Annex A

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 30 November 2018, 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
2. Cancers
3. Endocrine and metabolic
4. Blood disorders
5. Mental disorders
6. Diseases of the nervous system
7. Cardio-vascular system
8. Respiratory system
9. Digestive system
10. Genito-urinary conditions
11. Pregnancy
12. Skin
13. Musculo-skeletal
14. Sensory
15. General
16. Physical Fitness

Appendix 1 - Eyesight standards

Notes

1. Numbers 1–4 in the last 3 columns of the table refer to fitness categorisations to be used on seafarer medical certificates. See para 3.5 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

2. 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).

3. 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.

4. 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.

5. 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-I/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.	Non-catering duties - **1** - when satisfactorily treated OR resolved. Catering duties - 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	**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

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
			storage and administration of 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.		normal or emergency duties or living at sea AND (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**

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
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

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
					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 routine and emergency capabilities for assigned safety critical duties, OR (b) in the presence of other cardiovascular, musculoskeletal or respiratory factors **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. **4** - If above criteria not met and remediable action is impracticable **See AD guidance** 5
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	Recurrence leading to changes to perception/cognition, accidents, erratic and		**3** - until investigated and stabilised	**1** - Five years since last episode if no further episodes AND no residual symptoms AND no medication needed Following single episode with provoking factors

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
	International Classification of Diseases. Bipolar (manic depressive) disorders **AD Guidance 6**	unsafe behaviour. Medication can impair performance.			**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 case assessment on return to full duties. <u>Following single episode without provoking factors or after two or more episodes</u> **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 (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. **Otherwise 4** (if confirmed) **See AD Guidance 6**
5.2	**Alcohol abuse** (dependency) **AD Guidance 6**	Recurrence, accidents, erratic behaviour/safety performance	Advice and company policies on alcohol use	**3** - until investigated and stabilised	**1** - After three years from end of last episode without relapse and without co-morbidity **2 time limited** - Not to work as master in charge of vessel, provided that (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. **4** - if persistent or there is co-morbidity likely to increase risk while at sea. **See AD Guidance 6**
5.3	**Drug dependence/** persistent substance abuse. Includes both illicit drug use and dependence on prescribed medications **AD Guidance 6**	Recurrence, accidents, erratic behaviour/safety performance	Advice and company policies on drug use	**3** - until investigated and stabilised	**1** - After three years from end of last episode without relapse and without co-morbidity **2 time limited** - Not to work as master in charge of vessel, provided that (a) treating physician reports successful participating in rehabilitation programme, AND (b) evidence of completion of unannounced/random

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

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
					4 - if considered to have safety-critical consequences **See AD Guidance 6**
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 Loss of consciousness or altered awareness with no high risk markers (see AD guidance):

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
					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** <u>Loss of consciousness or altered awareness with high risk markers</u> (see AD guidance) **3** - pending investigation and treatment. (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** (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 no recurrences or treatment problems - **1** <u>Loss of consciousness or altered consciousness with seizure markers</u> (see AD guidance) Go to 6.3 or 6.4 **See AD Guidance 7**
6.3	**Epilepsy - no provoking factors** **AD Guidance 7**	Risk to ship, others and self from seizures		**3** - while under investigation	<u>Single seizure</u> **3** - for one year after seizure AND one year after end of treatment, then **1** <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. **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. Otherwise **4** **See AD Guidance 7**

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
6.4	**Epilepsy - provoked by alcohol, medication, head injury** **AD Guidance 7**	Risk to ship, others and self from seizures		**3** - while under investigation	Single seizure – **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. More than one seizure - **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. **2** - case by case assessment after one year abstention 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 Otherwise **4** **See AD Guidance 7**
6.5	**Risk of seizures from intracranial surgery** (including treatment of vascular anomalies) or serious head injury with brain damage **AD Guidance 7**	Risk to ship, others and self from seizures. (Also defects in cognitive, sensory or motor function). Recurrence or complication of any underlying condition		**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.	Provided that underlying condition does not restrict employment: **2** - restricted to UK near-coastal waters and no lone watchkeeping if seizure risk below 5% p.a., based on advice from specialist - **S**. **1** - when seizure risk below 2% p.a, Conditional on continued compliance with any treatment and on periodic assessment as recommended by specialist. **See AD Guidance 7**
6.6	**Migraine** (frequent attacks causing incapacity)	Risk of disabling recurrences			**1** - No anticipated adverse effects while at sea. No incidents during previous periods of sea service. **2** - If capable of only limited duties Consider **4** - if frequent attacks lead to incapacity
6.7	**Meniere's disease** (disabling)	Inability to balance causing loss of mobility and nausea		**3** - during acute phase	**1** - No anticipated adverse effects while at sea. **2** - If capable of only limited duties Consider **4** if frequent attacks lead to incapacity

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
6.8	**Sleep apnoea** **AD Guidance 7**			**3** - until treatment initiated	**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: Master to be informed of requirements for continuing CPAP use while at sea. **4** - Treatment ineffective or if non-compliant **See AD Guidance 7**
6.9	**Narcolepsy** **AD Guidance 7**			**3** - until controlled by treatment for at least two years	**2 time limited** - UK near-coastal waters and no 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	Heart murmurs **1** - where unaccompanied by other heart abnormalities AND considered benign by a specialist cardiologist following examination. Other conditions: 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. See AD Guidance 15 if antithrombotic medication used. 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 persistently >170 systolic or > 100 diastolic mm Hg with or without treatment.

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
					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, coronary artery bypass grafting, coronary angioplasty **AD Guidance 9 and 15**	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 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	**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 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 - i**f above criteria not met. **Assessment and follow-up C** **See AD Guidance 9** **See AD Guidance 15, if antithrombotic medication used**

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
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**
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.

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
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 (PE) from deep vein thrombosis (DVT) - 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. **2**- if on long term anticoagulants with <2% risk of further DVT or PE, **see AD Guidance 15** **4** - if recurrent OR persistent OR on permanent anticoagulants with >2% risk of further DVT or PE
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

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
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	**New seafarers aged less than 20** 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. **Other seafarers** 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. 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. 4 Moderate* adult asthma present or history of severe* adult asthma. **See AD guidance 10 * for definitions**
8.5	**Pneumothorax –** spontaneous traumatic	Acute disability from recurrence		**3** – **normally** for 12 months after initial episode or shorter duration as advised by specialist	Based on advice of treating specialist - **S** **4** - after recurrent episodes unless pleurectomy or pleurodesis performed
9.0	**DIGESTIVE SYSTEM**				

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
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	**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 **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. **4** - if excess risk of dental emergency remains after treatment completed or seafarer non-compliant with dental recommendations. **Otherwise see AD Guidance 11**
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	**1 -** When cured and normal diet for three months Consider **2** - case by case assessment for earlier return to UK near-coastal duties **4** - if ulcer persists despite surgery and medication
9.3	**Non infectious enteritis, colitis, Crohn's disease, diverticulitis etc.**	Disability and pain		**3** - until investigated and treated	Case by case assessment if non-disabling **C**. **2** - Less stringency for UK near-coastal duties **4** - if severe or recurrent
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 abstention.

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
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 c**ase 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**				
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

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
10.4	**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** - following case-by-case assessment by specialist if stone free, with normal renal function and metabolic evaluation including 24 hour urine collection, without recurrence. If remains stone free after a further scan at 2 years, repeat scan 5 yearly. 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
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 Shipping Notice MSN 1890 (M+F) amendment 1 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.

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
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
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. **1** – in exceptional cases where all fitness requirements demonstrably met without prosthesis
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

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
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. **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.

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
					See AD Guidance 13
14.4	**EYESIGHT** (See Appendix 1 for details of standards required) **AD Guidance 14**	Safety critical loss of visual information	Provision of appropriate correction. Laser refractive surgery is not recommended as a means of meeting standards.	Visual assessment. **2** - no lookout duties for six months after laser surgery then confirm acuity. Then **1 with surveillance** until stability confirmed **1 time limited with surveillance** - specific eye diseases e.g. glaucoma, where visual standards are still met **See AD guidance**	**1** - if vision standards met and no progressive eye disease. **2** - if requirements for specific duties are not met. **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 **4** - if standards not met **See AD Guidance 14** *Note 1: Boxes on ENG 1 showing fitness for lookout duties, use of visual aids and colour vision deficiencies to be completed.* *Note 2 : Employer should be informed of their special duty of care for eyesight if a monocular serving seafarer meets visual standards*
15.0	**GENERAL**				
15.1	**Prescribed medication** **AD Guidance 15**	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	Case by case assessment <u>Note</u> specific impairment risks from insulin, warfarin, psychoactive medications, hormone replacements and the effects of seasickness or other illness on he effectiveness of oral medications. **See AD guidance 15**
15.2	**Transplants** - kidney, heart, lung, liver (for prosthetics i.e. joints, limbs, lenses, hearing aids, heart valves etc. see condition specific sections)	Risk of rejection. Side effects of medication		**3** - until effects of surgery and anti-rejection medication stable	**2** – UK near-coastal only, may be appropriate for fully functioning transplant on stable medication, provided general fitness standards (Appendix 2) are met **4** - normally

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 Colour Assessment and Diagnosis (CAD) test centres listed at Annex B to this MSN, to have their colour vision re-tested by undertaking a CAD Test. Refer to AD Guidance 14

Electro Technical Officers (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. 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. 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 CAD test centre 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 (both eyes together aided or unaided)	Colour Vision	Visual Field
Deck or dual career	Better eye 6/60	Other eye 6/60	Better eye 6/6	Other eye 6/12	N8	Ishihara or CAD	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 CAD	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^{O} 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^{O} of fixation above or below the meridian. Homonymous or bitemporal defects which come close to fixation whether hemianopic or quadrantopic are not accepted.

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: – on moving deck – between levels – between compartments *Note 1 applies to this row*	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 be600 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: – climb vertical ladders and stairways – step over high sills – manipulate door closing systems
Routine tasks on board: – 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 *Note 1 applies to this row*	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 × 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: – 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
Emergency duties [6] on board: – Escape – Firefighting – Evacuation *Note 2 applies to this row*	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: – don lifejacket or immersion suit – crawl – feel for differences in temperature – handle firefighting equipment – wear breathing apparatus (where required as part of duties)

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.