be different when a vessel is at sea.

12.2 In assessing the medical fitness of a seafarer with watchkeeping responsibilities, the Approved Doctor or Medical Referee will consider whether any health problems are due to the fact that the seafarer performs night work. If so, they should so certify and the seafarer’s employer should, where possible, transfer the seafarer to a suitable job not involving night work.

13. MCA Approved Doctors

13.1 Medical practitioners approved by the MCA to carry out seafarer medicals must:

13.1.1 if based in the United Kingdom, be fully registered with the General Medical Council of Great Britain and hold a valid Licence to Practice.

13.1.2 If based outside the United Kingdom,

(a) be qualified from one of the medical schools listed in the Avicenna Directory (see <http://www.who.int/hrh/wdms/en/>);

(b) be entitled to practise in the country or territory in which that practitioner is based;

(c) satisfy the MCA that they are subject to a programme that ensures maintenance of their medical skills;

(d) have a good command of the English language.

14. References to this Notice in the Merchant Shipping (Maritime Labour Convention) (Medical Certification) Regulations 2010 (as amended)

Regulation 8(1)(d), regulation 12(3) and regulation 13(1)(c): The medical standards specified by the Secretary of State to which a medical practitioner must have regard when examining a seafarer in accordance with the Regulations are those set out in Annex A. Guidance on the application of those standards is given in Section 5 of this notice.

Regulation 8(1), regulation 14(5) and regulation 14(6): The form of a medical fitness certificate is specified in paragraph 6.1. The Categories of medical fitness which may be certified are specified in section 5.4.

Regulation 8(2): The conditions which a practitioner may impose on a medical fitness certificate under regulation 8(2)(b) are those specified in paragraphs 5.4.3.

Regulation 10: The Secretary of State has specified the forms of certificate of medical fitness which are equivalent to a medical fitness certificate for work on a Code vessel or domestic passenger vessel (except for the master of a sea-going domestic passenger vessel). These are specified at paragraph 8.1(a).

The Secretary of State has also specified certificates of medical fitness to work as a seafarer issued on the authority of the maritime authority of certain countries or territories outside the UK as equivalent to a UK medical fitness certificate (Regulation 11). Those countries are listed in Merchant Shipping Notice MSN 1815(M).

Regulation 14(5), (6) and (7): The medical standards specified by the Secretary of State to which a medical referee must have regard when examining a seafarer in accordance with the Regulations are those set out in Annex A. The form of a medical fitness certificate is specified in paragraph 6.1.



Regulation 16(2): The forms to be used by medical practitioners and medical referees in keeping records and making returns required by regulation 16(1) (in respect of medical examinations and reviews) are specified in paragraph 4.7.

More Information

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Safer Lives, Safer Ships, Cleaner Seas



MEDICAL AND EYESIGHT STANDARDS FOR SEAFARERS

The following standards are those to be used by MCA Approved Doctors in assessing the fitness of seafarers. They take effect from 7 August 2014, and should be used in conjunction with the guidance laid down in this MSN and the Approved Doctor's manual.

The medical conditions are listed in the table under the following main headings:

- | | |
|-----------------------------------|-------------------------------|
| 1. Infections | 9. Digestive system |
| 2. Cancers | 10. Genito-urinary conditions |
| 3. Endocrine and metabolic | 11. Pregnancy |
| 4. Blood disorders | 12. Skin |
| 5. Mental disorders | 13. Musculo-skeletal |
| 6. Diseases of the nervous system | 14. Sensory |
| 7. Cardio-vascular system | 15. General |
| 8. Respiratory system | 16. Physical Fitness |

Appendix 1 - Eyesight standards

Notes

- Numbers 1–4 in the last 3 columns of the table refer to fitness categorisations to be used on seafarer medical certificates. [See para 5.4 above] These are:

Category 1: Fit for sea service, with no restrictions

Category 2: Fit for sea service **but with restrictions**

Category 3: Temporarily unfit for sea service

Category 4: Permanently unfit for sea service

- For those seafarers under regular surveillance and monitoring for a progressive condition, limiting the duration of their certificate to correspond with their next surveillance appointment should be considered. This would enable the fitness decision to be modified to take account of any new findings or changes to therapy. (N.B. A time limitation is not a restriction and no ENG 3 should be issued).
- For some conditions, continuity of follow up is essential. Such conditions are identified by "C". Where this is indicated, the seafarer should attend the same Approved Doctor for all medicals subsequent to diagnosis. If this proves impossible, any new Approved Doctor should only perform an examination when they have received a full report, records of previous examinations and details of the criteria being used by the previous Approved Doctor, to determine the adequacy of control of the condition.
- Complex conditions will often require a specialist assessment of fitness for return to seafaring. Such conditions are identified by 'S'. Approved Doctors who are not registered specialists in occupational medicine should, if they are in any doubt about fitness;
 - either refer the seafarer to an Approved Doctor who is a registered specialist; or
 - obtain a report from a specialist in the relevant clinical speciality, asking specific questions which address risks relevant to the illness under working conditions at sea and fitness for the duties proposed, prior to issuing a certificate.
- Examples of standard restrictions are given in chapter 3 of the Approved Doctor's Manual. In accordance with the requirements of the revised International Convention on Standards of Training, Certification and Watchkeeping (STCW 78 as amended), sea areas are defined as:
 - UK near-coastal: within 150 miles from a safe haven in the UK or 30 miles from a safe haven in Eire;
 - or
 - Unlimited: worldwide

6. Where maintenance of fitness is dependent on continuing use of medical devices, medication or surveillance, the issue of a certificate may be made conditional on compliance. To preserve confidentiality this requirement need not be entered on the certificate but should be discussed with the seafarer and recorded in writing with a copy of the conditions given to the seafarer. This may also require issue of a time limited certificate (see 3).
7. Eyesight Testing - (item 14.4 in the table) - detailed standards are attached as Appendix 1 to the table.
8. Physical fitness testing (item 16 in the Table) - guidance on assessment of minimum entry-level and in-service physical abilities for seafarers has been agreed and issued as an amendment to the STCW Code at Table B-1/9. A copy of this is attached as Appendix 2 to the table.
9. Cognitive impairment - Approved Doctors should be alert to the possibility of cognitive impairment and recognise that assessment by a neuro-psychologist may be appropriate, for instance in those who have had head injuries.
10. It is expected that Approved Doctors will be complying in all cases with current clinical guidelines on diagnosis and advice.
11. Discretion - Approved Doctors may exercise reasonable discretion when certain conditions are newly diagnosed in a seafarer who only works on vessels operating close to shore and who can be put ashore readily without recourse to emergency services. The condition should neither pose a safety-critical risk in the job performed, nor lead to serious complications within the time taken to return to shore and obtain medical care. The basis for applying any such discretion should be fully explained to the seafarer and normally a certificate, suitably restricted (both medically and geographically) of not more than 3 months duration should be issued, so that progress towards resolution of the condition can be monitored.
12. Use of Approved Doctor's Manual: The table shows where additional guidance on particular conditions is provided for Approved Doctors. In these cases, the table entries are a summary of a more complex decision process, and ADs should consult the Approved Doctor's Manual before making a decision.

Table of Standards

Ref No	Condition	Rationale, risk basis/Justification	Advice to seafarers and maritime industry. Preventative measures	New diagnosis or current condition (see note 11 above)	Fitness category after investigation/resolution Reasonable adjustments
1.0	INFECTIONS				
1.1	Gastro intestinal infection (seafarers should be familiar with procedures in Chapter 14 of the MCA Code of Safe Working Practices for Merchant Seamen).	Infection risk to others, risk of recurrence.	Awareness of risks. Pre-voyage questionnaire and requirement to report symptoms: especially catering staff. Withdraw from food handling and increase hygiene standards if case occurs on voyage.	3 - until resolved.	<u>Non-catering duties</u> - 1 - when satisfactorily treated OR resolved. <u>Catering duties</u> - Fitness decision to be based on medical advice. May require bacteriological clearance of faecal specimens if suspicion of bacterial cause that may be persistent.
1.2	Other infection .	Infection risk to others, risk of recurrence. See MGN 399 for advice on prevention of infectious disease at sea by immunisations and anti-malaria medication.	Inoculation, malaria prophylaxis.	3 - until resolved	Clinical decision based on nature of infection.
1.3	Pulmonary TB. AD Guidance 1	Infection risk to others, risk of recurrence.	Screening: X-ray, skin test. Early recognition of cases and contact tracing.	3 - Positive screening test or clinical history ¹	1 - (a) when assessment completed AND no disease identified or (b) when treatment has been completed AND disease resolved 1 time limited - issue certificate for 3 months - if in contact with infectious case in the last three months 2 time limited - restricted to UK near-coastal waters, until next appointment - when no longer infectious but still on treatment and under specialist supervision. 4 - Relapse or severe residual damage. See AD guidance 1

¹ Assessment based on clinical history in residents of countries with incidence rates below 50 per 100,000. Chest X-ray or other specific diagnostic test in
(a) new seafarers from countries with higher rates, or
(b) where clinically indicated
and every four years thereafter. (Check categorisation of countries on www.who.int/ith/maps)

Ref No	Condition	Rationale, risk basis/Justification	Advice to seafarers and maritime industry. Preventative measures	New diagnosis or current condition (see note 11 above)	Fitness category after investigation/resolution Reasonable adjustments
1.4	Sexually transmissible diseases.	Acute disability, recurrence.	Advice on safe sex and if infected, on risks to sexual partners. Supply of condoms.	3 - until diagnosis confirmed and treatment initiated Consider 2 , UK near-coastal, if oral treatment regime in place and symptoms non-incapacitating.	1 - on successful completion of treatment, confirmed by tests for lack of infectivity where clinically indicated.
1.5	HIV+ AD Guidance 2	Progression to AIDS. Transmissible by contact with blood or other body fluids.	Advice on safe sex and if infected, on risks to sexual partners. Supply of condoms.		1 - HIV stage 1, CD4 count above 350 and no reasonably foreseeable risk of disease progression from side effects of treatment or requirements for frequent surveillance. (Time limited where appropriate.) 2 - restricted to UK near-coastal waters: HIV stage 2, CD4 count above 350 AND low risk of disease progression 3 - treatable HIV associated conditions present OR treatment likely to cause impairing side effects. 4 - impairing HIV associated conditions without scope for improvement. S - Obtain specialist opinion if uncertain. See AD guidance 2
1.6	Hepatitis A	Transmissible by food or water contamination	Immunisation - see MGN 399. Good food and personal hygiene	3 - until jaundice resolved AND liver function tests returned to normal	1 - Provided full recovery confirmed by liver function testing.
1.7	Hepatitis B, C etc AD Guidance 2	Transmissible by contact with blood or other body fluids. May be persistent after clinically resolved. Risk of permanent liver impairment and liver cancer.	Immunisation - see MGN 399. Safe sex and protection against contact with infected blood.	3 - until jaundice resolved AND liver function tests returned to normal.	1 - if full recovery AND confirmation of low level of infectivity. Case by case decision taking based on duties and voyage patterns. 4 - Persistent liver disease OR cancer-causing impairment of function OR high risk of complications See AD guidance 2
2.0	CANCERS				
2.1	Malignant neoplasms – including lymphoma, leukaemia and related conditions AD Guidance 3	Recurrence - especially acute complications e.g. risk to self from bleeding and to others from seizures.	Advice on risk from smoking and sun. Control of asbestos exposure. Screening of breast and cervix. Consider need for safe storage and administration of	3 - until investigated, treated and prognosis assessed.	1 - cancer diagnosed more than 5 years ago. No continuing risk or impairment. 1 - time limited if (a) cancer diagnosed less than 5 years ago AND (b) there is no current impairment of performance of normal or emergency duties or living at sea AND

Ref No	Condition	Rationale, risk basis/Justification	Advice to seafarers and maritime industry. Preventative measures	New diagnosis or current condition (see note 11 above)	Fitness category after investigation/resolution Reasonable adjustments
			any medication as well as continued use in the event of adverse effects, infection, other illness or injury. Advise seafarer and, with their agreement, the employer.		(c) minimal risk of recurrence (see AD Guidance) 2 - restricted to UK near-coastal waters if minor continuing impairment that does not interfere with essential tasks AND any recurrence is unlikely to require emergency medical treatment. 4 - where significant continuing impairment or risk of recurrence. S - Specialist assessment required. C - Reassessments required. See AD Guidance 3
3.0	ENDOCRINE AND METABOLIC				
3.1	Endocrine disease (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes)	Risk of disability, recurrence or complications		3 - until treatment established AND stabilised without adverse effects Consider 2 - case by case assessment for UK near-coastal	Case by case assessment S - if any uncertainty about prognosis or side-effects of treatment. Need to consider likelihood of disabling complications from condition or its treatment, including problems taking medication, and consequences of infection or injury while at sea. Addison's disease: The above risks will usually be such that a certificate for unlimited operations should not be issued.
3.2	Diabetes - non insulin treated by diet AD Guidance 4	Progression to insulin use, increased risk of visual, neurological and cardiac problems	Screening at medical. Advice on vascular risk factor control	2 time limited - UK near-coastal waters and non-watchkeeping duties until stabilised 3 - worldwide and watch-keeping until stabilised - up to 6 months	1 - When stabilised, in the absence of complications AND if diet, weight and risk factor control good 1 time limited - When stabilised, if compliance poor. To check diet, weight and vascular risk factor control. Obtain report from treating clinician where there is any doubt about the management of the condition or when any complications from diabetes are suspected. See AD guidance 4

3.3	Diabetes - non insulin treated by oral medication AD Guidance 4	Progression to insulin use, increased risk of visual, neurological and cardiac problems. Side effects from medication.	Screening at medical. Advice on vascular risk factor control	2 time limited - UK near-coastal waters and non-watchkeeping duties until stabilised 3 -Worldwide and watch-keeping - until stabilised - up to 6 months	1 - When stabilised, in the absence of complications, if diet, weight AND risk factor control good 1 time limited - a) If compliance poor. To check diet, weight and vascular risk factor control. b) If treating clinician indicates that change of treatment may be needed in next two years 2 - as appropriate if side effects from medication e.g. from watchkeeping when using sulphonyl ureas. Obtain report from treating clinician where there is any doubt about the management of the condition or when any complications from diabetes are suspected. See AD guidance 4
3.4	Diabetes - insulin using AD Guidance 4	Safety-critical risk from hypoglycaemia. Risk to self from loss of blood glucose control. Increased risk of visual, neurological and cardiac problems	Advice on vascular risk factor control. Recognition of reduced blood glucose levels; need for sufficient insulin correctly stored.	3 - from start of treatment until stabilised - up to six months	No unrestricted certificates to be issued. Consider 2 time limited - No solo watchkeeping, no lone working or work at heights. UK near-coastal waters only. May also be considered for waters on vessel with ship's doctor if control excellent and under regular surveillance (see AD guidance), subject to prior individual risk assessment in respect of voyage pattern and routine and emergency duties in proposed employment. 4 - If poorly controlled or not compliant with treatment. Reassessments C See AD guidance 4
3.5	Obesity/abnormal body mass AD Guidance 5	Accident to self, reduced mobility and exercise tolerance in routine and emergency duties. Increased risk of arterial disease, diabetes and arthritis	Dietary and health risk advice at medical	Worldwide - consider 3 - if Body Mass Index over 35 until reduced. Set target weight. UK near-coastal - assess based on job requirements.	1 - (a) if BMI between 30 and 35 and attributable solely to physique with broad shoulders/large muscle bulk with main muscles clearly defined and not obscured by subcutaneous fat. OR (b) if capability and exercise test performance average or better, BMI steady and no co-morbidity. 1 time limited – (a) if BMI increasing or above 35, OR (b) if capability or exercise test on borderline between average and poor; OR (c) recommendations made at last examination not complied with, but able safely to perform essential duties AND no increased risk from co-morbidity 2 - limited to UK near-coastal waters or to restricted duties - if as above and in addition - (a) unable to perform certain tasks but able to meet

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					<p>routine and emergency capabilities for assigned safety critical duties, OR (b) in the presence of other cardiovascular, musculoskeletal or respiratory factors</p> <p>3 - if safety critical duties cannot be performed, exercise test performance is poor, other investigations are in progress or there is demonstrable failure to follow recommendations but the individual may be able to meet requirements after a programme of diet and exercise.</p> <p>4 - If above criteria not met and remediable action is impracticable</p> <p>See AD guidance 5</p>
4.0	BLOOD DISORDERS				
4.1	Blood-forming organs	Varied - recurrence of abnormal bleeding and also possibly reduced exercise tolerance or low resistance to infections		3 - while under investigation	4 - Chronic coagulation disorders Case by case assessment for other conditions
4.2	Anaemia	Reduced exercise tolerance		3 - while under investigation for worldwide. Consider 2 for UK near-coastal waters - assess by symptoms	Worldwide - 3 until haemoglobin normal and stable Consider 2 – UK near-coastal waters - case by case assessment
4.3	Splenectomy (history of surgery)	Increased susceptibility to certain infections	Advice on prophylaxis for infections		2 - Case by case assessment - likely to be fit for coastal and temperate work but may need restriction on service in tropics
5.0	MENTAL, COGNITIVE AND BEHAVIOURAL DISORDERS				
5.1	Psychosis (acute) – whether organic, schizophrenic or other category listed in the International Classification of Diseases. Bipolar (manic depressive) disorders AD Guidance 6	Recurrence leading to changes to perception/cognition, accidents, erratic and unsafe behaviour. Medication can impair performance.		3 - until investigated and stabilised	<p>1 - Five years since last episode if no further episodes AND no residual symptoms AND no medication needed</p> <p><u>Following single episode with provoking factors</u> 2 time limited - at least 3 months since end of episode. Restricted to UK near-coastal waters and not to work as master in charge of vessel AND provided that seafarer (a) has insight, AND (b) is compliant with treatment, AND (c) has no impairing effects from medication. 6-monthly surveillance for at least 1 year. Then case by</p>

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					<p>case assessment on return to full duties.</p> <p><u>Following single episode without provoking factors or after two or more episodes</u></p> <p>2 time limited - at least 2 years since end of last episode. Restricted to UK near-coastal waters and not to work as master in charge of vessel, AND provided that seafarer</p> <p>(a) has insight, AND (b) is compliant with treatment; AND (c) has no impairing adverse effects from medication. 6-monthly surveillance for at least 1 year. Then annually.</p> <p>Otherwise 4 (if confirmed)</p> <p>See AD Guidance 6</p>
5.2	<p>Alcohol abuse (dependency)</p> <p>AD Guidance 6</p>	Recurrence, accidents, erratic behaviour/safety performance	Advice and company policies on alcohol use	3 - until investigated and stabilised	<p>1 - After three years from end of last episode without relapse and without co-morbidity</p> <p>2 time limited - Not to work as master in charge of vessel, provided that</p> <p>(a) treating physician reports successful participating in rehabilitation programme, AND (b) improving trend in liver function, AND (c) no relapse for 1 year Issue three-month certificates for first year, then six-month certificates for next year.</p> <p>4 - if persistent or there is co-morbidity likely to increase risk while at sea.</p> <p>See AD Guidance 6</p>
5.3	<p>Drug dependence/ persistent substance abuse. Includes both illicit drug use and dependence on prescribed medications</p> <p>AD Guidance 6</p>	Recurrence, accidents, erratic behaviour/safety performance	Advice and company policies on drug use	3 - until investigated and stabilised	<p>1 - After three years from end of last episode without relapse and without co-morbidity</p> <p>2 time limited - Not to work as master in charge of vessel, provided that</p> <p>(a) treating physician reports successful participating in rehabilitation programme, AND (b) evidence of completion of unannounced/random programme of drug screening for at least three months with no positives and at least three negatives, AND c) no relapse for 1 year. Issue three-month certificates for first year, then six-month certificates for next year. Conditional on continuing participation and satisfactory results from unannounced/random drug screening for next two years.</p>

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					<p>Otherwise 4</p> <p>N.B. Maintenance regimes using impairing substances e.g. methadone are not acceptable.</p> <p>See AD Guidance 6</p>
5.4 a.	<p>Mood / affective disorders Severe anxiety state, depression, or any other mental disorder likely to impair performance</p> <p>AD Guidance 6</p>	Recurrence, reduced performance, especially in emergencies	Personal and organisational advice on stress management	3 - while acute or under investigation	<p>1 - after two years with no further episodes and with no medication.</p> <p>2 time limited - not to work as master in charge of vessel, and consider geographical restriction, provided that seafarer</p> <p>(a) is on a stable dose of medication for at least 3 months AND</p> <p>(b) has good functional recovery AND</p> <p>(c) has insight AND</p> <p>(d) is fully compliant with treatment, absence of impairing side effects AND</p> <p>(e) with low risk of recurrence.</p> <p>6-monthly surveillance for first year, then annual for next year.</p> <p>4 - if disabling, persistent or recurrent,</p> <p>See AD Guidance 6</p>
5.4 b.	<p>Mood / affective disorders Minor or reactive symptoms of anxiety/depression</p> <p>AD Guidance 6</p>	Recurrence, reduced performance, especially in emergencies	Personal and organisational advice on stress management	3 - until symptom free. If on medication to be on a stable dose and free from impairing adverse effects.	<p>1 after one year from end of episode AND if symptom free AND off medication.</p> <p>1 time limited - and consider 2 with geographical restriction for one year from cessation of symptoms AND medication effects.</p> <p>See AD Guidance 6</p>
5.5	<p>Disorders of personality - clinically recognised</p> <p>AD Guidance 6</p>	Usually lifelong traits - may include aggression and risk taking			<p>1 - no anticipated adverse effects while at sea. No incidents during previous periods of sea service.</p> <p>2 - if capable of only limited duties</p> <p>4 - if considered to have safety-critical consequences</p> <p>See AD Guidance 6</p>

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5.6	Disorders of psychological development - autism, Aspergers syndrome AD Guidance 6	Impact on interpersonal relationships or communications			1 - no anticipated adverse effects while at sea. No incidents during previous periods of sea service. 2 - if capable of only limited duties 4 - if considered to have safety-critical consequences Assessment of fitness for seafaring in other circumstances - see AD Guidance 6
5.7	Hyperkinetic disorders - Attention Deficit Hyperactivity Disorder AD Guidance 6	Impairment of vigilance and ability to perform tasks requiring concentration			1 - No anticipated adverse effects while at sea. No incidents during previous periods of sea service. 2 - If capable of only limited duties 4 - if considered to have safety-critical consequences See AD Guidance 6
5.8	Other mental health and cognitive disorders AD Guidance 6	Impairment of performance and reliability, and impact on relationships.			1 - No anticipated adverse effects while at sea. No incidents during previous periods of sea service. 2 - If capable of only limited duties 4 - if considered to have safety-critical consequences See AD Guidance 6
6.0	DISEASES OF THE NERVOUS SYSTEM				
6.1	Organic nervous disease e.g. multiple sclerosis, Parkinson's disease	Recurrence / exacerbation. Limitations on muscular power, balance, coordination and mobility		3 - until diagnosed and stable	Case by case assessment based on job and emergency requirements, informed by specialist advice S Reassessment C 4 - if limitations affect safe working or unable to meet general fitness requirements
6.2	Syncope and other disturbances of consciousness AD Guidance 7	Recurrence causing injury or loss of control		3 - until investigated and control of underlying condition demonstrated	Simple faint (see AD guidance): 1 –unless frequent attacks lead to incapacity, then 3 -until resolved or treated <u>Loss of consciousness or altered awareness with no high risk markers</u> (see AD guidance): 2 -Time limited and restricted to UK near-coastal waters and no lone watchkeeping, then if no recurrences after 3 months (deck or engine room personnel) or 4 weeks (other) - 1

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					<p><u>Loss of consciousness or altered awareness with high risk markers</u> (see AD guidance) 3 - pending investigation and treatment.</p> <p>(a) No cause found: 3 - 6 months with no recurrence, then 2 - time limited for six months and restricted to UK near-coastal waters and no lone watchkeeping. After one year with no recurrences - 1</p> <p>(b) Cause found and successfully treated: 3 - for one month, then 2 - time limited for three months and restricted to UK near-coastal waters and no lone watchkeeping; then if on recurrences or treatment problems - 1</p> <p><u>Loss of consciousness or altered consciousness with seizure markers</u> (see AD guidance) Go to 6.3 or 6.4</p> <p>See AD Guidance 7</p>
6.3	Epilepsy - no provoking factors AD Guidance 7	Risk to ship, others and self from seizures		3 - while under investigation	<p><u>Single seizure</u> 3 - for one year after seizure AND one year after end of treatment, then 1</p> <p><u>More than one seizure</u> - 1 - if seizure-free for at least the last ten years, has not taken anti-epileptic drugs during that ten year period AND does not have a continuing liability to seizures.</p> <p>2 - if at least 2 years seizure-free and either off medication OR on stable medication with good compliance; case by case assessment of fitness for non-watchkeeping UK near-coastal crew.</p> <p>Otherwise 4</p> <p>See AD Guidance 7</p>
6.4	Epilepsy - provoked by alcohol, medication, head injury AD Guidance 7	Risk to ship, others and self from seizures		3 - while under investigation	<p><u>Single seizure</u> – 3 for one year after seizure AND one year after end of treatment, then 1, provided that there is no continuing exposure to the relevant provoking factors.</p> <p><u>More than one seizure</u> - 1 - if without seizures and off any anti-epilepsy medication for at least 5 years, providing there is no continuing exposure to the relevant provoking factors.</p>

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					<p>2 - case by case assessment after one year abstinence from any known provoking factors, seizure-free AND EITHER off medication OR on stable medication with good compliance - restricted to non-watchkeeping duties in UK near-coastal waters</p> <p>Otherwise 4</p> <p>See AD Guidance 7</p>
6.5	<p>Risk of seizures from intracranial surgery (including treatment of vascular anomalies) or serious head injury with brain damage</p> <p>AD Guidance 7</p>	<p>Risk to ship, others and self from seizures. (Also defects in cognitive, sensory or motor function). Recurrence or complication of any underlying condition</p>		<p>3 - for one year or longer until seizure risk, based on advice from specialist, no more than 2% p.a for safety critical work or 10% p.a. for other duties.</p>	<p>Provided that underlying condition does not restrict employment:</p> <p>2 - restricted to UK near-coastal waters and no lone watchkeeping if seizure risk below 5% p.a., based on advice from specialist - S.</p> <p>1 - when seizure risk below 2% p.a,</p> <p>Conditional on continued compliance with any treatment and on periodic assessment as recommended by specialist.</p> <p>See AD Guidance 7</p>
6.6	<p>Migraine (frequent attacks causing incapacity)</p>	<p>Risk of disabling recurrences</p>			<p>1 - No anticipated adverse effects while at sea. No incidents during previous periods of sea service.</p> <p>2 - If capable of only limited duties</p> <p>Consider 4 - if frequent attacks lead to incapacity</p>
6.7	<p>Meniere's disease (disabling)</p>	<p>Inability to balance causing loss of mobility and nausea</p>		<p>3 - during acute phase</p>	<p>1 - No anticipated adverse effects while at sea.</p> <p>2 - If capable of only limited duties</p> <p>Consider 4 if frequent attacks lead to incapacity</p>
6.8	<p>Sleep apnoea</p> <p>AD Guidance 7</p>			<p>3 - until treatment initiated</p>	<p>1 time limited - once treatment demonstrably working effectively for three months, including compliance with CPAP use confirmed. 6-monthly assessments of compliance based on CPAP machine recording. Note: <u>Master to be informed of requirements for continuing CPAP use while at sea.</u></p> <p>4 - Treatment ineffective or if non-compliant</p> <p>See AD Guidance 7</p>
6.9	<p>Narcolepsy</p>			<p>3 - until controlled by treatment for at</p>	<p>2 time limited - UK near-coastal waters and no</p>

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	AD Guidance 7			least two years	watchkeeping duties - if specialist confirms full control of treatment for at least two years. Annual review. Otherwise 4 See AD Guidance 7
7.0	CARDIO-VASCULAR SYSTEM				
7.1	Heart - congenital and valve disease, including surgery for these conditions. Heart murmurs not previously investigated AD Guidance 9	Risk of progression, limitations on exercise. Bacterial endocarditis risk	Advice on prophylaxis for infections	3 - until investigated or treated	<u>Heart murmurs</u> 1 - where unaccompanied by other heart abnormalities AND considered benign by a specialist cardiologist following examination. <u>Other conditions:</u> Case by case assessment based on specialist - S Consider implications of any prescribed prophylactic antibiotics. 4 - if exercise tolerance limited OR episodes of incapacity occur OR on anticoagulants. Surveillance may be needed
7.2	Hypertension AD Guidance 8	Risk factor for ischaemic heart disease, eye and kidney damage and stroke. Risk of acute hypertensive episodes	Screening at medical. Early assessment/treatment of raised blood pressure	Normally 3 - if >170 systolic or >100 diastolic mm Hg until investigated and treated in accordance with British Hypertension Society (or other appropriate) Guidelines.	1 - if lowest reading is (a) <140 systolic and <90 diastolic mm Hg OR (b) <150 systolic and <95 diastolic mm Hg, under regular surveillance, compliant with recommended treatment and free from side effects. 1 time limited or 3 - if additional surveillance needed to ensure level remains <170 systolic and <100 diastolic mm Hg 4 - if >170 systolic or > 100 diastolic mm Hg with or without treatment. Case by case assessment to include side effects of condition and treatment. Surveillance required C. See AD Guidance 8
7.3	'Cardiac event' i.e. myocardial infarction, ECG evidence of past myocardial infarction or newly recognised left bundle branch block, angina, cardiac arrest,	Risk of recurrence, sudden loss of capability, exercise limitation	Risk factor screening at medical - dietary and lifestyle advice. Advise against smoking. Seafarers returning post 'cardiac event' to be made aware of limited treatment facilities at sea and	3 - for three months after investigation and treatment resolved.	1 time limited - if level of excess risk of recurrence is very low (benchmark <2% p.a. - see AD Guidance). Issue 6 month certificate initially and then annual certificate. 2 time limited - if level of excess risk of recurrence is low (benchmark between 2% and 5% p.a. - see AD

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	coronary artery bypass grafting, coronary angioplasty AD Guidance 9 and 15		hence increased risk in the event of recurrence. Compliance with risk reduction (e.g. weight control, smoking cessation) measures maybe made a condition of re-certification		Guidance). Restricted to (i) no lone working or solo watchkeeping; AND (ii) operations in UK near-coastal waters, unless working on vessel with ship's doctor. Issue 6 month certificate initially and then annual certificate. 2 time limited - if level of excess risk of recurrence is moderate (benchmark 5% or more - see AD Guidance) but asymptomatic and able to meet the physical requirements of their normal and emergency duties. Restricted to (i) no lone working or solo watchkeeping/lookout; and (ii) local coastal vessels unless working on vessel with ship's doctor. Case by case assessment to determine restrictions. Annual review. 4 - if above criteria not met. Assessment and follow-up C See AD Guidance 9 See AD Guidance 15, if antithrombotic medication used
7.4	Cardiac arrhythmias and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD)) AD Guidance 15	Risk of recurrence, sudden loss of capability, exercise limitation Pacemaker/ICD activity maybe affected by strong electric fields		3 - until investigated, treated and adequacy of treatment confirmed	Consider 1 with surveillance or 2 with surveillance if no disabling symptoms present AND no excess risk of disabling recurrence, based on specialist report. Restrictions on solo watchkeeping or on worldwide if appropriate. Surveillance and treatment regime to be specified. Assessment and follow up C Duration of certificate to coincide with any pacemaker surveillance. 4 - if disabling symptoms present OR excess risk of disabling recurrence, including ICD triggering. See AD Guidance 15, if antithrombotic medication used

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7.5	Other heart disease e.g. cardiomyopathies, pericarditis, heart failure	Risk of recurrence, sudden loss of capability, exercise limitation		3 - until investigated, treated and adequacy of treatment confirmed	Case by case assessment based on specialist reports and Follow up C 4 - if disabling symptoms OR risk of disabling recurrence.
7.6	Ischaemic cerebrovascular disease (stroke or transient ischaemic attack) AD Guidance 15	Risk of recurrence, sudden loss of capability, mobility limitation. Risk of other circulatory disease causing sudden loss of capability.	Risk factor screening at medical - dietary and lifestyle advice	3 - until treated and any residual disability stabilised and for 3 months after event	2 - Case by case assessment of fitness for duties. This should include risk of future cardiac events (follow criteria in 7.3 - normally exclude from solo watchkeeping), provided that general standards of physical fitness (App 2) can be met. Assessment and follow-up C 4 - if residual symptoms interfere with duties or there is significant excess risk of recurrence. See AD Guidance 15, if antithrombotic medication used
7.7	Arterial - claudication	Risk of other circulatory disease causing sudden loss of capability. Limits to exercise capacity	Risk factor screening at medical - dietary and lifestyle advice	3 - until assessed	Assess risk of future cardiac events (follow criteria in 7.3) 2 - Consider restriction to non-watchkeeping duties in coastal waters if symptoms resolved by surgery OR other treatment and general standard of fitness (App 2) can be met. Assessment and follow-up C 4 - if incapable of performing duties.
7.8	Varicose veins	Risk of bleeding if injured, skin changes and ulceration		1 - unless symptoms or complications - then 3 until treated	1 - following successful treatment. 2 or 4 - if ulceration or vulnerable skin
7.9	Deep vein thrombosis/ pulmonary embolus AD Guidance 15	Risk of pulmonary embolus from deep vein thrombosis - causing sudden loss of capability, recurrence and temporary limitations on mobility. Risk of recurrence of embolus. Risk of bleeding from anti-coagulant treatment.		3 - until investigated and treated	1 - if full recovery AND off anticoagulants Case by case assessment on return to duties after treatment completed. Consider fitness for long haul air travel. 4 - if recurrent OR persistent OR on anticoagulants See AD Guidance 15, if antithrombotic medication used

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8.0	RESPIRATORY SYSTEM	(Consider fitness to wear breathing apparatus if this forms part of emergency duties)			
8.1	Sinusitis/ nasal obstruction.	Disabling for individual		3 - until acute problems resolved	Case by case assessment for recurrent disease. 4 - if disabling and frequent
8.2	Throat infections (frequent or severe with unhealthy tonsils and adenitis)	Disabling for individual. May recur. Some risk of infection to food/other crew		3 - until resolved or treated	1 - when treatment complete if no factors predisposing to recurrence
8.3	Chronic bronchitis and/or emphysema	Reduced exercise tolerance and disabling symptoms	Advice on smoking cessation	3 - if acute exacerbation. Otherwise depends on severity and frequency of exacerbations	2 - Case by case assessment. More stringency for worldwide duties. Consider fitness for emergencies and ability to meet general standards of fitness (App 2) 4 - if disabling or recurrent
8.4	Asthma (Detailed assessment with information from GP/Specialist in all new entrants) AD Guidance 10	Unpredictable episodes of severe breathlessness. Also may be occupational disease.	Early detection of occupational and other remediable causes	3 - until episode resolved and effective treatment regime in place. Possibility of occupational cause should be investigated	<u>New seafarers aged less than 20</u> 1 History of mild* or moderate* childhood asthma not using reliever* inhalers more than 2 days a month AND no hospital admissions in last 3 years AND no oral steroids in last 3 years. 3 History of mild* or moderate* childhood asthma, using reliever* inhalers more than two days a month in last year OR EITHER hospital admission in last 3 years OR use of oral steroids in last three years 4 Severe* childhood asthma with any symptoms in last 5 years. <u>Other seafarers</u> 1. History of mild* or exercise-induced* asthma as an adult. Not currently using reliever inhalers more than 2 days a month. Exercise induced asthma only in extreme circumstances. 2 UK near-coastal. - History of moderate* adult asthma with good control using regular preventer* or reliever* inhalers AND no hospital admission OR oral steroid use in last 2 years. - Mild or exercise-induced* asthma that needs treatment. 2 .Not to work with causal agent - Occupational asthma.

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					<p>3. History of moderate* adult asthma with poor control with or without regular preventer* or reliever inhalers OR hospital admission OR oral steroid use in last 2 years OR mild or exercise induced asthma that needs treatment.</p> <p>4 Moderate* adult asthma present or history of severe* adult asthma.</p> <p>See AD guidance 10 * for definitions</p>
8.5	Pneumothorax – spontaneous traumatic	Acute disability from recurrence		3 - for 12 months after initial episode	<p>Based on advice of treating specialist - S</p> <p>4 - after recurrent episodes unless pleurectomy or pleurodesis performed</p>
9.0	DIGESTIVE SYSTEM				
9.1	Oral Health AD Guidance 11	Acute pain and disability from toothache. Disability and recurrence of mouth and gum infections	Regular dental checks and treatment	3 - if visual evidence of untreated dental defects or oral disease	<p>1 - (a) If teeth and gums (gums alone if edentulous and with well-fitting dentures in good repair) appear to be good. No complex prosthesis OR (b) if dental check within last year, with follow-up completed and no new problems since</p> <p>2 - limited to UK near-coastal waters, if above criteria not met, and type of operation will allow for access to dental care without safety critical manning issues for vessel.</p> <p>4 - if excess risk of dental emergency remains after treatment completed or seafarer non-compliant with dental recommendations.</p> <p>Otherwise see AD Guidance 11</p>
9.2	Peptic ulcer	Recurrence with pain, bleeding or perforation		3 - until healing or cure by surgery or by control of helicobacteria and on normal diet for three months	<p>1 - When cured and normal diet for three months</p> <p>Consider 2 - case by case assessment for earlier return to UK near-coastal duties</p> <p>4 - if ulcer persists despite surgery and medication</p>
9.3	Non infectious enteritis, colitis, Crohn's disease, diverticulitis etc.	Disability and pain		3 - until investigated and treated	<p>Case by case assessment if non-disabling C.</p> <p>2 - Less stringency for UK near-coastal duties</p> <p>4 - if severe or recurrent</p>

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9.4	Stoma (ileostomy, colostomy)	Disability if control is lost - need for bags etc. Potential problems in long term emergencies		3 - until stabilised	2 - Case by case assessment, likely to be less of a problem if UK near-coastal duties. Private facilities required for bag changing and stoma hygiene. 4 - if poorly controlled
9.5	Cirrhosis of liver	Liver failure. Bleeding oesophageal varices	Advice and company policies on alcohol use	3 - until fully investigated	Case by case assessment if at early stage C 4 - if severe or complicated by ascites or oesophageal varices
9.6	Biliary tract disease, biliary colic.	Biliary colic from gallstones, jaundice, liver failure		Biliary colic 3 - until definitively treated	Case by case assessment
9.7	Pancreatitis	Recurrence	Advice and company policies on alcohol use	3 - until resolved	Case by case assessment based on specialist reports S 4 - if recurrent or alcohol related, unless confirmed abstinence.
9.8	Anal conditions: Piles (haemorrhoids), fissures, fistulae	Risk of exacerbation causing pain and disability		3 - if piles prolapsed, bleeding repeatedly or causing symptoms 3 - if fissure or fistula painful, infected, bleeding repeatedly or causing faecal incontinence. 2 - Case by case assessment for UK UK near-coastal duties	1 - when satisfactorily treated Consider 2 or 4 if not treatable or recurrent.
9.9	Hernias - inguinal and femoral	Risk of strangulation		3 or 2 - until surgically investigated and, if required, treated.	Consider 2 case by case assessment for UK near-coastal waters, if no regular heavy whole body physical effort. 1 - When satisfactorily treated OR when surgeon reports that there is no risk of strangulation.
9.10	Hernias - umbilical	Instability of abdominal wall on bending and lifting		Case by case assessment depending on severity of symptoms or disability	Case by case assessment. Consider implications of regular heavy whole-body physical effort.
9.11	Hernias - diaphragmatic (hiatus)	Reflux of stomach contents and acid causing heartburn etc		Case by case assessment depending on severity of symptoms or disability	Case by case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them.
10.0	GENITO-URINARY CONDITIONS				

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10.1	Proteinuria. Haematuria, Glycosuria ,or other urinary abnormality AD Guidance 12	Indicator of kidney or other diseases		3 - if initial findings clinically significant - see AD Guidance	1 - Very low risk of serious underlying condition 1 time limited - where repeat surveillance required 4 - Serious and non-remediable underlying cause - e.g. impairment of kidney function. Case by case assessment or see section on underlying cause See AD guidance 12 on urine testing
10.2	Acute nephritis	Renal failure, hypertension		3 - until resolved	Case by case assessment
10.3	Sub acute or chronic nephritis or nephrosis	Renal failure hypertension		3 - until investigated	Consider 2 for UK near-coastal duties - case by case assessment 4 - Impairing reduction in renal function
10.4	Acute urinary infection	Pain and disability from relapse or recurrence	Treatment of underlying cause and measures for personal hygiene	3 - until satisfactorily investigated and treated	Case by case assessment 4 - if recurrent or with untreatable underlying cause
10.5	Renal or ureteric calculus, renal colic.	Pain and disability from renal colic	Advice on fluid intake	3 - until investigated and treated	1 - if period of > five years' observation and normal urine and renal function indicate isolated attack of renal colic Consider 2 - if concern about ability to work in tropics or under high temperature conditions. Case by case assessment for UK near-coastal duties. 4 - if recurrent stone formation
10.6	Prostatic enlargement/Urinary obstruction	Acute retention of urine		3 - until investigated and treated	Case by case assessment 4 - if not remediable
10.7	Removal of kidney or one non-functioning kidney.	Limits on fluid regulation under extreme conditions if remaining kidney not fully functional		3 - in new entrants for worldwide/tropical duties until specialist confirmation that remaining kidney is fully functional and there is no risk of bilateral disease.	1 - in serving seafarer if remaining kidney is healthy with normal function Consider 2 - if concern about ability to work in tropics or under high temperature conditions
10.8	Incontinence of urine	Smell, social problems		3 - until investigated and treated	Case by case assessment Consider 4 - if severe and irremediable

Ref No	Condition	Rationale, risk basis/Justification	Advice to seafarers and maritime industry. Preventative measures	New diagnosis or current condition (see note 11 above)	Fitness category after investigation/resolution Reasonable adjustments
10.9	Heavy vaginal bleeding , severe menstrual pain, endometriosis, prolapse of genital organs or other gynaecological conditions	Disability from pain or bleeding		3 - If disabling or investigation needed to determine cause and remedy it.	Case by case assessment. Consider 2 with voyage or duty restrictions if condition is persistent and likely to cause impairment on voyage OR affect working capacity
11.0	PREGNANCY				
11.1	Pregnancy	Complications, late limitations on mobility. Risk to mother and child in the event of premature delivery at sea	Advice on risks and limitations in advance and during early stages of pregnancy	Uncomplicated pregnancy - See Marine Guidance Note MGN 460 Abnormal - 3 on diagnosis	Case by case assessment if there are risk factors or complications. Seafarer must make informed personal decision about excess risks from premature delivery at sea.
12.0	SKIN				
12.1	Skin infections	Exacerbation, risk to others	Hygiene advice especially for catering staff	3 - until satisfactorily treated Consider special difficulties with most skin problems in hot conditions	Consider 4 for catering staff with recurrent problems
12.2	Other skin diseases e.g. eczema, dermatitis, psoriasis	Exacerbation, sometimes occupational cause	Advice to individual and employer on occupational allergens and irritants. Advice on skin care	Case by case decision. Dermatological opinion if in doubt - S Consider special difficulties with most skin problems in hot, humid conditions.	Case by case assessment. 2 - as appropriate if aggravated by heat, or substances at work
13.0	MUSCULO-SKELETAL				
13.1	Osteo arthritis , other joint diseases and subsequent joint replacement	Pain and mobility limitation affecting normal or emergency duties. Risk of infection or dislocation and limited life of replacement joints		Case by case assessment based on job requirements and history of condition.	Case by case assessment - consider emergency duties and evacuation from ship. Should meet general fitness (App 2) requirements Full recovery of function and specialist advice required before return to sea after hip replacement - S . Note: the prognosis after knee replacements is improving. Case by case consideration of function and risks, with acceptance by the seafarer that, in the event of malfunction or significant injury, permanent incapacity is to be expected. Consider 2 restricted to exclude regular tasks involving heavy whole body physical effort 4 - for advanced and severe cases

Ref No	Condition	Rationale, risk basis/Justification	Advice to seafarers and maritime industry. Preventative measures	New diagnosis or current condition (see note 11 above)	Fitness category after investigation/resolution Reasonable adjustments
13.2	Recurrent instability of shoulder or knee joints	Sudden disabling limitation of mobility, with pain		3 - until satisfactorily treated	Case by case assessment of occasional instability
13.3	Limb prosthesis	Mobility limitation affecting normal or emergency duties.			4 - normally but consider 2 - if general fitness requirements at Appendix 2 are fully met. Arrangements for fitting prosthesis in emergency must be confirmed.
13.4	Back pain	Pain and mobility limitation affecting normal or emergency duties. Risk of exacerbation	Manual handling advice. Early intervention and rehabilitation to reduce risk of chronicity	3 - in acute stage	Case by case assessment 4 - if recurrent and incapacitating
14.0	SENSORY/ COMMUNICATIONS				
14.1	Speech defect	Limits to communications - maybe safety-critical			Case by case practical assessment. Any need for assistance with communication should be identified on ENG 1 certificate. 4 - if effective communication interfered with
14.2	Otitis - externa and media	Recurrence. Infection source in food handlers		3 - until treated	If chronic, case by case assessment - consider risk from heat and humidity Chronic discharge from ear in food handler - 4
14.3	Hearing AD Guidance 13	Limits to routine communication and in emergencies - may be safety - critical. May indicate noise damage	Advice to individual and employer on noise reduction	3 - pending any required audiological assessment and treatment	1 - Unaided hearing unimpaired (< 30dB loss on audiometry or not in 'definitely impaired' category on speech recognition test. Audiological assessment recommended and to have repeat testing at each medical if 25-30 dB loss or in 'possibly impaired' category) Hearing aid worn: See AD Guidance 13 1 - Aided hearing meets above criteria and aid worn at night. 2 - Aided hearing meets above criteria but aid removed for sleep. EITHER restricted to vessel where there is demonstrated ability to hear alarms or where reliable alternative arrangements for arousal have been made OR restricted to vessel returning to home port each night if emergency alarms may not be heard without aid in place.

Ref No	Condition	Rationale, risk basis/Justification	Advice to seafarers and maritime industry. Preventative measures	New diagnosis or current condition (see note 11 above)	Fitness category after investigation/resolution Reasonable adjustments
					<p>4 - for watchkeeping duties. Hearing, with or without hearing aid use, impaired (> 30dB loss on audiometry or in 'definitely impaired' category on speech recognition test). Case by case assessment, based on functional requirements of job for non-watchkeeping staff on UK UK near-coastal vessels.</p> <p>See AD Guidance 13</p>
14.4	<p>EYESIGHT (See Appendix 1 for details of standards required)</p> <p>AD Guidance 14</p>	Safety critical loss of visual information	Provision of appropriate correction. Laser refractive surgery is not recommended as a means of meeting standards.	<p>Visual assessment.</p> <p>2 - no lookout duties for six months after laser surgery then confirm acuity. Then 1 with surveillance until stability confirmed</p> <p>1 time limited with surveillance - specific eye diseases e.g. glaucoma, where visual standards are still met</p> <p>See AD guidance</p>	<p>1 - if vision standards met and no progressive eye disease.</p> <p>2 - if requirements for specific duties are not met.</p> <p>S - Obtain specialist opinion on prognosis and on other defects e.g. visual field defects, night vision. Unfit for watchkeeping and/or lookout duties if significant perceptual defect</p> <p>4 - if standards not met</p> <p>See AD Guidance 14</p> <p><i>Note 1: Boxes on ENG 1 showing fitness for lookout duties, use of visual aids and colour vision deficiencies to be completed.</i></p> <p><i>Note 2: Employer should be informed of their special duty of care for eyesight if a monocular serving seafarer meets visual standards</i></p>
15.0	GENERAL				
15.1	<p>Prescribed medication</p> <p>AD Guidance 15</p>	Varied - performance decrement, other side effects, insufficient for voyage.	Policy for reporting medication use, advice on any restrictions required and on continuity of supply	3 - for duration of medication if package notes indicate driving/moving machinery risk or other relevant side effect	<p>Case by case assessment</p> <p><u>Note</u> specific impairment risks from insulin, warfarin, psychoactive medications, hormone replacements and the effects of seasickness or other illness on the effectiveness of oral medications.</p> <p>See AD guidance 15</p>
15.2	<p>Transplants - kidney, heart, lung, liver (for prosthetics i.e. joints, limbs, lenses, hearing aids, heart valves etc. see condition specific sections)</p>	Risk of rejection. Side effects of medication		3 - until effects of surgery and anti-rejection medication stable	<p>2 – UK near-coastal only, may be appropriate for fully functioning transplant on stable medication, provided general fitness standards (Appendix 2) are met</p> <p>4 - normally</p>

Ref No	Condition	Rationale, risk basis/Justification	Advice to seafarers and maritime industry. Preventative measures	New diagnosis or current condition (see note 11 above)	Fitness category after investigation/resolution Reasonable adjustments
15.3	Progressive conditions which are currently within standards	Varied - e.g. Huntington's chorea - including family history, keratoconus	Vocational advice on diagnosis or at pre-sea medical		Case by case assessment, with specialist advice - S . Such conditions are acceptable if harmful progression before next medical is judged unlikely.
15.4	Allergies (other than allergic dermatitis and asthma) AD Guidance 16	Risk of recurrence and increasing severity of response. Reduced ability to perform duties.		3 - if diagnosis and management of condition not secure	1 - 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. 2 - where response is impairing rather than life-threatening, and reasonable adjustments can be made to reduce risk of recurrence. 4 - if life-threatening response reasonably foreseeable Otherwise, case by case assessment of likelihood and severity of response, management of the condition and access to medical care. See AD Guidance 16
15.5	Conditions not specifically listed			Use analogy with related conditions as a guide to any appropriate restrictions. Consider excess risk of sudden incapacity, excess risk of recurrence or progression and limitations on performing normal and emergency duties.	Case by case assessment of recovery in terms of residual excess risk. Seek advice on prognosis and complications if in doubt.
16.0	PHYSICAL FITNESS				
	See Note 8 at the beginning of this Table and Appendix 2 See AD Guidance 17			3 -If transient and recovery anticipated	1 - No limitation identified at testing and no underlying condition. 2 - Some limitations but safety critical duties can be performed: restrict duties as appropriate. 4 - Unable to perform essential routine or emergency duties. See AD Guidance 17 on Physical Capability Assessment

EYESIGHT STANDARDS FOR SEAFARERS

GENERAL

Eyesight testing is carried out at every seafarer medical examination.

No person should be accepted for training or sea service if irremediable morbid condition of either eye, or the lids of either eye, is present and liable to the risk of aggravation or recurrence.

Binocular vision is normally required for all categories of seafarers. Case by case assessment may be appropriate in certain circumstances. See AD Guidance 14.

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 of each must be carried.

Individuals who wish to go to sea as deck or engineer personnel or who are considering dual qualifications are strongly advised to have their eyes tested by an optometrist before embarking on their career, in view of the particular importance for them of good sight.

COLOUR VISION

Deck officers and ratings - Colour vision should be tested by the Approved Doctor with Ishihara plates, using the introductory plate, and all the transformation and vanishing plates. Those used should be recorded on the medical report form (ENG 2). Candidates who fail the Ishihara colour plate test may apply to one of the MCA's nominated Marine Offices listed at Annex C to this MSN, for their colour vision to be re-tested using a Holmes Wright B lantern. See refer to AD Guidance 14

Electro Technical Officer (ETO) - should have their colour vision tested by the Approved Doctor using Ishihara plates (as for deck department). Those who fail the Ishihara test may apply to any registered optician for confirmatory testing using the Farnsworth D15 test or City University test. See refer to AD Guidance 14

Engineer and radio department personnel should have their colour vision tested by the Approved Doctor using Ishihara plates (as for deck department). Those who fail the Ishihara test may apply to any registered optician for confirmatory testing using the Farnsworth D15 test or City University test. See refer to AD Guidance 14

In all cases where a follow-up test has been undertaken, a report showing the result must be returned to the Approved Doctor, on the basis of which he/she will decide whether it is appropriate to fail the candidate or issue a full or restricted medical certificate, reflecting the duties the seafarer will be required to undertake.

Any decision relating to subsequent colour vision testing should be officially recorded by the Marine Office or optometrist and retained by the seafarer with the ENG 1 to avoid the necessity for repeated secondary testing.

Other personnel should be tested for colour vision, where relevant for the duties to be undertaken, using the Ishihara plates.

Table - SUMMARY OF STANDARDS REQUIRED

Category of Seafarer	Basic Visual Acuity Standard (unaided)		Higher Visual Acuity Standard (aided if necessary)		Near Vision	Colour Vision	Visual Field
	Better eye	Other eye	Better eye	Other eye			
Deck or dual career	Better eye 6/60	Other eye 6/60	Better eye 6/6	Other eye 6/12	N8	Ishihara or Lantern 2 miles	No pathological field defect
Engineer/ Radio	6/60		6/18	6/18	N8	Ishihara or Farnsworth D15 or City University	Sufficient to undertake duties efficiently
Others	Sufficient to undertake duties efficiently						
Those who become monocular in service with no evidence of progressive eye disease in the remaining eye							
Deck	6/60	-	6/6	-	N8	Ishihara or Lantern 2 miles	No pathological field defect
Eng/Radio	6/60	-	6/9	-	N8	Ishihara or Farnsworth D15 or City University	Sufficient to undertake duties efficiently
Others	Sufficient to undertake duties efficiently						
There should be a sufficient period of adaptation after becoming monocular to enable stairs to be descended rapidly and safely.							

Notes

1. No diplopia, congenital night blindness, retinitis pigmentosa or any other serious or progressive eye disease is permitted.
2. If bifocal glasses are worn there should be a period of adaptation first because of the risk of falls.
3. Where glasses or contact lenses are needed to meet the vision standard, a spare pair (distance and near vision if necessary) should be carried.
4. Aids to colour vision e.g. red-tinted x-chroma, chromas lenses and chromagen lenses are not permitted.
5. Seafarers who suffer pathological field defects should have a field of vision at least 120° in the horizontal measured by the Goldman perimeter using the iii/4 setting (or equivalent perimetry). In addition there should be no significant defect in the binocular field which encroaches within 20° of fixation above or below the meridian. Homonymous or bitemporal defects which come close to fixation whether hemianopic or quadrantopic are not accepted.

6. Where the vision standard in this Notice is marginally higher than the previous standard, seafarers in service before the date of publication of this Notice may continue to be assessed according to the old standard, to ensure that serving seafarers are not penalised. This means that the following standards may continue to apply for seafarers already in service:

deck department personnel required to operate lifting plant: 6/9 for the better eye (as opposed to the new standard of 6/6) for aided visual acuity;

deck department personnel not required to perform lookout duties or to operate lifting plant: 6/18 for the better eye (as opposed to the new standard of 6/6) for aided visual acuity;

engineers: 6/60 for the other eye (as opposed to the new standard of 6/18) for aided visual acuity.

**Table - GUIDANCE ON ASSESSMENT OF MINIMUM ENTRY-LEVEL
AND IN-SERVICE PHYSICAL ABILITIES FOR SEAFARERS**

Shipboard task, function event or condition ³	Related physical ability	A medical examiner should be satisfied that the candidate ⁴
Routine movement around vessel: <ul style="list-style-type: none"> - on moving deck - between levels - between compartments 	Maintain balance and move with agility Climb up and down vertical ladders and stairways Step over coamings (e.g. Load Line Convention requires coamings to be 600 mm high) Open and close watertight doors	Has no disturbance in sense of balance Does not have any impairment or disease that prevents relevant movements and physical activities Is, without assistance ⁵ , able to: <ul style="list-style-type: none"> - climb vertical ladders and stairways - step over high sills - manipulate door closing systems
<i>Note 1 applies to this row</i>		
Routine tasks on board: <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 	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 requires minimum openings in cargo spaces and emergency escapes to have the minimum dimensions of 600 mm x 600 mm – SOLAS regulation 3.6.5.1) Visually distinguish objects, shapes and signals Hear warnings and instructions Give a clear spoken description	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: <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
<i>Note 1 applies to this row</i>		
Emergency duties ⁶ on board: <ul style="list-style-type: none"> - Escape - Firefighting - Evacuation 	Don a lifejacket or immersion suit Escape from smoke-filled spaces Take part in firefighting duties, including use of breathing apparatus Take part in vessel evacuation procedures	Does not have a defined impairment or diagnosed medical condition that reduces ability to perform emergency duties essential to the safe operation of the vessel Has ability to: <ul style="list-style-type: none"> - don lifejacket or immersion suit - crawl - feel for differences in temperature - handle firefighting equipment - wear breathing apparatus (where required as part of duties)
<i>Note 2 applies to this row</i>		

Notes to the table:

1. Rows 1 and 2 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 describes: (a) ordinary 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 firefighting as well as the procedures to be followed by each seafarer to secure personal survival.

MCA MARINE OFFICES WHERE LANTERN TESTS ARE HELD

1. Aberdeen Marine Office
Marine House
Blaikies Quay
Aberdeen
AB11 5EZ
Tel: 01224 597900
Fax: 01224 571920

2. Hull Marine Office
Crosskill House
Mill Lane, Beverley
North Humberside
HU17 9JB
Tel: 01482 866606
Fax: 01482 869989

3. Southampton Marine Office
Spring Place
105 Commercial Road
Southampton
SO15 1EG
Tel: 023 8032 9329
Fax: 023 8032 9351

The optometry division of City University London has been approved as MCA lantern test centre for the period of a research project - ASSESSING THE SEVERITY OF COLOUR VISION LOSS IN OCCUPATIONAL ENVIRONMENTS' from October 2011 and is due to finish October 2014. After this date please contact the MCA if you wish to undertake a lantern test at City University.

Address: OPTOMETRY DIVISION
CITY UNIVERSITY LONDON
NORTHAMPTON SQUARE
LONDON
EC1V 0HB

To book an appointment, the contact details are:
Email: marisa@city.ac.uk
Tel: 020 7040 0262