



International
Labour
Organization

► Policy guidelines

► Guidelines on the medical examination of fishers



► Guidelines on the medical examination of fishers*

Joint ILO-IMO meeting to adopt Guidelines for medical examination of fishers/fishing vessel personnel

(Geneva, 12–16 February 2024)



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* The definitions of “fishing vessel personnel” and “fisher” are identical. Therefore, the present Guidelines use the term “fisher”, which, for the purposes of the present Guidelines, means the same as the term “fishing vessel personnel”, while taking into consideration any possible differences in the scope of the International Convention on Standards of Training, Certification and Watchkeeping for Fishing Vessel Personnel, 1995 (1995 STCW-F Convention) of the International Maritime Organization (IMO) and the Work in Fishing Convention, 2007 (No. 188) of the International Labour Organization (ILO).

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► Preface

1. The ILO Declaration on Fundamental Principles and Rights at Work (1998), as amended in 2022, affirms the obligation of all International Labour Organization (ILO) Member States, arising from the very fact of membership in the ILO and regardless of whether or not they have ratified the ILO fundamental Conventions, to respect, to promote and to realize, in good faith and in accordance with the Constitution, the principles concerning the fundamental rights which are the subject of those Conventions, namely:
 - freedom of association and the effective recognition of the right to collective bargaining;
 - the elimination of all forms of forced or compulsory labour;
 - the effective abolition of child labour;
 - the elimination of discrimination in respect of employment and occupation; and
 - a safe and healthy working environment.
2. The principles concerning the fundamental right to a safe and healthy environment are the subject of the Occupational Safety and Health Convention, 1981 (No. 155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), which are now considered as fundamental Conventions within the meaning of the ILO Declaration. They contain provisions of general scope covering all branches of activity and all workers, regardless of the type of hazard, and they serve as the basis for the safety and health measures provided in other specific ILO instruments. Bearing in mind the often-hazardous nature of work in fishing, special consideration is needed for the safety and health of those who work on board fishing vessels, including with regard to ensuring that they are medically fit for that work.

3. The Work in Fishing Convention, 2007 (No. 188) provides that no fishers shall work on board a fishing vessel without a valid certificate attesting to fitness to perform their duties. However, it also provides competent authorities with some flexibility in the application of this requirement with respect to fishers working on smaller vessels and those at sea for short periods, and provides that States, in light of certain national circumstances, may apply this requirement progressively for certain vessels.
4. The International Maritime Organization (IMO) International Convention on Standards of Training, Certification and Watchkeeping for Fishing Vessel Personnel, 1995 (1995 STCW-F Convention) requires that every fisher holding a certificate issued under the provisions of the Convention, who is serving at sea, shall hold a valid medical certificate issued in accordance with the provisions of the Convention. The 1995 STCW-F Convention makes no distinction between a certificate of competency and a certificate of proficiency with regard to the requirement to hold a medical certificate.
5. Convention No.188 further provides that Member States are to adopt laws, regulations or other measures providing for the nature of medical examinations, the form and content of medical certificates and related matters. The examination should be done in a language that the fisher understands.
6. The relevant provisions of the 1995 STCW-F Convention and Convention No. 188, as well as the non-binding provisions of the Work in Fishing Recommendation, 2007 (No.199), which provide additional guidance on the medical examination of fishers, are provided in the appendices to the present document.
7. The Guidelines on the medical examinations of seafarers were published by the ILO and IMO in 2013. These have provided an appropriate basis for establishing medical criteria for fishers, given that the medical criteria outlined in those

Guidelines are already being applied to a large number of fishers. However, as they were aimed primarily at seafarers, they do not refer to the requirements of ILO and IMO fishing sector instruments, nor do they address any specificities with respect to the medical examination of fishers. The present Guidelines on medical examination of fishers therefore address this issue.

8. The structure and much of the text of the existing ILO/IMO Guidelines on the medical examinations of seafarers has been used in the production of these Guidelines for fishers. The dissemination and implementation of the Guidelines on the medical examination of fishers should contribute towards the harmonization of standards for the medical examinations of fishers and improve the quality and effectiveness of the health care provided for fishers.
9. Further, according to Convention No. 188, the competent authorities are obliged to adopt laws, regulations or other measures concerning the prevention of occupational accidents, occupational diseases and work-related risks on board fishing vessels, including risk evaluation and management. The objective of this Convention is to ensure that fishers have decent conditions of work on board fishing vessels with regard to minimum requirements for work on board, conditions of service, accommodation and food, occupational safety and health protection, medical care and social security. These present Guidelines therefore include information concerning the occupational risks faced by fishers within their profession.
10. They also suggest additional requirements in the competences of the recognized medical practitioners (as per paragraph 64 and Appendix K). Recognized medical practitioners performing such examinations should have a clear understanding of the unique aspects of fishing, as their professional judgement is often critical to the health and safety of fishers.

11. Consistent with Paragraph 40 of Recommendation No. 199, data collected within the medical examination system could be used in research and surveillance of the health of fishers so that trends can be monitored and appropriate interventions made. It is also recommended that competent authorities consider adequate measures for the establishment and provision of ongoing surveillance of occupational safety and health for fishers exempt from the requirement for medical certification (see Appendix L of the present Guidelines).
12. Convention No. 188 provides in Article 1(e) that:

***fisher** means every person employed or engaged in any capacity or carrying out an occupation on board any fishing vessel, including persons working on board who are paid on the basis of a share of the catch but excluding pilots, naval personnel, other persons in the permanent service of a government, shore-based persons carrying out work aboard a fishing vessel and fisheries observers;*

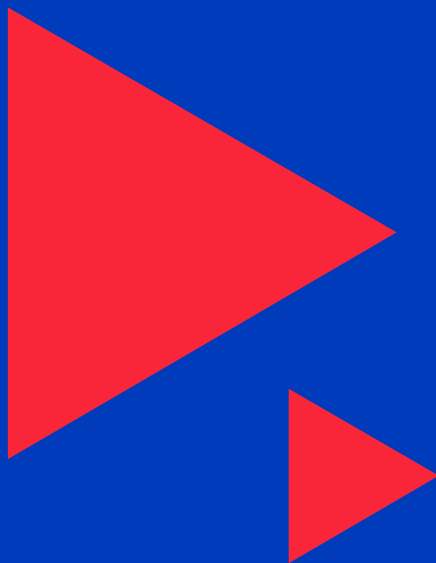
and that the revised annex to the 1995 STCW-F Convention provides that:

***fishing vessel personnel** means every person employed or engaged in any capacity or carrying out an occupation on board any fishing vessel, including persons working on board who are paid on the basis of a share of the catch but excluding pilots, naval personnel, other persons in the permanent service of a government, shore-based persons carrying out work aboard a fishing vessel and fisheries observers.*

13. The definitions of “fishing vessel personnel” and “fisher” are identical. In the present Guidelines, “fisher” or where appropriate “fishers” is used instead of “fishing vessel personnel”, both terms have the same meaning. Therefore, the present Guidelines use the term “fisher”, which, for the purposes of the present Guidelines, means the same as the term “fishing vessel personnel”, while taking into consideration any possible differences in the scope of these two Conventions.

Part 1

Introduction



► I. Purpose and scope of the Guidelines

14. Fishers are required to undergo medical examinations to reduce risks to other crew members and for the safe operation of the fishing vessel, for the environmental and navigational safety, as well as to safeguard their personal health and safety.
15. Convention No. 188 and the 1995 STCW-F Convention require fishers to hold a medical certificate, detail the information to be recorded and indicate certain specific aspects of fitness that need to be assessed.
16. These Guidelines apply to fishers in accordance with the requirements of Convention No. 188 and the 1995 STCW-F Convention. Details on the flexibility in Convention No. 188 with respect to these requirements are provided below.
17. When implementing and utilizing these Guidelines, it is essential to ensure that:
 - i. the fundamental rights outlined in the Preamble to Convention No. 188 are respected;
 - ii. from the point of view of safety of life and property at sea and the protection of the marine environment, fishers on board fishing vessels are qualified and fit for their duties; and
 - iii. medical certificates genuinely reflect fishers' states of health, in light of the duties they are to perform. The competent authority shall, after consultation with fishing vessel owners' and fishers' organizations concerned, in giving due consideration to applicable international guidelines, prescribe the nature of the medical examination and certificate, as outlined in Article 11 of Convention No. 188.

18. These Guidelines are intended to provide States with an internationally recognized set of criteria for use either directly or as the basis for framing national medical examination standards that will be compatible with international requirements. Valid and consistent guidelines should assist medical practitioners, fishing vessel owners, fishers' representatives, fishers and other relevant persons with the conduct of medical fitness examinations of serving fishers and fisher candidates. Their purpose is to help establish criteria that will lead to equitable decisions about who can safely and effectively perform their routine and emergency duties at sea, provided these are compatible with their individual health-related capabilities.
19. These Guidelines have been developed in order to reduce the differences in the application of medical requirements and examination procedures and to ensure that the medical certificates which are issued to fishers are a valid indicator of their medical fitness for the duties they will perform. Ultimately, the aim of the Guidelines is to contribute to health and safety at sea.
20. In order for a fisher to hold one instead of two medical certificates, a medical certificate issued in accordance with the requirements of the 1995 STCW-F Convention also meets the requirements of Convention No. 188 and vice-versa.

► II. Contents and use of the Guidelines

21. The Guidelines are arranged in the following manner:
Part 1 summarizes the purpose and scope of the Guidelines, their contents and the background to their preparation, and identifies the main features of a framework for medical examinations and the issue of a medical certificate to a fisher.

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

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

These Guidelines also include a series of appendices on standards for different types of impairing conditions, record-keeping and the contents of the medical certificate. The series of appendices includes guidance on how to establish a programme to monitor the health and occupational risk factors relevant to fishers, the implementation of a training programme for medical practitioners, standards for different types of impairing conditions, record-keeping and the contents of the medical certificate.

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

► III. Background to the preparation of the Guidelines

- 23.** In 1997 the ILO and the World Health Organization (WHO) published the first international guidelines concerning the medical examinations of seafarers. This has been an invaluable document for maritime authorities, the social partners in the maritime industry and the medical practitioners who conduct medical examinations of seafarers. These Guidelines have been revised several times. Convention No. 188 was adopted by the 96th Session of the International Labour Conference and entered into force on 6 November 2017. The Convention revised the Medical Examination (Fishermen) Convention, 1959 (No. 113). The present Guidelines are the first set of international guidelines adopted specifically for work on board fishing vessels. They may be of particular value to States seeking to implement the provisions of Convention No. 188 and the 1995 STCW-F Convention by developing guidelines for the medical examination and occupational health care for fishers. The relevant provisions of Convention No. 188, as well as additional guidance in its accompanying Recommendation No. 199, are set out in Appendix H.
- 24.** The IMO, in its comprehensive review of the 1995 STCW-F Convention, recognized the need to include medical fitness criteria that were relevant to the safe operation of fishing vessels, and concluded that the Guidelines required development.
- 25.** The ILO and IMO subsequently agreed to create a joint tripartite working group to develop the present Guidelines.

► IV. Fisher medical fitness examinations

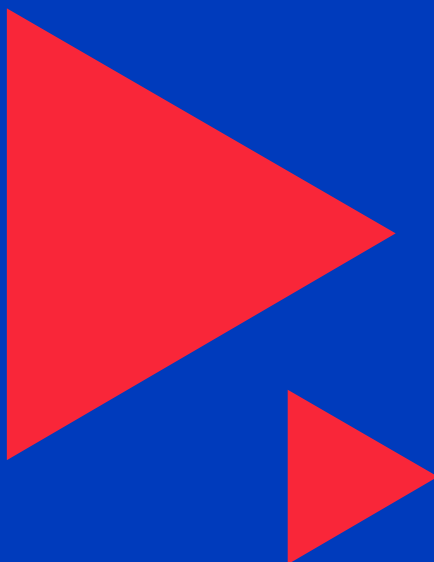
- 26.** The aim of the medical examination is to ensure that the fisher being examined is medically fit to perform his or her routine and emergency duties at sea and is not suffering from any medical condition likely to be aggravated by service at sea, to render him or her unfit for service or to endanger the safety and health of other persons on board or the environmental and navigational safety. Wherever possible, any conditions found should be treated prior to returning to work at sea so that the full range of routine and emergency duties can be undertaken. If this is not possible, the abilities of the fisher should be assessed in relation to his or her routine and emergency duties and recommendations made on what the fisher is able to do and whether any reasonable adjustments could enable him or her to work effectively. In some cases, problems will be identified that are incompatible with duties at sea and cannot be remedied. Appendices A to E provide information on the disabilities and medical conditions which are not likely to affect all routine and emergency duties being performed, those which require adaptation or limitation to routine and emergency duties, and those which result in either short-term or long-term unfitness to work at sea as a fisher.
- 27.** Medical examination findings are used to decide whether to issue a medical certificate to a fisher. Consistent decision-making needs to be based on the application of criteria for fitness that are applied in a uniform way, both nationally and, because of the global nature of fishing operations, internationally. These Guidelines provide the basis for establishing national arrangements which are in line with the relevant international Conventions.

- 28.** The medical certificate is neither a certificate of general health nor a certification of the absence of illness. It is a confirmation that the fisher is expected to be able to meet the minimum requirements for performing the routine and emergency duties specific to their post at sea safely and effectively during the period of validity of the medical certificate. Hence, the routine and emergency duties must be known to the examining medical practitioner, who will have to establish, using clinical skills, whether the fisher meets the standards for all anticipated routine and emergency duties specific to their individual post and whether any routine or emergency duties need to be modified to enable them to be performed safely and effectively.
- 29.** The ability to safely and effectively perform routine and emergency duties depends on both a person's current degree of fitness and on the likelihood that they will develop an impairing condition during the validity period of the medical certificate. Criteria for performing routine and emergency duties safely will be higher where the person has critical safety duties, either as part of their routine or in emergencies. Other safety consequences also need to be considered, for instance whether a fisher is suffering from any medical condition likely to be aggravated by service at sea, to render the fisher unfit for such service, or to endanger the health and safety of other persons on board, or the environmental and navigational safety.
- 30.** For the safety and health of the fisher and others, and for environmental safety reasons, and in light of paragraph 29, the fisher should disclose to the skipper and to the recognized medical practitioner any change in medical condition, impairment or intake of medicine whilst on board (Appendix F).
- 31.** The recognized medical practitioner should base the decision to issue a medical certificate on whether criteria for minimum performance requirements, as listed in the appendices to this document, are met in the following areas:

- i. vision (Appendix A), hearing (Appendix B) and physical capabilities (Appendix C);
 - ii. impairment from the use of medication (Appendix D); and
 - iii. presence or recent history of an illness or condition and the likelihood that they will develop an impairing condition (Appendix E).
- 32.** The consequences of impairment or illness will depend on the routine and emergency duties, the medical care available on board, and on the distance from shore-based medical facilities.
- 33.** Thus, the examining medical practitioner needs the skills to assess individual fitness in all these areas and the knowledge to relate their findings to the requirements of the individual's routine and emergency duties at sea whenever any limitations in fitness are identified.
- 34.** Competent authorities may, without prejudice to the safety of the fishers or the fishing vessel, consider the criteria set out in paragraphs 29 and 31, experience level and on board duties of those assessed. Competent authorities may differentiate between those persons seeking to start a career at sea in the industry and those fishers already serving at sea in the industry.

Part 2

Guidance for competent authorities



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

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

ILO instruments concerning the medical examination and health of fishers

36. Convention No. 188 revised Convention No. 113 which had been ratified by 30 States and remains in force at the date of adoption of the Guidelines for those among them that have not yet ratified Convention No. 188.
37. An important objective of Convention No. 188 is to safeguard the health and welfare of fishers. Convention No. 188 applies to all fishers and all fishing vessels engaged in commercial fishing operations except where expressly provided otherwise in the Convention (Article 2(1)). In the event

of doubt as to whether a vessel is engaged in commercial fishing, the question is to be determined by the competent authority after consultation.¹

38. Requirements concerning the medical examination of fishers are set out in Articles 10–12 of Convention No. 188, and additional guidance is provided in Paragraphs 6–10 of Recommendation No. 199.
39. Article 10(1) of Convention No. 188 provides that “no fishers shall work on board a fishing vessel without a valid medical certificate attesting to fitness to perform their duties”. Article 11 requires each ratifying State to adopt laws, regulations or other measures providing for:
 - a. The nature of medical examinations;
 - b. the form and content of medical certificates;
 - c. the issue of a medical certificate by a duly qualified medical practitioner or, in the case of a certificate solely concerning eyesight, by a person recognized by the competent authority as qualified to issue such a certificate; these persons shall enjoy full independence in exercising their professional judgement;
 - d. the frequency of medical examinations and the period of validity of medical certificates;
 - e. the right to a further examination by a second independent medical practitioner in the event that a person has been refused a certificate or has had limitations imposed on the work he or she may perform; and
 - f. other relevant requirements.

1 Convention No. 188 provides that “consultation” means consultation by the competent authority with the representative organizations of employers and workers concerned, and in particular the representative organizations of fishing vessel owners and fishers, where they exist”.

40. Article 12 of Convention No. 188 sets additional requirements for fishing vessels of 24 metres in length and over, or on vessels which normally remain at sea for more than three days, including with respect to what, as a minimum, shall be stated in the medical certificate, and for how long it shall be valid.
41. Convention No. 188 provides, in its Article 10(2), for exemptions that may be granted by the competent authority, after consultation, for fishing vessels under 24 metres in length or which normally remain at sea for three days or less, taking into account the safety and health of fishers, size of the vessel, medical care on board, availability of medical assistance and evacuation, duration of the voyage, area of operation, and type of fishing operation.
42. Lastly, Article 10(3) of Convention No. 188 provides that exemptions in Article 10(2) shall not apply to a fisher working on a fishing vessel of 24 metres in length and over or which normally remains at sea for more than three days; in urgent cases, the competent authority may permit a fisher to work on such a vessel for a period of a limited and specified duration until a medical certificate can be obtained, provided that the fisher is in possession of an expired medical certificate of a recent date.²
43. Recommendation No. 199 provides further non-binding guidance on the following matters: considerations with respect to the age of the person being examined and the duties to be performed; who should sign the certificate;

2 The meaning of the term “recent date” is at the discretion of the competent authority, but it is recommended that the expiry date of the medical certificate should be within the last 30 days. The meaning of the term “period of a limited and specified duration” is at the discretion of the competent authority, but it is recommended that a fisher can be permitted to work with an expired medical certificate provided that the period of such permission does not exceed three months.

arrangements for a fisher determined to be unfit for work to apply for further examination; international guidance on the subject that should be taken into account by the competent authority; and, for exempted fishers, the adequate measures that the competent authority should take to provide health surveillance for the purpose of occupational safety and health.

44. The exact text of these and other relevant provisions of Convention No. 188 and Recommendation No. 199 are set out in Appendix H. The present Guidelines are, at the time of their adoption, the most recent international guidance in line with paragraph 9 of Recommendation No. 199.

IMO instruments concerning medical examination requirements for fishing vessel personnel³

45. The 1995 STCW-F Convention includes requirements for medical examinations and the issue of medical certificates.
46. The 1995 STCW-F Convention, before the revision of its Annex and development of the new Code, as adopted in 2024, included criteria for physical capability requirements for medical fitness, particularly regarding eyesight and hearing, but no specific criteria for any other aspects of medical assessment. The 1995 STCW-F Convention and Code include requirements for competent authorities to ensure that all those responsible for assessing the medical fitness of fishing vessel personnel are medical practitioners recognized by the Party to the 1995 STCW-F Convention for the purpose of fishing vessel personnel's medical examination in accordance with the provisions of section A-I/12 of the STCW-F Code.

3 The terms "fishing vessel personnel" and "Party" are used to reflect the terms used in the 1995 STCW-F Convention.

- 47.** Fishing vessel personnel holding a certificate issued under the provisions of the 1995 STCW-F Convention who are serving at sea must also hold a valid medical certificate issued in accordance with the provisions of the STCW-F Convention regulation I/12 and of section A-I/12 of the STCW-F Code.⁴

▶ **VI. Purpose, contents and validity period of the medical certificate**

- 48.** Convention No. 188 (Article 12(1)) and the 1995 STCW-F Convention, (section A-I/12, paragraph 7) specify the information that should be included as a minimum on the medical certificate. The detailed content of these Guidelines aligns with these requirements and the other more detailed provisions of the relevant international Conventions, which should be consulted when developing national procedures. The aim of the Guidelines is, wherever possible, to avoid subjectivity and to give objective criteria for decision-making. The content of the medical certificate for fishers will be identical to that of the seafarers, except that the recognized medical practitioners will give more attention to the specific occupational health risks for fishers and offer guidance on prevention.
- 49.** The period of validity of the medical certificate is indicated in Convention No. 188 (Article 12(2)) and the 1995 STCW-F Convention (regulation I/12). Both Conventions specify that the medical certificate will remain in force for a maximum period of two years from the date on which it is granted,

4 STCW-F makes no distinction between a certificate of competency and a certificate of proficiency with regard to the requirement to hold a medical certificate.

unless the fisher is under the age of 18, in which case the maximum period of validity is one year.

50. The 1995 STCW-F Convention requires in section A-I/12 paragraph 8 that medical certificates shall be in the official language of the issuing country. If the language used is not English, the text shall include a translation into that language.
51. Medical certificates issued in accordance with Convention No. 188 and the 1995 STCW-F Convention, which expire during the course of a voyage, will continue to be in force until the next port of call where the fisher can obtain a medical certificate from a medical practitioner recognized by the competent authority, provided that the period does not exceed three months.
52. In urgent cases, the competent authority may permit fishers to work without a valid medical certificate until the next port of call where a medical practitioner recognized by the competent authority is available, provided that the period of such permission does not exceed three months and the fisher concerned is in possession of an expired medical certificate of recent date. In so far as a medical certificate relates to colour vision, it will remain in force for a period not exceeding six years from the date it is granted.
53. Two years is the period over which fitness should normally be assessed. However, if the recognized medical practitioner considers that more frequent surveillance of a condition that may affect health or performance at sea is indicated, a medical certificate of shorter duration should be issued and arrangements made for reassessment by the same medical practitioner if possible. The examining medical practitioner should only issue a medical certificate with a duration of less than two years if they can justify their reasons in a particular case.
54. The medical practitioner should indicate on the medical certificate whether the person is fit for all duties worldwide within

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

55. If the fisher cannot perform both routine and emergency duties safely and effectively and adaptation of duties is not possible, the fisher should be notified that they are “not fit for duty”. If adaptation is possible then they should be notified that they are “fit for duty with restrictions”. The notification must be accompanied by an explanation of the fisher’s right to appeal as provided in section IX.
56. Where illnesses and injuries may impair the ability of fishers with a valid medical certificate to perform routine or emergency duties safely, their current fitness may need to be assessed before resuming work. Such examinations may be considered in various circumstances such as more than 30 days’ incapacitation, disembarkation for medical reasons, hospital admission or requirement for new medication. Their current medical certificate may be revised accordingly.
57. For any person who intends to subsequently work as a fisher, it is required under the 1995 STCW-F Convention, before training commences, to be medically examined to confirm that they meet the required medical fitness standards.

► VII. Right to privacy

58. All persons involved in the conduct of medical examinations, including those who come into contact with medical examination forms, laboratory results and other medical information, should ensure the right to privacy of the examinee. Medical examination reports should be marked as

confidential and so treated, and all medical data collected from fishers should be protected. Medical records should not be disclosed to others without prior written informed consent from the fisher. Personal medical information should not be included on medical certificates. The fisher should have the right of access to and receipt of a copy of his/her personal medical data. The personal medical data provided should be in a language of the country where the examination takes place and/or English.

► VIII. Recognition of medical practitioners

59. The competent authority should maintain a list of recognized medical practitioners to conduct medical examinations of fishers and issue medical certificates. The competent authority should consider the need for medical practitioners to be personally interviewed and for clinic facilities to be inspected before being recognized to conduct medical examinations of fishers. A list of medical practitioners recognized by the competent authority should be published on the internet or made available to competent authorities in other countries, companies, fishers and representative organizations of fishers, and trade union representatives. Recognized medical practitioners by the competent authority for examining the medical fitness of seafarers in accordance with the 1978 STCW Convention, as amended, and the Maritime Labour Convention, 2006, as amended, can also be recognized for the medical examination of fishers without further recognition taking into account these Guidelines.
60. The competent authority should provide means to verify the authenticity of the medical certificates issued.

- 61.** The competent authority, when developing guidance for the conduct of medical fitness examinations, should take into consideration that some medical practitioners may need more detailed guidance than those who hold competence in the health of fishers and the industry. In addition, the provision of an expert helpline can aid decision-making on novel or complex problems and can be a source of information that may be used to improve the quality of assessments.
- 62.** Competent authorities should address the need for a further training programme for their recognized medical practitioners to provide initial and ongoing training. Where necessary, competent authorities may develop their own programme or approve other training programmes.
- 63.** The names of any medical practitioners whose recognition has been withdrawn during the previous 24 months should continue to be included in the list mentioned in paragraph 59, with a note to the effect that they are no longer recognized by the competent authority to conduct fishers' medical examinations.
- 64.** A medical practitioner so recognized by the competent authority:

 - i. should be a qualified medical practitioner currently accredited by the medical registration authority for the place where they are working;
 - ii. should be experienced in clinical medicine, ideally with knowledge in occupational medicine or maritime medicine;
 - iii. should have knowledge of the living and working conditions on board fishing vessels and the job demands on fishers, including work involved in unloading the catch and work in port, in so far as they relate to the effects of health problems on fitness for work, gained wherever possible through

special instruction, training and through knowledge based on personal experience of fishing;

- iv. should have facilities for the conduct of examinations that are conveniently situated for access by fishers and enable all the requirements of the medical fitness examination to be met and conducted with respect for confidentiality, modesty and cleanliness;
- v. should be provided with written guidance on the procedures for the conduct of medical examinations of fishers, including information on appeals procedures for persons denied a medical certificate as a result of an examination or who had restrictions or limitations imposed on their ability to work and placed on their medical certificate;
- vi. should understand their ethical position as examining medical practitioners acting on behalf of the competent authority, ensuring that any conflicts with this are recognized and resolved;
- vii. should refer any medical problems found, when appropriate, for further investigation and treatment, whether or not a fisher is issued with a medical certificate; and
- viii. should enjoy professional independence from fishing vessel owners, fishers and their representatives in exercising their medical judgement in terms of the medical examination procedures. Those employed by, or contracted to, a fishing vessel owner or recruitment and placement service should have terms of engagement which ensure that an assessment is based on statutory standards.

65. It is further recommended that medical practitioners are aware of the limitations of medical care on board, including

a knowledge of the medical equipment, supplies and related instructions carried on fishing vessels, the training of the persons on board qualified or trained in first aid and other forms of medical care, and the access by those on board to telemedicine by radio, satellite or other means of communication.

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

- i. the investigation of complaints from fishing vessel owners, fishers and their representatives concerning the medical examination procedures and the recognized medical practitioners;
- ii. collection and analysis of anonymized information from medical practitioners about the numbers of examinations undertaken and their outcomes; and
- iii. the introduction, where practical, of a nationally agreed review and audit programme for examining medical practitioners' practices and record-keeping undertaken by, or on behalf of, the competent authority. Alternatively, they could endorse appropriate external clinical accreditation arrangements for those undertaking fishers' medical examinations, the results of which would be made available to the authority.

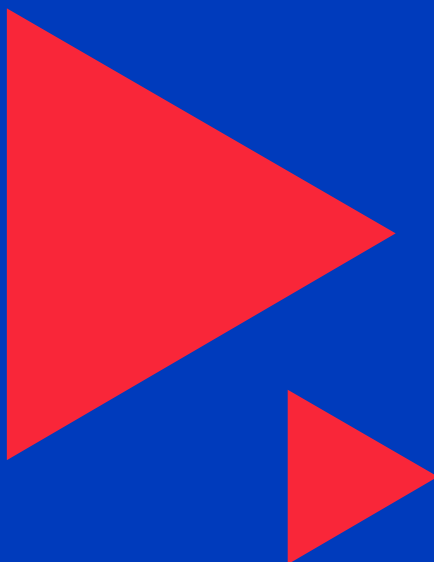
67. Recognized medical practitioners who are found by the competent authority as a result of an appeal, complaint, audit procedure or other reasons to no longer meet the requirements for recognition should have their recognition to conduct fishers' medical examinations withdrawn but should be retained on the list as per paragraph 63.

► IX. Appeals procedures

68. As required by both the STCW-F Code, in section A-I/12, and Convention No. 188 (Article 11(e)) fishers who have been refused a medical certificate or have had a restriction or limitation imposed on their ability to work and placed on their medical certificate must be given the opportunity to have their case reviewed within an appeals procedure.
69. The competent authority may delegate the arrangements for appeals, or part of them, to an organization or authority exercising similar functions in respect of fishers generally.
70. The appeals procedure may include the following elements:
 - i. the medical practitioner or medical referee undertaking the review should meet the criteria as per paragraph 64;
 - ii. the medical practitioner or medical referee undertaking the review process should be provided access to other medical experts and the medical records of the first examination;
 - iii. the appeals procedure should not result in unnecessary delays for fishers or fishing vessel owners;
 - iv. the same principles of confidentiality called for in the handling of medical records should apply to the appeals procedure; and
 - v. quality assurance and review procedures should be in place to confirm the consistency and appropriateness of decisions taken at appeal.

Part 3

**Guidance to persons recognized by
competent authorities to conduct medical
examinations and to issue medical
certificates**



► X. Role of the medical examination in fishing safety and health

- 71.** The recognized medical practitioner should be aware of the role of the medical examination in the enhancement of safety and health at sea and in assessing the ability of fishers to perform their routine and emergency duties and, if applicable, to live on board:
- i. The consequences of impairment from illness, injury or medication while working at sea will depend on the routine and emergency duties of the fisher, on the medical care available on board and on the distance of the fishing vessel from shore-based medical care. Such impairments may adversely affect fishing vessels, as both the individual and those who provide care will not be available for normal duties. Impairment from illness, injury or medication at sea can also put the individual at risk because of the limited care available, as fishing vessels' officers only receive basic first-aid and other medical training, and fishing vessels are only equipped with basic medical supplies. Medication used by fishers needs to be carefully assessed as it can lead to impairment from side effects that cannot be readily managed at sea. Where medication is essential to control a potentially life-threatening condition, inability to take it may lead to serious consequences.
 - ii. Infectious diseases may be transmitted to others on board. Screening for relevant infections may be undertaken at the medical examination or at other times.

- iii. Limitations to physical capability may affect ability to perform routine and emergency duties (e.g. using breathing apparatus). Such limitations may also make rescue in the event of injury or illness difficult.
- iv. The medical examination can identify early disease or risk factors for subsequent illness, and the transmission of disease, either directly or by food handling. The fishers can be advised on preventive measures or referred for further investigation or treatment. However, the fishers should be made aware that such advice or referral does not replace the need for other clinical contacts or necessarily provide the main focus for advice on health maintenance.
- v. If a medical condition is identified, any adverse consequences may be reduced by increasing the frequency of surveillance, by limiting the duration of the certificate or restricting duties to those where the medical condition is not relevant or restricting the pattern of voyages to ensure that health care is readily available.
- vi. Fishers need to be able to adjust to living and working conditions on board fishing vessels, including the requirement to keep watches at varying times of the day and night, the motion of the vessel in bad weather, the need to live and work within the limited spaces of a fishing vessel, to climb and lift weights and to work under a wide variety of weather conditions (see Appendix C, table B-I/12 for examples of relevant physical abilities).
- vii. Fishers should be able to live and work closely with the same people for long periods of time and under occasionally stressful conditions.

They should be capable of dealing effectively with isolation from family and friends and, in some cases, from persons of their own cultural background.

- 72.** Fishing operations and on board duties vary substantially. For a fuller understanding of the physical demands of particular categories of work on board fishing vessels, recognized medical practitioners should acquire knowledge of the 1995 STCW-F Convention, Convention No. 188 and the ILO Handbook for improving living and working conditions on board fishing vessels 2010 and appropriate national requirements, and should consult the relevant competent authority, fisheries company and fisheries union representatives and otherwise endeavour to learn as much as possible about fishing life.

► XI. Type and frequency of medical examinations

- 73.** For most medical conditions, the same criteria are appropriate for medical examinations undertaken at all stages of a fishing career. However, where a condition is present that is likely to worsen in the future and thus limit a trainee's ability to undertake the range of duties and assignments that are essential for complete training, there may be less flexibility in the application of fitness standards than for serving fishers in order to ensure that all training requirements can be met.
- 74.** Examinations are normally performed every two years. If the fisher is under the age of 18, the maximum period of validity shall be one year. Where there is a health condition that requires more frequent surveillance, they may be

performed at shorter intervals. It is important to recognize that the requirement for more frequent examinations may limit the ability of fishers to obtain employment or engagement and lead to additional costs for the fisher or their employer. If examinations are at intervals of less than two years, they may solely concern the condition under surveillance and, in this case, any reissued medical certificate should not be valid for more than two years from the previous full examination.

75. Any examination requirements of employers or insurers should be distinguished from statutory fitness examinations; the fisher should be informed if both are being assessed at the same time and should consent to this. A medical certificate should be issued if statutory standards are met, irrespective of compliance with any additional employer or insurer requirements.
76. Fisher medical examinations may also provide an opportunity to take measures to correct or mitigate medical conditions which could adversely affect the health of fishers and should include measures of a preventive character. Tests necessary to evaluate the occupational exposure at work on board fishing vessels may, when appropriate, be performed at the same time as the periodic examinations.

► XII. Conduct of medical examinations

77. The following suggested procedures do not aim to replace in any way the judgement or experience of the recognized medical practitioner. They will, however, serve as a tool to assist in the conduct of examinations of fishers. A model medical examination form has been provided in Appendix F.

- i. The recognized medical practitioner should determine whether there is any special purpose for the examination (e.g. return after illness or follow-up for continuing health problem) and, if so, should conduct the examination accordingly.
- ii. The identity of the fisher to be examined should be verified. The number reflected on their seafarers' identity documents (if they are provided to fishers), passport or other relevant identity document, as appropriate, should be entered on the examination form.
- iii. The fisher's intended position on board the fishing vessel and, as far as practicable, the physical and mental demands of this work and the anticipated voyage pattern should be established. This may give insights that enable work to continue but with restrictions based on the nature of the voyage (e.g. fit for coastal or harbour service only) and the job to be held.
- iv. Information should be collected from the fisher on his or her previous medical history. Point-by-point questions on the details of previous diseases and injuries should be asked and the results recorded. Details of other diseases, medication, alcohol or substance use, or injuries not covered should also be recorded. After the information is collected, the fisher should sign the form to certify that to the best of his/her knowledge it is a true statement. An individual should not, however, bear the burden of proof concerning the consequences of illness, past or present, on his or her fitness for work.
- v. The fisher's previous medical records, where appropriate and available, should be reviewed.

- vi. The physical examination and the necessary additional examinations should be checked and recorded according to set procedures (see Appendix F).
- vii. Hearing, eyesight and colour vision, if necessary, should be checked and recorded. Eyesight should be in compliance with the minimum in service eyesight standards for fishing vessel personnel set out in section A-I/12 of the STCW-F Code (see Appendix A for vision standards and Appendix B for hearing standards). In examinations, appropriate equipment should be used in the assessment of hearing capacity, visual acuity and colour vision, particularly regarding those fishers who will be engaged in lookout duties.
- viii. Physical capability should be assessed where the medical examination identifies that it may be limited by an impairment or medical condition (see Appendix C).
- ix. Testing for the presence of alcohol and drugs in the course of a medical examination does not form part of these international Guidelines. Where it is performed, as a requirement of national authorities or employers, the procedures used should follow national, if available, or international good practice guidelines. These should provide adequate procedural and ethical safeguards for the fisher. Consideration should be given to the Guiding Principles on Drug and Alcohol Testing Procedures for Worldwide Application in the Maritime Industry, adopted by the Joint ILO–WHO Committee on the Health of Seafarers (Geneva, 10–14 May 1993), and any subsequent revisions.
- x. The application of multiple biochemistry or haematology tests or the use of imaging techniques

applied to all fishers is not recommended, other than where indicated in Appendices A to E. Such tests should only be used where there is a clinical indication. The validity of any test used for the identification of a relevant medical condition relies on the prevalence of the condition and on the sensitivity and specificity of the test. Use is a matter for national or local judgement, based on disease prevalence and test validity. In addition, decisions about fitness based solely on the results of single or multiple screening tests in the absence of a specific diagnosis or impairment are of limited predictive value. Unless tests have very high validity, use may result in inappropriate certification of a proportion of those tested.

- xi. The recognized medical practitioner should be aware that there are currently no suitable tests for the assessment of mental aspects of working ability that are recommended for inclusion in the medical examinations of fishers.
 - xii. The results of the examination should be recorded and assessed to determine if the fisher is fit for the work which will be undertaken. Appendices A to E contain guidance on medical criteria used to consider whether a fisher is fit or currently unfit for work as a fisher. The age and experience of the fisher to be examined, the nature of the duties to be performed, the voyages undertaken (if known), and the type of fishing operation should be taken into account.
- 78.** There are defined numerical criteria for some aspects of vision (Appendix A) and hearing (Appendix B). Here, decisions on fitness will depend on achieving the levels of perception that are listed, taking note of the explanatory information in

the appendices. For other conditions, where such numerical criteria do not exist, the criteria have been classified in three categories (as per paragraph 80 and Appendix E), depending on the likelihood of recurrence at different stages and the severity of each condition.

79. In complex cases and where appropriate, the recognized medical practitioner may, with the informed consent of the fisher, discuss the case with the competent authority and, where permitted by national legislation, seek relevant information from the fishing vessel owner to be considered as part of the decision-making process.

80. Case-by-case assessment is recommended in Appendices A to E where a specialist view on prognosis is needed or where there is considerable diversity in capability or likelihood of recurrence or progression. The three categories are:

a. **Incompatible with the reliable performance of routine and emergency duties safely or effectively:**

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

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

This category means that the medical condition is such that the fisher may cause a danger to the safety of the vessel or to other persons on board or to the environmental or navigational safety; they may not be able to perform their routine and emergency duties on board; or their health or life may be put at greater risk than would be the case if they were on shore. The category may be used temporarily until a condition has been

treated, returns to normal or a period without further episodes indicates that the likelihood of recurrence is no longer increased. It may be used on a permanent basis where the fisher has a condition that can be expected to render them unable to meet the standards in the future.

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

Increased surveillance needed (L): a medical certificate of limited duration would normally be issued.

This category may mean that the fisher has a condition that requires more frequent medical assessment than the two-year normal interval between medical certificates – i.e. a time-limited medical certificate (L).

Alternatively, they may be capable of performing the routine and emergency duties required of all fishers but need some of their own duties to be adapted because they are expected not to be able to perform some of the duties specific to the work they normally undertake. They may also be more likely to suffer serious adverse effects from working in certain climates or beyond a certain distance from onshore medical care. In these cases, the job adaptations needed are specified and the medical certificate is restricted (R).

Use of this category can enable fishers to remain working despite the presence of certain health-related impairments. However, it should be used only when clearly indicated as it may lead to the possibility that an employer will choose not to engage a fisher even for duties that are within their capabilities or where duties can readily be adjusted.

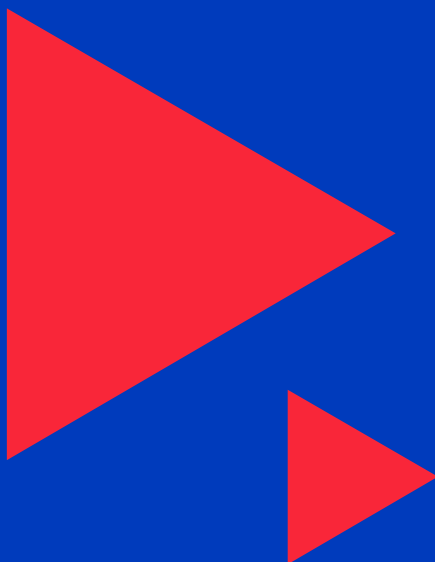
- c. **Able to perform all duties worldwide within a designated department:** an unrestricted medical certificate of full duration would normally be issued.

This category means that the fisher can be expected to be fit for all duties within their department on board and can fully discharge all routine and emergency duties for the duration of the medical certificate.

81. If the fisher is found fit for the work to be performed, the medical certificate should be issued. Any restrictions or limitations concerning work should be reflected on the medical certificate. Further information on the medical certificate is provided in Appendix G.
82. If the fisher is found temporarily or permanently unfit for service or has restrictions and/or limitations placed on their duties, he or she should be given an explanation in writing of the reasons and should be advised of the right to appeal and on how to make an appeal. Additional guidance on appeals procedures is provided in section IX of these Guidelines. If “temporarily unfit”, advice should be given on the need to undergo additional tests, to obtain opinions from specialists or to complete dental or other treatment, rehabilitation and/or appropriate medical care. The fisher should be informed when to return for another examination.
83. As appropriate, the fisher should be counselled on lifestyle (limiting alcohol intake, stopping smoking, modifying diet, losing weight, avoiding drug abuse and mental health awareness, etc.) and on the dangers of and methods of prevention of malaria, hepatitis, HIV/AIDS and other communicable diseases. Printed health educational materials on drug and alcohol abuse prevention, smoking cessation, diet, communicable diseases prevention, etc. should also be provided, if available.

- 84.** The medical examination records should be clearly marked as confidential and retained, according to national regulations and the competent authority, in the custody of the health institution or the competent authority where the medical certificate was issued, or electronically stored. The file should be kept confidential and should not be used for any purpose other than facilitating the treatment of fishers and should be made available only to persons duly authorized in accordance with national data protection laws.
- 85.** Relevant information on his/her health should be given to the fisher on request and the fisher should be advised to take it to the next medical examination or when he or she is treated for an illness or injury. If possible, a card indicating blood type, any serious allergies and other vital information should also be given to the fisher to facilitate emergency treatment.
- 86.** A copy of the medical certificate should be kept in the files of the health institution or competent authority in which it was issued, or electronically stored.

Appendices



► Appendix A

Vision standards

Testing

All tests needed to determine the visual fitness of a fisher are to be reliably performed by a competent person and use procedures recognized by the relevant competent authority. Quality assurance of vision-testing procedures at a person's first fisher examination is particularly important to avoid inappropriate career decisions; competent authorities may wish to specify this in detail:

- Distance vision should be tested using Snellen test type or equivalent.
- Near vision should be tested with reading test type.
- Colour vision should be tested by colour confusion plates (Ishihara or equivalent). Supplementary investigations such as lantern tests may be used when appropriate (see the International Recommendations for Colour Vision Requirements for Transport of the International Commission on Illumination (CIE-143-2001, including any subsequent versions)). The use of colour correcting lenses will invalidate test results and should not be permitted.
- Visual fields may initially be assessed using confrontation tests (Donders, etc.) and any indication of limitation or the presence of a medical condition where visual field loss can occur should lead to more detailed investigation.

- Limitations to night vision may be secondary to specific eye diseases or may follow ophthalmological procedures. They may also be noted during other tests or found as a result of limitations to low-contrast vision testing. Specialist assessment should be undertaken if reduced night vision is suspected.

Visual correction

Medical practitioners should advise persons required to use spectacles or contact lenses to perform duties that they should have a spare pair or pairs, as required, conveniently available on board the fishing vessel.

Additional guidance

If laser refractive surgery has been undertaken, recovery should be complete and the quality of visual performance, including contrast, glare sensitivity and the quality of night vision, should have been checked by a specialist in ophthalmology.

All fishers should achieve the minimum eyesight standard of 0.1 unaided in each eye to ensure visual capability under emergency conditions when visual correction may be lost or damaged.

Fishers not covered by the eyesight standards in table A-I/12 of the 1995 STCW-F Convention should have aided vision sufficient to perform their routine and emergency duties safely and effectively.

► STCW-F Code table A-I/12: Minimum in-service eyesight standards for fishing vessel personnel

STCW-F Convention regulation	Category of fishing vessel personnel	Distance vision aided ¹		Near/immediate vision	Colour vision ³	Visual fields ⁴	Night blindness ⁴	Diplopia (double vision) ⁴
		One eye	Other eye					
II/1 II/2 II/3 II/4 II/7	Skippers, deck officers and fishing vessel personnel forming part of a navigational watch	0.5 ²	0.5	Vision required for ship's navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal Visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
II/5 II/5-1 II/5-2 II/7	All engineer officers and other fishing vessel personnel forming part of an engine-room watch	0.4	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
II/6 II/8	GMDSS Radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Notes: ¹ Values given in Snellen decimal notation. ² A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease. ³ As defined in the International Recommendations for Colour Vision Requirements for Transport by the Commission Internationale de l'Eclairage (CIE-143-2001) including any subsequent versions. ⁴ Subject to assessment by a clinical vision specialist where indicated by initial examination findings. ⁵ Engine department personnel shall have a combined eyesight vision of at least 0.4. ⁶ CIE colour vision standard 1 or 2. Other equivalent confirmatory test methods currently recognized by the Administration may continue to be used. ⁷ CIE colour vision standard 1, 2 or 3. Other equivalent confirmatory test methods currently recognized by the Administration may continue to be used.

► Appendix B

Hearing standards

Testing

Hearing capacity for fishers apart from those identified below should be an average of at least 30 dB in the better ear and an average of 40 dB in the less good ear within the frequencies 500, 1,000, 2,000 and 3,000 Hz (approximately equivalent to speech-hearing distances of 3 metres and 2 metres, respectively).

It is recommended that unaided hearing examinations should be made by a pure tone audiometer. Alternative assessment methods using validated and standardized tests that measure impairment to speech recognition are also acceptable. Speech and whisper testing may be useful for rapid practical assessments. It is recommended that those undertaking deck/bridge duties are able to hear whispered speech at a distance of 3 metres.

Hearing aids are only acceptable in serving fishers where it has been confirmed that the individual will be capable of safely and effectively performing the specific routine and emergency duties required of them on the vessel that they serve on throughout the period of their medical certificate. (This may well require access to a back-up hearing aid and sufficient batteries and other consumables.) Arrangements need to be in place to ensure that they will be reliably aroused from sleep in the event of an emergency alarm. When examining fishers using hearing aids, appropriate methods should be used.

If noise-induced hearing loss is being assessed as part of a health surveillance programme, different criteria and test methods will be required.

It is recommended that competent authorities indicate which tests for hearing are to be used, based on national audiological practices, using the above thresholds as criteria. Procedures should include the methods to be adopted in deciding if the use of a hearing aid is acceptable.

► Appendix C

Physical capability requirements

Introduction

The physical capability requirements for work on board a fishing vessel vary widely and have to take account of both routine and emergency duties. The functions that may require assessment include:

- strength;
- stamina;
- flexibility;
- balance and coordination;
- size – compatible with entry into confined areas;
- exercise capacity – heart and respiratory reserve; and
- fitness for specific tasks – wearing breathing apparatus.

Medical conditions and physical capability

Limitations may arise from a range of conditions, such as:

- high or low body mass/obesity;
- severely reduced muscle mass;
- musculoskeletal disease, pain or limitations to movement;
- a condition following an injury or surgery;
- lung disease;
- heart and blood vessel disease; and
- some neurological diseases.

Physical capability assessment

Physical capability testing should be undertaken when there is an indication for it, for instance because of the presence of one of the above conditions or because of other concerns about a fisher's physical capabilities. The aspects that are tested will depend on the reasons for doing it. Table B-I/12 of the STCW-F Code gives recommendations for physical capability abilities to be assessed for those fishing vessel personnel covered by the 1995 STCW-F Convention, based on the tasks undertaken at sea.

The following approaches may be used to assess whether the requirements in table B-I/12 are met:

- ▶ Observed ability to do routine and emergency duties in a safe and effective way.
- ▶ Tasks that simulate normal and emergency duties.
- ▶ Assessment of cardio-respiratory reserve, including spirometry and ergometric tests.

This will predict maximum exercise capacity and hence the fisher's ability to perform physically demanding work. A large reserve will also indicate that heart and lung performance is less likely to be compromised in the next few years. The benchmark test is maximum oxygen uptake (VO_2 max). This requires dedicated equipment. Step tests such as the Chester or the Harvard are simpler alternatives, which may be used for screening. If step tests are abnormal, they should be further validated (e.g. VO_2 max or treadmill stress tests).

- ▶ Informal testing of reserve, for instance climbing three to six flights of stairs and assessing any distress, plus the speed of pulse rate decline on stopping. This is not readily reproducible but can be used for repeat assessment at the same location by the same medical practitioner.
- ▶ Clinical assessment of strength, mobility, coordination, etc.

Additional information may come from activities recently or regularly undertaken, as described by the fisher, such as:

- ▶ physically demanding duties on the vessel, e.g. carrying weights or handling mooring equipment and fishing gear;
- ▶ attendance at a physically demanding course within the last two years, e.g. fire-fighting, Sea Survival or STCW-F basic training; and
- ▶ a confirmed personal pattern of regular strenuous exercise.

Interpretation of results

1. Is there any evidence that the fisher is not able to perform their routine and emergency duties effectively?
2. Are there any observed limitations to strength, flexibility, stamina or coordination?
3. What is the outcome of any test for cardio-respiratory reserve?
 - i. Test performance limited by shortness of breath, musculoskeletal or other pain, or exhaustion. Causes need to be investigated and taken into account in determining fitness.
 - ii. Unable to complete test.
 - iii. Completed but stressed or with poor recovery after stopping.
 - iv. Completed to good or average standard.
4. Discuss subjective feelings during the test with the subject and also go over experiences of fitness and capability when doing normal tasks and emergency drills. Obtain corroboration from others if performance at work uncertain.

Decision-making

Information from a range of sources may be required and many of these are not easily accessed in the course of a medical examination:

1. Is there any indication that physical capability may be limited (e.g. stiffness, obesity or history of heart disease)?
 - i. No – do not test.
 - ii. Yes – consider what tests or observations will enable the fisher's capability to perform their routine and emergency duties to be determined. Go to (2).
2. Do the test results indicate that capabilities may be limited?
 - i. No – provided there are no underlying conditions that affect conduct of assessment. Able to perform all duties worldwide within designated department.
 - ii. Yes – but duties can be modified to enable safe working, without putting excess responsibilities on others. Able to perform some but not all duties (R).
 - iii. Yes – but cause of limitation can be remedied. Incompatible with reliable performance of essential duties safely or effectively (T).
 - iv. Yes – but cause of limitation cannot be remedied. Incompatible with reliable performance of essential duties safely or effectively (P).

► **Table B-I/12. Assessment of minimum entry level and in-service physical abilities for fishing vessel personnel¹³**

Shipboard task, function, event or condition ³	Related physical ability	Medical examiner should be satisfied that the candidate ⁴
Routine movement around vessel: ► on moving deck ► between levels ► between compartments.	Maintain balance and move with agility Climb up and down vertical ladders and stairways Step over coamings 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
<i>Note 1 applies to this row</i>		
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	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 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/12) ► fulfil hearing standards set by competent authority or take account of international guidelines ► hold normal conversation
<i>Note 1 applies to this row</i>		

Shipboard task, function, event or condition ³	Related physical ability	Medical examiner should be satisfied that the candidate ⁴
Emergency duties ⁶ on board: ► escape ► fire-fighting ► evacuation	Don a lifejacket or immersion suit Escape from smoke-filled spaces Take part in fire-fighting 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 fire-fighting equipment ► wear breathing apparatus (where required as part of duties)

Note 2 applies to this row

Notes: ¹ Rows 1 and 2 of the above table describe: (a) ordinary shipboard tasks, functions, events and conditions; (b) the corresponding physical abilities which may be considered necessary for the safety of a fishing vessel personnel, other crew members and the fishing vessel; and (c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of fishing vessel personnel and the nature of shipboard work for which they will be employed. ² Row 3 of the above table describes: (a) emergency shipboard tasks, functions, events and conditions; (b) the corresponding physical abilities which should be considered necessary for the safety of a fishing vessel personnel, other crew members and the fishing vessel; and (c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of fishing vessel personnel 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 fishing vessel personnel (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 fire-fighting as well as the procedures to be followed by each fishing vessel personnel to secure personal survival.

► Appendix D

Fitness criteria for medication use

Introduction

Medication can play an important part in enabling fishers to continue to work at sea. Some have side effects that can affect safe and effective performance of duties and some have other complications that will increase the likelihood of illness at sea.

This appendix is only concerned with continuing prescribed medication use that is identified at the medical examination. Fishing vessel owners need policies in place to reduce the impairing effects from short-term use of prescribed medication or the use of over-the-counter preparations.

The use of oral medication at sea may be prevented by nausea and vomiting, and illness may arise if an oral medication is used to suppress the harmful effects of a condition (e.g. epilepsy) or if it is used to replace essential body chemicals (e.g. hormones).

The examining medical practitioner will need to assess the known adverse effects of each medication used and the individual's reaction to it.

The use of specific medication for some conditions listed in Appendix E is noted with the condition.

If medication is clinically essential for the effective control of a condition, e.g. insulin, anticoagulants and medication for mental health conditions, it is dangerous to stop it in an attempt to be fit for work at sea.

The medical practitioner should be alert to the need for the fisher to have written documentation for the use of their medications. This should be in a form that can be shown to any official who may question the presence of the medication on board. This is particularly important for those medications that are legally prescribed controlled drugs or those drugs which may be abused.

Medications that can impair routine and emergency duties

1. Medication affecting the central nervous system functions (e.g. sleeping tablets, antipsychotics, some analgesics, some anti-anxiety and anti-depression treatments and some anti-histamines).
2. Agents that increase the likelihood of sudden incapacitation (e.g. insulin, some of the older anti-hypertensives and medications predisposing to seizures).
3. Medication impairing vision (e.g. hyoscine and atropine).

Medications that can have serious adverse consequences for the user while at sea

1. Bleeding from injury or spontaneously (e.g. warfarin); individual assessment of likelihood needed. Anticoagulants such as warfarin or dicoumarin normally have a likelihood of complications that is incompatible with work at sea but, if coagulation values are stable and closely monitored, work that is near to onshore medical facilities and that does not carry an increased likelihood of injury may be considered.
2. Dangers from cessation of medication use (e.g. metabolic replacement hormones including insulin, anti-epileptics, anti-hypertensives and oral anti-diabetics).
3. Antibiotics and other anti-infection agents.

4. Anti-metabolites and cancer treatments.
5. Medications supplied for use at individual discretion (asthma treatments and antibiotics for recurrent infections).

Medications that require limitation of period at sea because of surveillance requirements

A wide range of agents, such as anti-diabetics, anti-hypertensives and endocrine replacements.

Issue of medical certificates

Incompatible with the reliable performance of routine and emergency duties safely or effectively defined as Permanent (P) or Temporary (T):

- ▶ on the recommendation of the examining medical practitioner, based on reliable information about severe impairing side effects;
- ▶ oral medication where there are life-threatening consequences if doses are missed because of sickness;
- ▶ evidence indicating the likelihood of cognitive impairment when taken as prescribed; and
- ▶ established evidence of severe adverse effects likely to be dangerous at sea, e.g. anticoagulants.

Able to perform some but not all duties or to work in some but not all waters:

(R): medication can cause adverse effects but these only develop slowly, hence work in waters that will allow timely access to medical care.

(L): surveillance of medication effectiveness or side effects needed more frequently than full duration of medical certificate (see guidelines on individual conditions in Appendix E).

Able to perform all duties worldwide within designated department:

No impairing side effects; no requirements for regular surveillance of treatment.

► Appendix E

Fitness criteria for common medical conditions

Introduction

The medical practitioner should bear in mind that it is not possible to develop a comprehensive list of fitness criteria covering all possible conditions and the variations in their presentation and prognosis. The principles underlying the approach adopted in the table below may often be extrapolated to conditions not covered by it. Decisions on fitness when a medical condition is present depend on careful clinical assessment and analysis and the following points need to be considered whenever a decision on fitness is taken:

- The recommendations in this appendix are intended to allow some flexibility of interpretation while being compatible with consistent decision-making that aims to maintain safety at sea.
- The medical conditions listed are common examples of those that may render fishers unfit. The list can also be used to determine appropriate restrictions or limitations on the medical certificate. The criteria given can only provide guidance for physicians and should not replace sound medical judgement.
- The implications for working and living at sea vary widely, depending on the natural history of each condition and the scope for treatment. Knowledge about the condition and an assessment of its features in the individual being examined should be used to reach a decision on fitness.

- In complex cases and where appropriate, the recognized medical practitioner may, with the informed consent of the fisher, discuss the case with the competent authority and, where permitted by national legislation, seek relevant information from the fishing vessel owner to be considered as part of the decision-making process.

The table in this appendix is laid out as follows:

Column 1: WHO International Classification of Diseases, 10th revision (ICD-10) and 11th revision (ICD-11). Codes are listed as an aid to analysis and, in particular, international compilation of data.

Column 2: The common name of the condition or group of conditions, with a brief statement on its relevance to work at sea.

Column 3: The guideline recommending when work at sea is unlikely to be indicated, either temporarily or permanently. This column should be consulted first when the table is being used to aid decisions about fitness.

Column 4: The guideline recommending when work at sea may be appropriate but when restriction of duties or monitoring at intervals of less than two years is likely to be appropriate. This column should be consulted if the fisher does not fit the criteria in column 3.

Column 5: The guideline recommending when work at sea within a fisher's designated department is likely to be appropriate. This column should be consulted if the fisher does not fit the criteria in column 3 or 4.

For some conditions, one or more columns are either not relevant or are not an appropriate certification category. These are identified by the term "Not applicable".

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
A00–B99 (01)				
Infections				
A00–09 (1A00–40)	Gastrointestinal infection <i>Transmission to others, recurrence</i>	T – If detected while onshore (current symptoms or awaiting test results on carrier status); or confirmed carrier status until elimination demonstrated	Not applicable	<i>Non-catering department:</i> When satisfactorily treated or resolved <i>Catering department:</i> Fitness decision to be based on medical advice – bacteriological clearance may be required
A15–16 (1B10)	Pulmonary TB <i>Transmission to others, recurrence</i>	T – Positive screening test or clinical history, until investigated If diagnosis confirmed, until treatment stabilized and lack of infectivity confirmed P – Relapse or severe residual damage	Not applicable	Successful completion of a course of treatment in accordance with WHO. Treatment of tuberculosis guidelines.
A50–64 (1A60–9Z)	Sexually transmissible infections <i>Acute impairment, recurrence</i>	T – If detected while onshore, until diagnosis confirmed, treatment initiated and impairing symptoms resolved P – Untreatable impairing late complications	R – Consider near coastal if oral treatment regime in place and symptoms non- incapacitating	On successful completion of treatment
B15 (1E50.0)	Hepatitis A <i>Transmissible by food or watercontamination</i>	T – Until jaundice resolved and liver function tests returned to normal	Not applicable	On full recovery

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
B16–19 (I50.1-52)	Hepatitis B, C, etc. <i>Transmissible by contact with blood or other bodily fluids. Possibility of permanent liver impairment and liver cancer.</i>	T – Until jaundice resolved and liver function tests returned to normal P – Persistent liver impairment with symptoms affecting safe work at sea or with likelihood of complications	R, L – Uncertainty about total recovery or lack of infectivity. Case-by-case decision-making based on duties and voyage patterns.	On full recovery and confirmation of low level of infectivity
B20–24 (I60)	HIV⁺ <i>Transmissible by contact with blood or other bodily fluids Progression to HIV- associated diseases or AIDS</i>	T – Until stabilized on treatment with CD4 level of >350 or when treatment changed and tolerance of new medication uncertain P – Non-reversible impairing HIV-associated diseases. Continuing impairing effects of medication.	R, L – Time limited and/or near coastal: HIV ⁺ and low likelihood of progression; on no treatment or on stable medication without side effects; but requiring regular specialist surveillance	HIV ⁺ , no current impairment and very low * likelihood of disease progression. No side effects of treatment or requirements for frequent surveillance.
A00–B99 (01) Not listed separately	Other infections <i>Personal impairment, infection of others</i>	T – If detected while onshore: until free from risk of transmission and capable of performing duties P – If continuing likelihood of repeated impairing or infectious recurrences	Case-by-case decision based on nature of infection	Full recovery and confirmation of low level of infectivity

- 5 The recognized medical practitioner may refer to the WHO Guidelines for using HIV testing technologies in surveillance, selection, evaluation and implementation (2002 update).

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
C00–D48 (02)	Cancers			
C00–D48 (02)	Malignant neoplasms – including lymphoma, leukaemia and related conditions. <i>Recurrence – especially acute complications, e.g. harm to self from bleeding and to others from seizures.</i>	T – Until investigated, treated and prognosis assessed P – Continuing impairment with symptoms affecting safe work at sea or with high likelihood of recurrence	L – Time limited to interval between specialist reviews if: ▲ cancer diagnosed <5 years ago; and ▲ there is no current impairment of performance of normal or emergency duties or living at sea; and ▲ there is a low likelihood of recurrence and minimal risk of requirement for urgent medical treatment. R – Restricted to near coastal waters if any continuing impairment does not interfere with essential duties and any recurrence is unlikely to require emergency medical treatment	Cancer diagnosed more than five years ago, or specialist reviews no longer required and no current impairment or low continuing likelihood of impairment from recurrence To be confirmed by specialist report with evidence for opinion stated

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
D50–89 (03)	Blood disorders			
D50–59 (3A00–9Z)	Anaemia/ Haemoglobinopathies. Reduced exercise tolerance. <i>Episodic red cell breakdown.</i>	T – Distant waters, until haemoglobin normal and stable P – Severe recurrent or continuing anaemia or impairing symptoms from red cell breakdown that are untreatable	R, L – Consider restriction to near coastal waters and regular surveillance if reduced haemoglobin level but asymptomatic	Normal levels of haemoglobin
D73 (3B80–8Z)	Splenectomy (history of surgery). <i>Increased susceptibility to certain infections.</i>	T – Post surgery until fully recovered	R – Case-by-case assessment. Likely to be fit for coastal and temperate work but may need restriction on service in tropics.	Case-by-case assessment
D50–89 (03) Not listed separately	Other diseases of the blood and blood-forming organs. <i>Varied recurrence of abnormal bleeding and also possibly reduced exercise tolerance or low resistance to infections.</i>	T – While under investigation P – Chronic coagulation disorders	Case-by-case assessment for other conditions	Case-by-case assessment

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
E00–90 (05)	Endocrine and metabolic			
E10 (5A10)	Diabetes – Insulin using. Acute impairment from hypoglycaemia. Complications from loss of blood glucose control. <i>Increased likelihood of visual, neurological and cardiac problems.</i>	T – From start of treatment until stabilized P – If poorly controlled or not compliant with treatment. History of hypoglycaemia or loss of hypoglycaemic awareness. Impairing complications of diabetes.	R, L – Subject to evidence of good control, full compliance with treatment recommendations and good hypoglycaemia awareness. Fit for near coastal duties without solo watchkeeping. Time limited until next specialist check-up. Must be under regular specialist surveillance.	Not applicable
E11–14 (5A11–14)	Diabetes – Non-insulin treated, on other medication. <i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems.</i>	T – Distant waters and watchkeeping until stabilized	R – Near coastal waters and non-watchkeeping duties until stabilized R – Near coastal waters, no solo watchkeeping if minor side effects from medication. Especially when using sulphonylureas. L – Time limited if compliance poor or medication needs frequent review. Check diet, weight and vascular risk factor control.	When stabilized, in the absence of impairing complications

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	Diabetes – Non-insulin treated, treated by diet alone. <i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems.</i>	T – Distant waters and watchkeeping until stabilized	R – Near coastal waters and non-watchkeeping duties until stabilized L – Time limited when stabilized, if compliance poor. Check diet, weight and vascular risk factor control.	When stabilized, in the absence of impairing complications
E65–68 (5B80- 5C3Z)	Obesity/abnormal body mass – high or low. <i>Accident to self, reduced mobility and exercise tolerance for routine and emergency duties. Increased likelihood of diabetes, arterial diseases and arthritis.</i>	T – If safety-critical duties cannot be performed, capability or exercise test (Appendix C) performance is poor P – Safety-critical duties cannot be performed; capability or exercise test performance is poor with failure to achieve improvements. Note: Body mass index is a useful indicator of when additional assessment is needed. National norms will vary. It should not form the sole basis for decisions on capability.	R, L – Time limited and restricted to near coastal waters or to restricted duties if unable to perform certain tasks but able to meet routine and emergency capabilities for assigned safety-critical duties	Capability and exercise test (Appendix E) performance average or better, weight steady or reducing and no co-morbidity

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
E00–90 (05) Not listed separately	Other endocrine and metabolic disease (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes). <i>Likelihood of recurrence or complications.</i>	T – Until treatment established and stabilized without adverse effects P – If continuing impairment, need for frequent adjustment of medication or increased likelihood of major complications	R, L – Case-by-case assessment with specialist advice if any uncertainty about prognosis or side effects of treatment. Need to consider likelihood of impairing complications from condition or its treatment, including problems taking medication, and consequences of infection or injury while at sea.	If medication stable with no problems in taking at sea and surveillance of conditions infrequent, no impairment and very low likelihood of complications. Addison's disease: The risks will usually be such that an unrestricted certificate should not be issued.
F00–99 (06)	Mental, cognitive and behavioural disorders			
F10 (6C40)	Alcohol abuse (dependency). <i>Recurrence, accidents, erratic behaviour/safety performance.</i>	T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse. P – If persistent or there is co-morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as skipper in charge of vessel or without close supervision and continuing medical monitoring, provided that: treating physician reports successful participation in rehabilitation programme; and there is an improving trend in liver function tests.	After three years from end of last episode without relapse and without co-morbidity

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F11-19 (6C41-4Z)	Drug dependence/ persistent substance abuse includes both illicit drug use and dependence on prescribed medications. <i>Recurrence, accidents, erratic behaviour/safety performance.</i>	T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse. P – If persistent or there is co-morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as skipper in charge of vessel or without close supervision and continuing medical monitoring, provided that: ▲ treating physician reports successful participation in rehabilitation programme; ▲ evidence of completion of unannounced/random programme of drug screening for at least three months with no positives and at least three negatives; and ▲ continuing participation in drug screening programme.	After three years from end of last episode without relapse and without co-morbidity

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F20–31 (6A20–25, 6A60–61, 6A6Y–6Z)	Psychosis (acute) – whether organic, schizophrenic or other category listed in the ICD. Bipolar (manic depressive disorders). <i>Recurrence leading to changes to perception/ cognition, accidents, erratic and unsafe behaviour.</i>	Following single episode with provoking factors: T – Until investigated and stabilized and conditions for fitness met. At least three months after episode.	R, L – Time limited, restricted to near coastal waters and not to work as skipper in charge of vessel or without close supervision and continuing medical monitoring, provided that: ▲ the fisher has insight; ▲ is compliant with treatment; and ▲ has no adverse effects from medication.	Case-by-case assessment at least one year after the episode, provided that provoking factors can and will always be avoided.
		Following single episode without provoking factors or more than one episode with or without provoking factors: T – Until investigated and stabilized and conditions for fitness met. At least two years since last episode. P – More than three episodes or continuing likelihood of recurrence. Criteria for fitness with or without restrictions are not met.	R, L – Time limited, restricted to near coastal waters and not to work as skipper in charge of vessel or without close supervision and continuing medical monitoring providing that: ▲ the fisher has insight; ▲ is compliant with treatment; and ▲ has no impairing adverse effects from medication.	Case-by-case assessment to exclude likelihood of recurrence at least five years since end of episode if no further episodes; no residual symptoms; and no medication needed during last two years.

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F32–38 (6A70–8Z)	Mood/affective disorders Severe anxiety state, depression or any other mental disorder likely to impair performance. <i>Recurrence, reduced performance, especially in emergencies.</i>	T – While acute, under investigation or if impairing symptoms or side effects of medication present. At least three months on stable medication. P – Persistent or recurrent impairing symptoms	R, L – Restrict to near coastal waters and not to work as skipper in charge of ship, only when the fisher has: ▲ good functional recovery; ▲ insight; ▲ is fully compliant with treatment, with no impairing side effects; and ▲ a low * likelihood of recurrence.	Case-by-case assessment to exclude likelihood of recurrence after at least two years with no further episodes and with no medication or on medication with no impairing effects
Mood/affective disorders Minor or reactive symptoms of anxiety/ depression. <i>Recurrence, reduced performance, especially in emergencies.</i>		T – Until symptom free. If on medication to be on a stable dose and free from impairing adverse effects. P – Persistent or recurrent impairing symptoms	R, L – Time limited and consider geographical restriction if on stable dose of medication and free from impairing symptoms or impairing side effects from medication	Case-by-case assessment after one year from end of episode if symptom free and off medication or on medication with no impairing effects

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F00–99 (06) Not listed separately	Other disorders, e.g. disorders of personality, attention (e.g. ADHD), development (e.g. autism). <i>Impairment of performance and reliability and impact on relationships.</i>	P – If considered to have safety-critical consequences	R – As appropriate if capable of only limited duties	No anticipated adverse effects while at sea. No incidents during previous periods of sea service.
G00–99 (08)	Diseases of the nervous system			
G40–41 (3A60–6Z)	Single seizure. <i>Harm to ship, others and self from seizures.</i>	Single seizure T – While under investigation and for one year after seizure	R – One year after seizure and on stable medication. Non- watchkeeping duties in near coastal waters	One year after seizure and one year after end of treatment. If provoked, there should be no continuing exposure to the provoking agent
	Epilepsy – No provoking factors (multiple seizures). <i>Harm to ship, others and self from seizures.</i>	T – While under investigation and for two years after last seizure P – Recurrent seizures, not controlled by medication	R – Off medication or on stable medication with good compliance: case-by-case assessment of fitness, restricted to non-watchkeeping duties in near-coastal waters	Seizure-free for at least the last 10 years, has not taken anti-epilepsy drugs during that 10-year period and does not have a continuing likelihood of seizures

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	Epilepsy – provoked by alcohol, medication, head injury (multiple seizures). Harm to ship, others and self from seizures.	T – While under investigation and for two years after last seizure P – Recurrent fits, not controlled by medication	R – Case-by-case assessment after two years' 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 near coastal waters	Seizure-free for at least the last five years; has not taken anti-epilepsy drugs during that five-year period, provided there is not continuing exposure to the provoking agent
G43 (8A80)	Migraine (frequent attacks causing incapacity). Likelihood of disabling recurrences.	P – Frequent attacks leading to incapacity	R – As appropriate. If only capable of limited duties.	No anticipated incapacitating adverse effects while at sea. No incidents during previous periods of sea service.
G47 (7A00- 7B2Z) (Sleep- wake disorders: 07)	Sleep apnoea. Fatigue and episodes of sleep while working.	T – Until treatment started and successful for three months P – Treatment unsuccessful or not being complied with	L – Once treatment demonstrably working effectively for three months, including compliance with CPAP (continuous positive airway pressure) machine use confirmed. Six-monthly assessments of compliance based on CPAP machine recording	Case-by-case assessment based on job and emergency requirements, informed by specialist advice

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
G00–99 (08) Not listed separately	Narcolepsy. <i>Fatigue and episodes of sleep while working.</i>	T – Until controlled by treatment for at least two years P – Treatment unsuccessful or not being complied with	R, L – Near coastal waters and no watchkeeping duties, if specialist confirms full control of treatment for at least two years. Annual review.	Not applicable
	Other organic nervous disease, e.g. multiple sclerosis, Parkinson's disease <i>Recurrence/ progression. Limitations on muscular power, balance, coordination and mobility.</i>	T – Until diagnosed and stable P – If limitations affect safe working or unable to meet physical capability requirements (Appendix C)	R, L – Case-by-case assessment based on job and emergency requirements, informed by specialist advice	Case-by-case assessment based on job and emergency requirements, informed by specialist advice

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
R55 (MG45)	Syncope and other disturbances of consciousness. <i>Recurrence causing injury or loss of control.</i>	T – Until investigated to determine cause and to demonstrate control of any underlying condition Event is: (a) Simple faint; (b) Not a simple faint; unexplained disturbance, not recurrent and without any detected underlying cardiac, metabolic or neurological cause T – Four weeks (c) Disturbance; recurrent or with possible underlying cardiac, metabolic or neurological cause T – With possible underlying cause that is not identified or treatable; for six months after event if no recurrences T – With possible underlying cause or cause found and treated; for one month after successful treatment (d) Disturbance of consciousness with features indicating a seizure. Go to G40–41. P – For all of above if recurrent incidents persist despite full investigation and appropriate treatment	R, L – Case-by-case decision, near coastal with no lone watchkeeping R, L – Case-by-case decision, near coastal with no lone watchkeeping	Simple faint; if no incapacitating recurrences. Three months after event if no recurrences. With possible underlying cause but no treatable cause found; one year after event if no recurrences. With possible underlying cause found and treated; three months after successful treatment. With seizure markers – not applicable.

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
T90 (NA00-0Z)	Intracranial surgery/ injury, including treatment of vascular anomalies or serious head injury with brain damage. <i>Harm to ship, others and self from seizures. Defects in cognitive, sensory or motor function. Recurrence or complication of underlying condition.</i>	T – For one year or longer until seizure likelihood low, * based on advice from specialist P – Continuing impairment from underlying condition or injury or recurrent seizures	R – After at least one year, near coastal, no lone watchkeeping if seizure likelihoods low* and no impairment from underlying condition or injury. Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist.	No impairment from underlying condition or injury, not on anti-epilepsy medications. Seizure likelihood very low.* Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist.

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
H00-99 (09, 10)	Diseases of the eyes and ears			
H00-59 (09)	Eye disorders: Progressive or recurrent (e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration and retinal detachment). <i>Future inability to meet vision standards, risk of recurrence.</i>	T – Temporary inability to meet relevant vision standards (Appendix A) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant vision standards (Appendix A) or, if treated, increased likelihood of subsequent deterioration or impairing recurrence	R – Near coastal waters if recurrence unlikely but foreseeable and treatable with early medical intervention L – If risk of progression foreseeable but unlikely and can be detected by regular monitoring	Very low likelihood of recurrence. Progression to a level where vision standards (Appendix A) are not met during period of certificate is very unlikely.
H65-67 (AA80- AB0Z)	Otitis – External or media. <i>Recurrence, risk as infection source in food handlers, problems using hearing protection.</i>	T – Until treated P – If chronic discharge from ear in food handler	Case-by-case assessment. Consider effects of heat, humidity and hearing protection use in otitis externa.	Effective treatment and no excess likelihood of recurrence

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
H68-95 (AB10- AC0Z)	Ear disorders: Progressive (e.g. otosclerosis)	T – Temporary inability to meet relevant hearing standards (Appendix B) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant hearing standards (Appendix B) or, if treated, increased likelihood of subsequent deterioration or impairing recurrence	L – If risk of progression foreseeable but unlikely and it can be detected by regular monitoring	Very low likelihood of recurrence. Progression to a level where hearing standards (Appendix B) are not met during period of certificate is very unlikely.
H81 (AB34)	Ménière's disease and other forms of chronic or recurrent disabling vertigo. <i>Inability to balance, causing loss of mobility and nausea.</i> <i>See STCW table in Appendix C.</i>	T – During acute phase P – Frequent attacks leading to incapacity	R – As appropriate. If only capable of limited duties. R, L – If frequent specialist surveillance required	Low * likelihood of impairing effects while at sea

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
I00–99 (11)	Cardiovascular system			
I05–08 I34–39 (B60- BC20)	Congenital and valve disease of heart (including surgery for these conditions). <i>Heart murmurs not previously investigated. Likelihood of progression, limitations on exercise.</i>	T – Until investigated and, if required, treated P – If exercise tolerance limited or episodes of incapacity occur or if on anticoagulants or if permanent high likelihood of impairing event	R – Near coastal waters if case-by-case assessment indicates either likelihood of acute complications or rapid progression L – If frequent surveillance is recommended	Heart murmurs – Where unaccompanied by other heart abnormalities and considered benign by a specialist cardiologist following examination. Other conditions – Case-by- case assessment based on specialist advice.
I10–15 (BA00-04)	Hypertension <i>Increased likelihood of ischemic heart disease, eye and kidney damage and stroke. Possibility of acute hypertensive episode.</i>	T – Normally if >160 systolic or >100 diastolic mm Hg until investigated and treated in accordance with national or international guidelines for hypertension management P – If persistently >160 systolic or >100 diastolic mm Hg with or without treatment	L – If additional surveillance needed to ensure level remains within national guideline limits	If treated in accordance with national guidelines and free from impairing effects from condition or medication

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
I20–25 (BA40–62)	Cardiac event, i.e. myocardial infarction, ECG evidence of past myocardial infarction or newly recognized left bundle-branch block, angina, cardiac arrest, coronary artery bypass grafting, coronary angioplasty. <i>Sudden loss of capability, exercise limitation. Problems of managing repeat cardiac events at sea.</i>	T – For three months after initial investigation and treatment, longer if symptoms not resolved P – If criteria for issue of certificate not met and further reduction of likelihood of recurrence improbable	L – If excess likelihood of recurrence is very low* and fully compliant with risk reduction recommendations and no relevant co-morbidity, issue six-month certificate initially and then annual certificate R, L – If excess likelihood of recurrence is low.* Restricted to: ▶ no lone working or solo watchkeeping; and ▶ operations in near-coastal waters, unless working on vessel with ship's doctor. Issue six-month certificate initially and then annual certificate. R, L – If likelihood of recurrence is moderate* and asymptomatic. Able to meet the physical requirements or their normal and emergency duties: ▶ no lone working or watchkeeping/lookout; and ▶ operating within one hour of port, unless working on vessel with ship's doctor. Case-by-case assessment to determine restrictions. Annual review.	Not applicable.

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
I44–49 (BC63-65)	Cardiac arrhythmias and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD)). <i>Likelihood of impairment from recurrence, sudden loss of capability, exercise limitation. Pacemaker/ICD activity may be affected by strong electric fields.</i>	T – Until investigated, treated and adequacy of treatment confirmed P – If disabling symptoms present or excess likelihood of impairment from recurrence, including ICD implant	L – Surveillance needed at shorter intervals and no impairing symptoms present and very low * excess likelihood of impairment from recurrence, based on specialist report. R – Restrictions on solo duties or for distant waters if low * likelihood of acute impairment from recurrence or foreseeable requirement for access to specialist care. Surveillance and treatment regime to be specified. If pacemaker fitted, duration of certificate to coincide with pacemaker surveillance.	Surveillance not needed or needed at intervals of more than two years; no impairing symptoms present; and very low * likelihood of impairment from recurrence, based on specialist report.

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
161–69 G46 (8800–Z2) (8B26)	Ischaemic cerebrovascular disease (stroke or transient ischaemic attack). <i>Increased likelihood of recurrence, sudden loss of capability, mobility limitation. Liable to develop other circulatory disease causing sudden loss of capability.</i>	T – Until treated and any residual impairment stabilized and for three months after event P – If residual symptoms interfere with duties or there is significant excess likelihood of recurrence	R, L – Case-by-case assessment of fitness for duties; exclude from lone watchkeeping. Assessment should include likelihood of future cardiac events. General standards of physical fitness should be met (Appendix C). Annual assessment.	Not applicable
I73 (BD42-4Z) (4A44.8)	Arterial-claudication. <i>Likelihood of other circulatory disease causing sudden loss of capability. Limits to exercise capacity.</i>	T – Until assessed P – If incapable of performing duties	R, L – Consider restriction to non-watchkeeping duties in coastal waters, provided symptoms are minor and do not impair essential duties or if they are resolved by surgery or other treatment and general standard of fitness can be met (Appendix C). Assess likelihood of future cardiac events (follow criteria in I20–25). Review at least annually.	Not applicable

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
183 (BD74.1)	Varicose veins. <i>Possibility of bleeding if injured, skin changes and ulceration</i>	T – Until treated if impairing symptoms. Post-surgery for up to one month	Not applicable	No impairing symptoms or complications
I80.2–3 (BD71.4)	Deep vein thrombosis/ pulmonary embolus. <i>Likelihood of recurrence and of serious pulmonary embolus. Likelihood of bleeding from anticoagulant treatment.</i>	T – Until investigated and treated and normally while on short-term anticoagulants P – Consider if recurrent events or on permanent anticoagulants	R, L – May be considered fit for work with a low liability for injury in national coastal waters, once stabilized on anticoagulants with regular monitoring of level of coagulation	Full recovery with no anticoagulant use
I00–99 (11) Not listed separately	Other heart disease, e.g. cardio-myopathy, pericarditis, heart failure. <i>Likelihood of recurrence, sudden loss of capability, exercise limitation.</i>	T – Until investigated, treated and adequacy of treatment confirmed P – If impairing symptoms or likelihood of impairment from recurrence	Case-by-case assessment, based on specialist reports	Case-by-case assessment, very low* likelihood of recurrence

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
J00–99 (12)	Respiratory system			
J02–04 J30–39 (CA02-05) (CA08-02)	Nose, throat and sinus conditions. <i>Impairing for individual. May recur. Transmission of infection to food/other crew in some conditions.</i>	T – Until resolved P – If impairing and recurrent	Case-by-case assessment	When treatment complete, if no factor's predisposing to recurrence
J40–44 (CA20-22)	Chronic bronchitis and/or emphysema. <i>Reduced exercise tolerance and impairing symptoms.</i>	T – If acute episode P – If repeated severe recurrences or if general fitness standards cannot be met or if impairing shortness of breath	R, L – Case-by-case assessment More stringency for distant water duties. Consider fitness for emergencies and ability to meet general standards of physical fitness (Appendix C). Annual review.	Not applicable

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
J45–46 (CA23)	Asthma (detailed assessment with information from specialist in all new entrants). <i>Unpredictable episodes of severe breathlessness.</i>	T – Until episode resolved, cause investigated (including any occupational link) and effective treatment regime in place. In person under age 20 with hospital admission or oral steroid use in last three years. P – If foreseeable likelihood of rapid life-threatening asthma attack while at sea or history of uncontrolled asthma, i.e. history of multiple hospital admissions	R, L – Near coastal waters only or on ship with doctor if history of moderate** adult asthma, with good control with inhalers and no episodes requiring hospital admission or oral steroid use in last two years, or history of mild or exercise-induced asthma that requires regular treatment	Under age 20: If history of mild or moderate** childhood asthma, but with no hospital admissions or oral steroid treatment in last three years and no requirements for continuing regular treatment Over age 20: If history of mild** or exercise-induced** asthma and no requirements for continuing regular treatment
J93 (CB21)	Pneumothorax (spontaneous or traumatic). <i>Acute impairment from recurrence.</i>	T – Normally for 12 months after initial episode or shorter duration as advised by specialist P – After recurrent episodes unless pleurectomy or pleurodesis performed	R – Duties in harbour areas only once recovered	Normally 12 months after initial episode or shorter duration as advised by specialist. Post-surgery – based on advice of treating specialist.

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
K00-93 (13)	Digestive system			
K01-06 (DA08-0D)	Oral health. <i>Acute pain from toothache.</i> <i>Recurrent mouth and gum</i> <i>infections.</i>	T – If visual evidence of untreated dental defects or oral disease P – If excess likelihood of dental emergency remains after treatment completed or the fisher non-compliant with dental recommendations	R – Limited to near coastal waters, if criteria for full fitness not met, and type of operation will allow for access to dental care without safety-critical manning issues for vessel	If teeth and gums (gums alone of edentulous and with well-fitting dentures in good repair) appear to be good. No complex prosthesis; or if dental check in last year, with follow-up completed and no problems since.
K25-28 (DA60-63)	Peptic ulcer. <i>Recurrence with pain,</i> <i>bleeding or perforation.</i>	T – Until healing or cure by surgery or by control of helicobacter and on normal diet for three months P – If ulcer persists despite surgery and medication	R – Consider case-by-case assessment for earlier return to near coastal duties	When cured and on normal diet for three months
K40-41 (DD51-52)	Hernias – Inguinal and femoral. <i>Likelihood of strangulation.</i>	T – Until surgically investigated to confirm no likelihood of strangulation and, if required, treated	R – Untreated: Consider case-by-case assessment for near coastal waters	When satisfactorily treated or exceptionally when surgeon reports that there is no likelihood of strangulation

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
K42–43 (DD53-57)	Hernias – Umbilical, ventral. <i>Instability of abdominal wall on bending and lifting.</i>	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort.	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort.	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort.
K44 (DD50.0)	Hernias – Diaphragmatic (hiatus). <i>Reflux of stomach contents and acid causing heartburn, etc.</i>	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them
K50, 51, 57, 58, 90 (DD70, 71, DC70-1Z, DD91.0, DA96.0)	Non-infectious enteritis, colitis, Crohn's disease, diverticulitis, etc. <i>Impairment and pain.</i>	T – Until investigated and treated P – If severe or recurrent	R – Does not meet the requirements for unrestricted certificate but rapidly developing recurrence unlikely: near coastal duties	Case-by-case specialist assessment. Fully controlled with low likelihood of recurrence.

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
K60 I84 (D85.0) (B07.4, 1)	Anal conditions: Piles (haemorrhoids), fissures, fistulae. <i>Likelihood of episode causing pain and limiting activity.</i>	T – If piles prolapsed, bleeding repeatedly or causing symptoms; if fissure or fistula painful, infected, bleeding repeatedly or causing faecal incontinence P – Consider if not treatable or recurrent	Case-by-case assessment of untreated cases for near coastal duties	When satisfactorily treated
K70, 72 (B94, 91, 99.7, 99.8)	Cirrhosis of liver <i>Liver failure. Bleeding oesophageal varices.</i>	T – Until fully investigated P – If severe or complicated by ascites or oesophageal varices	R, L – Case-by-case specialist assessment	Not applicable
K80–83 (D11-14)	Biliary tract disease. <i>Biliary colic from gallstones, jaundice, liver failure.</i>	T – Biliary colic until definitely treated P – Advanced liver disease, recurrent or persistent impairing symptoms	R, L – Case-by-case specialist assessment. Does not meet requirements for unlimited certificate. Sudden onset of biliary colic unlikely.	Case-by-case specialist assessment. Very low likelihood of recurrence or worsening in next two years.
K85–86 (D30-3Z)	Pancreatitis. <i>Likelihood of recurrence</i>	T – Until resolved P – If recurrent or alcohol related, unless confirmed abstinence	Case-by-case assessment based on specialist reports	Case-by-case assessment based on specialist reports, very low likelihood of recurrence
Y83 (P180)	Stoma (ileostomy, colostomy). <i>Impairment if control is lost – need for bags, etc. Potential problems during prolonged emergency.</i>	T – Until stabilized P – Poorly controlled	R – Case-by-case assessment	Case-by-case specialist assessment

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
N00–99 (16)	Genito-urinary conditions			
N00, N17 (GB40 & X15R, GB60)	Acute nephritis. <i>Renal failure, hypertension</i>	P – Until resolved	Case-by-case assessment if any residual effects	Full recovery with normal kidney function and no residual damage
N03–05, N18–19 (GB40 & X18W, GB41, GB40 & XK70) (GB61, GB62)	Sub-acute or chronic nephritis or nephrosis. <i>Renal failure, hypertension.</i>	T – Until investigated	R, L – Case-by-case assessment by specialist, based on renal function and likelihood of complications	Case-by-case assessment by specialist, based on renal function and likelihood of complications
N20–23 (GB70-7Z)	Renal or ureteric calculus. <i>Pain from renal colic.</i>	T – Until investigated and treated P – Recurrent stone formation	R – Consider if concern about ability to work in tropics or under high temperature conditions. Case- by-case assessment for near coastal duties.	Case-by-case assessment by specialist with normal urine and renal function without recurrence

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
N33, N40 (G00-01) (GA90)	Prostatic enlargement/ urinary obstruction. <i>Acute retention of urine.</i>	T – Until investigated and treated P – If not remediable	R – Case-by-case assessment for near coastal duties	Successfully treated; low* likelihood of recurrence
N70–98 (GA00-07, GAT2-1Z)	Gynaecological conditions – Heavy vaginal bleeding, severe menstrual pain, endometriosis, prolapse of genital organs or other. <i>Impairment from pain or bleeding</i>	T – If impairing or investigation needed to determine cause and remedy it	R – Case-by-case assessment if condition is likely to require treatment on voyage or affect working capacity	Fully resolved with low* likelihood of recurrence
R31, 80, 81, 82 (MF50.4Z, GB4Z, GB90.45, MF9Y)	Proteinuria, haematuria, glycosuria or other urinary abnormality. <i>Indicator of kidney or other diseases.</i>	T – If initial findings clinically significant P – Serious and non-remediable underlying cause – e.g. impairment of kidney function	L – When repeat surveillance required R, L – When uncertainty about cause but no immediate problem	Very low likelihood of serious underlying condition
Z90.5 (QF01.Y)	Removal of kidney or one non-functioning kidney. <i>Limits to fluid regulation under extreme conditions if remaining kidney not fully functional.</i>	P – Any reduction of function in remaining kidney in new fisher. Significant dysfunctioning remaining kidney of serving fisher.	R – No tropical or other heat exposure. Serving fisher with minor dysfunction in remaining kidney.	Remaining kidney must be fully functional and not liable to progressive disease, based on renal investigations and specialist report

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
Pregnancy				
O00-99 (18)	Pregnancy. <i>Complications, late limitations on mobility. Potential for harm to mother and child in the event of premature delivery at sea.</i>	T – Late stage of pregnancy and early postnatal period. Abnormality of pregnancy requiring high level of surveillance.	R, L – Case-by-case assessment if minor impairing effects. May consider working until later in pregnancy on near coastal vessel.	Uncomplicated pregnancy with no impairing effects – normally until 24th week. Decisions to be in accord with national practice and legislation. Pregnancy should be declared at an early stage so that national recommendations on antenatal care and screening can be followed.
Skin				
L00-99 (14)	Skin infections <i>Recurrence, transmission to others</i>	T – Until satisfactorily treated P – Consider for catering staff with recurrent problems	R, L – Based on nature and severity of infection	Cured with low likelihood of recurrence
L10-99 (EA80- EM02)	Other skin diseases, <i>e.g. eczema, dermatitis, psoriasis. Recurrence, sometimes occupational cause.</i>	T – Until investigated and satisfactorily treated	Case-by-case decision R – As appropriate if aggravated by heat, or substances at work	Stable, not impairing

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
M00–99 (15)	Musculoskeletal			
M10–23 (FA00-33)	Osteoarthritis, other joint diseases and subsequent joint replacement. <i>Pain and mobility limitation affecting normal or emergency duties. Possibility of infection or dislocation and limited life of replacement joints.</i>	T – Full recovery of function and specialist advice required before return to sea after hip or knee replacement P – For advanced and severe cases	R – Case-by-case assessment based on job requirements and history of condition. Consider emergency duties and evacuation from fishing vessel. Should meet general fitness requirements (Appendix D).	Case-by-case assessment. Able to fully meet routine and emergency duty requirements with very low likelihood of worsening such that duties could not be undertaken
M24.4 (FA34.2)	Recurrent instability of shoulder or knee joints <i>Sudden limitation of mobility, with pain</i>	T – Until satisfactorily treated	R – Case-by-case assessment of occasional instability	Treated; very low* likelihood of recurrence
M54.5 (ME84.2)	Back pain. <i>Pain and mobility limitation affecting normal or emergency duties. Exacerbation of impairment.</i>	T – In acute stage P – If recurrent or incapacitating	Case-by-case assessment	Case-by-case assessment

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
Y83.4 Z97.1 (QB83) (QB51.9)	Limb prosthesis. <i>Mobility limitation affecting normal or emergency duties.</i>	P – If essential duties cannot be performed	R – If routine and emergency duties can be performed but there are limitations on specific non-essential activities	If general fitness requirements are fully met (Appendix C). Arrangements for fitting prosthesis in emergency must be confirmed.
General				
R47, F80 (MA80) (GA01)	Speech disorders. <i>Limitations to communication ability</i>	P – Incompatible with reliable performance of routine and emergency duties safely or effectively	R – If assistance with communication is needed to ensure reliable performance of routine and emergency duties safely and effectively. Specify assistance.	No impairment to essential speech communication
T78 Z88 (NF09) (Q44.2)	Allergies (other than allergic dermatitis and asthma). <i>Likelihood of recurrence and increasing severity of response. Reduced ability to perform duties.</i>	T – Until fully investigated by specialist P – If life-threatening response reasonably foreseeable	Case-by-case assessment of likelihood and severity of response, management of the condition and access to medical care R – Where response is impairing rather than life-threatening, and reasonable adjustments can be made to reduce likelihood of recurrence	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

ICD-10 (ICD-11) (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively – expected to be temporary (T) – expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
Z94 (QB63.Z)	Transplants – Kidney, heart, lung, liver (for prosthetics, i.e. joints, limbs, lenses, hearing aids, heart valves, etc. see condition-specific sections). <i>Possibility of rejection. Side effects of medication.</i>	T – Until effects of surgery and anti-rejection medication stable P – Case-by-case assessment, with specialist advice	R, L – Case-by-case assessment, with specialist advice	Not applicable
Classify by condition	Progressive conditions, which are currently within criteria, e.g. Huntington's chorea (including family history) and keratoconus	T – Until investigated and treated if indicated P – Consider at pre-sea medical if likely to prevent completion or limit scope of training	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely.	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely.
Classify by condition	Conditions not specifically listed	T – Until investigation and treated if indicated P – If permanently impairing	Use analogy with related conditions as a guide. Consider likelihood of sudden incapacity, recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction and referral to referee.	Use analogy with related conditions as a guide. Consider excess likelihood of sudden incapacity, of recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction and referral to referee.

Table notes:

* Recurrence rates: Where the terms very low, low and moderate are used for the excess likelihood of a recurrence. These are essentially clinical judgements but, for some conditions, quantitative evidence on the likelihood of recurrence is available. Where this is available, e.g. for seizure and cardiac events, it may indicate the need for additional investigations to determine an individual's excess likelihood of a recurrence.

Quantitative recurrence levels approximate to:

- Very low: recurrence rate less than 2% per year.
- Low: recurrence rate 2% to 5% per year.
- Moderate: recurrence rate 5% to 20% per year.

** Asthma severity definitions:

Childhood asthma:

- *Mild*: Onset age >10, few or no hospitalizations, normal activities between episodes, controlled by inhaler therapy alone, remission by age 16, normal lung function.
- *Moderate*: Few hospitalizations, frequent use of reliever inhaler between episodes, interference with normal exercise activity, remission by age 16, normal lung function.
- *Severe*: Frequent episodes requiring treatment to be made more intensive, regular hospitalization, frequent oral or IV steroid use, lost schooling, abnormal lung function.

Adult asthma:

Asthma may persist from childhood or start over the age of 16. There is a wide range of intrinsic and external causes for asthma developing in adult life. In late-entry recruits with a history of adult onset asthma, the role of specific allergens, including those causing occupational asthma, should be investigated. Less specific inducers such as cold, exercise and respiratory infection also need to be considered. All can affect fitness for work at sea.

- *Mild intermittent asthma*: Infrequent episodes of mild wheezing occurring less than once every two weeks, readily and rapidly relieved by beta agonist inhaler.
- *Mild asthma*: Frequent episodes of wheezing requiring use of beta agonist inhaler or the introduction of a corticosteroid inhaler. Taking regular inhaled steroids (or steroid/long acting beta agonists) may effectively eliminate symptoms and the need for use of beta agonist treatment.
- *Exercise-induced asthma*: Episodes of wheezing and breathlessness provoked by exertion, especially in the cold. Episodes may be effectively treated by inhaled steroids (or steroid/long-acting beta agonist) or other oral medication.
- *Moderate asthma*: Frequent episodes of wheezing despite regular use of inhaled steroid (or steroid/long-acting beta agonist) treatment requiring continued use of frequent beta agonist inhaler treatment or the addition of other medication, occasional requirement for oral steroids.
- *Severe asthma*: Frequent episodes of wheezing and breathlessness, frequent hospitalization, frequent use of oral steroid treatment.

► Appendix F

Suggested format for recording medical examinations of fishers

Name (last, first, middle): _____

Date of birth (day/month/year): ____/____/____

Gender: ____ Male ____ Female

Home address: _____

Method of confirmation of identity, e.g. Passport No./Seafarers' identity document

No. or other relevant identity document No.: _____

Department (deck/engine/catering/other): _____

Routine and emergency duties (if known): _____

Area of fishing operation/trade: _____

Examinee's personal declaration (Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

Condition	Yes	No
1. Eye/vision problem		
2. High blood pressure		
3. Heart/vascular disease		
4. Heart surgery		
5. Varicose veins/piles		
6. Asthma/bronchitis		
7. Blood disorder		
8. Diabetes		
9. Thyroid problem		
10. Digestive disorder		
11. Kidney problem		
12. Skin problem		
13. Allergies		
14. Infectious/contagious diseases		
15. Hernia		
16. Genital disorder		
17. Pregnancy		
18. Sleep problem		
19. Do you smoke, use alcohol or drugs, if so how much?		
20. Operation/surgery		
21. Epilepsy/seizures		
22. Dizziness/fainting		

Condition	Yes	No
23. Loss of consciousness		
24. Psychiatric problems		
25. Depression		
26. Attempted suicide		
27. Loss of memory		
28. Balance problem		
29. Severe headaches		
30. Ear (hearing, tinnitus)/nose/throat problem		
31. Restricted mobility		
32. Back or joint problem		
33. Amputation		
34. Fractures/dislocations		

If you answered "yes" to any of the above questions, please give details:

Additional questions	Yes	No
35. Have you ever been signed off as sick or repatriated from a vessel?		
36. Have you ever been hospitalized?		
37. Have you ever been declared unfit for sea duty?		
38. Has your medical certificate ever been restricted or revoked?		
39. Are you aware that you have any medical problems, diseases or illnesses?		
40. Do you feel healthy and fit to perform the duties of your designated position/occupation?		
41. Do you feel healthy and fit to safely and effectively perform emergency duties?		
42. Are you allergic to any medication?		

Comments:

Additional questions	Yes	No
43. Are you taking any non-prescription or prescription medications?		

If yes, please list the medications taken, and the purpose(s) and dosage(s):

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____

Date (day/month/year): ____/____/____

Witnessed by (signature): _____

Name (typed or printed): _____

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr _____
(the recognized medical practitioner).

Signature of examinee: _____

Date (day/month/year): ____/____/____

Witnessed by (signature): _____

Name (typed or printed): _____

Date and contact details for previous medical examination (if known): _____

Medical examination

Sight

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose)

Visual acuity

	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant						
Near						

Visual fields

	Normal	Defective
Right eye		
Left eye		

Colour vision

☐ Not tested	☐ Normal	☐ Doubtful	☐ Defective
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Hearing

	Pure tone and audiometry (threshold values in dB)			
	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Right ear				
Left ear				

Speech and whisper test (metres)

	Normal	Whisper
Right ear		
Left ear		

Clinical findings

Height: _____ (cm) Weight: _____ (kg)

Pulse rate: _____/(minute) Rhythm: _____

Blood pressure:

Systolic: _____ (mm Hg)

Diastolic: _____ (mm Hg)

Urinalysis:

Glucose: _____ Protein: _____ Blood: _____

	Normal	Abnormal
Head		
Sinuses, nose, throat		
Mouth/teeth		
Ears (general)		

	Normal	Abnormal
Tympanic membrane		
Eyes		
Ophthalmoscopy		
Pupils		
Eye movement		
Lungs and chest		
Breast examination		
Heart		
Skin		
Varicose veins		
Vascular (inc. pedal pulses)		
Abdomen and viscera		
Hernia		
Anus (not rectal exam)		
G-U system		
Upper and lower extremities		
Spine (C/S, T/S and L/S)		
Neurologic (full/brief)		
Psychiatric		
General appearance		

Chest X-ray

☐ Not performed ☐ Performed on (day/month/year): ____/____/____

Results: _____

Other diagnostic test(s) and result(s)

Test: Result:

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☐ Fit for lookout duty ☐ Not fit for lookout duty

	Deck department	Engine department	Catering department	Other departments
Fit	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

☐ Without restrictions ☐ With restrictions Visual aid required: ☐ Yes ☐ No

Describe restrictions (e.g. specific position, type of fishing vessel, fishing area)

Medical certificate's date of expiration (day/month/year):

___/___/___

Date medical certificate issued (day/month/year):

___/___/___

Number of medical certificate: _____

Signature of recognized medical practitioner: _____

Recognized medical practitioner information (name, licence number, address):

► Appendix G

Medical certificate for service at sea

The minimum requirements for medical certificates are specified in STCW-F Code, section A-I/12, paragraph 7. These form a suitable framework for all fishers' medical certificates. Certificates meeting the criteria will also meet the requirements of the Work in Fishing Convention, 2007 (No. 188). Only information directly relevant to the functional requirements of the fisher's duties should be included. Details of any medical conditions identified or test results, other than those listed, should not be recorded on the certificate. It is recommended that the certificate is in a format which minimizes the likelihood of alteration of its contents or fraudulent copy.

1. Competent authority and the requirements under which the document is issued

2. Fisher information

2.1. Name: *(last, first, middle)*

2.2. Date of birth: *(day/month/year)*

2.3. Gender: *(male/female)*

2.4. Nationality:

3. Declaration of the recognized medical practitioner

3.1. Confirmation that identification documents were checked at the point of examination:
Yes/No

3.2. Hearing meets the standards in STCW-F Code, section A-I/12: *Yes/No/Not applicable*

3.3. Unaided hearing satisfactory? *Yes/No*

3.4. Visual acuity meets standards in STCW-F Code, section A-I/12? <i>Yes/No</i>
3.5. Colour vision meets standards in STCW-F Code, section A-I/12? <i>Yes/No</i> (testing only required every six years)
3.5.1. Date of last colour vision test:
3.6. Fit for lookout duties? <i>Yes/No</i>
3.7. No limitations or restrictions on fitness? <i>Yes/No</i>
If "no", specify limitations or restrictions:
3.8. Is the fisher free from any medical condition likely to be aggravated by service at sea or to render the fisher unfit for such service or to endanger the health of other persons on board? <i>Yes/No</i>
3.9. Date of examination: <i>(day/month/year)</i>
3.10. Expiry date of certificate: <i>(day/month/year)</i>
4. Details of the issuing authority (recognized medical practitioner)
4.1. Official stamp (including name) of the issuing authority
4.2. Signature of the authorized person
5. Fisher's signature – <i>Confirming that the fisher has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/12 of the STCW-F Code and Article 11 of the Work in Fishing Convention, 2007 (No. 188).</i>
6. The certificate should indicate that it is issued to meet the requirements of both the STCW-F Convention, 1995, and the Work in Fishing Convention, 2007 (No. 188).

► Appendix H

Extract from the ILO Work in Fishing Convention, 2007 (No. 188) and Work in Fishing Recommendation, 2007 (No. 199)

Article 10

1. No fishers shall work on board a fishing vessel without a valid medical certificate attesting to fitness to perform their duties.
2. The competent authority, after consultation, may grant exemptions from the application of paragraph 1 of this Article, taking into account the safety and health of fishers, size of the vessel, availability of medical assistance and evacuation, duration of the voyage, area of operation, and type of fishing operation.
3. The exemptions in paragraph 2 of this Article shall not apply to a fisher working on a fishing vessel of 24 metres in length and over or which normally remains at sea for more than three days. In urgent cases, the competent authority may permit a fisher to work on such a vessel for a period of a limited and specified duration until a medical certificate can be obtained, provided that the fisher is in possession of an expired medical certificate of a recent date.

Article 11

Each Member shall adopt laws, regulations or other measures providing for:

- a. the nature of medical examinations;
- b. the form and content of medical certificates;

- c. the issue of a medical certificate by a duly qualified medical practitioner or, in the case of a certificate solely concerning eyesight, by a person recognized by the competent authority as qualified to issue such a certificate; these persons shall enjoy full independence in exercising their professional judgement;
- d. the frequency of medical examinations and the period of validity of medical certificates;
- e. the right to a further examination by a second independent medical practitioner in the event that a person has been refused a certificate or has had limitations imposed on the work he or she may perform; and
- f. other relevant requirements.

Article 12

In addition to the requirements set out in Article 10 and Article 11, on a fishing vessel of 24 metres in length and over, or on a vessel which normally remains at sea for more than three days:

1. The medical certificate of a fisher shall state, at a minimum, that:
 - a. the hearing and sight of the fisher concerned are satisfactory for the fisher's duties on the vessel; and
 - b. the fisher is not suffering from any medical condition likely to be aggravated by service at sea or to render the fisher unfit for such service or to endanger the safety or health of other persons on board.
2. The medical certificate shall be valid for a maximum period of two years unless the fisher is under the age of 18, in which case the maximum period of validity shall be one year.

3. If the period of validity of a certificate expires in the course of a voyage, the certificate shall remain in force until the end of that voyage.

Progressive implementation

Article 4

1. Where it is not immediately possible for a Member to implement all of the measures provided for in this Convention owing to special problems of a substantial nature in the light of insufficiently developed infrastructure or institutions, the Member may, in accordance with a plan drawn up in consultation, progressively implement all or some of the following provisions:
 - a. Article 10, paragraph 1;
 - b. Article 10, paragraph 3, in so far as it applies to vessels remaining at sea for more than three days;
 - c. Article 15;
 - d. Article 20;
 - e. Article 33; and
 - f. Article 38.
2. Paragraph 1, does not apply to fishing vessels which:
 - a. are 24 metres in length and over; or
 - b. remain at sea for more than seven days; or
 - c. normally navigate at a distance exceeding 200 nautical miles from the coastline of the flag State or navigate

beyond the outer edge of its continental shelf, whichever distance from the coastline is greater; or

- d. are subject to port State control as provided for in Article 43 of this Convention, except where port State control arises through a situation of force majeure, nor to fishers working on such vessels.
- 3.** Each Member which avails itself of the possibility afforded in paragraph 1 shall:
- a. in its first report on the application of this Convention submitted under article 22 of the Constitution of the International Labour Organization:
 - i. indicate the provisions of the Convention to be progressively implemented;
 - ii. explain the reasons and state the respective positions of representative organizations of employers and workers concerned, and in particular the representative organizations of fishing vessel owners and fishers, where they exist; and
 - iii. describe the plan for progressive implementation; and
 - b. in subsequent reports on the application of this Convention, describe measures taken with a view to giving effect to all of the provisions of the Convention.

Recommendation No. 199

Medical examination

- 1.** When prescribing the nature of the examination, Members should pay due regard to the age of the person to be examined and the nature of the duties to be performed.

2. The medical certificate should be signed by a medical practitioner approved by the competent authority.
3. Arrangements should be made to enable a person who, after examination, is determined to be unfit for work on board fishing vessels or certain types of fishing vessels, or for certain types of work on board, to apply for a further examination by a medical referee or referees who should be independent of any fishing vessel owner or of any organization of fishing vessel owners or fishers.
4. The competent authority should take into account international guidance on medical examination and certification of persons working at sea, such as the (ILO/WHO) Guidelines for Conducting Pre-Sea and Periodic Medical Fitness Examinations for Seafarers.
5. For fishers exempted from the application of the provisions concerning medical examination in the Convention, the competent authority should take adequate measures to provide health surveillance for the purpose of occupational safety and health.

► Appendix I

Extract from the International Convention on Standards of Training, Certification and Watchkeeping for Fishing Vessel Personnel, 1995

“Regulation I/12

Medical standards

1. Each Party shall establish standards of medical fitness for fishing vessel personnel and procedures for the issue of a medical certificate in accordance with the provisions of this regulation and of section A-I/12 of the STCW-F Code.
2. Each Party shall ensure that those responsible for assessing the medical fitness of fishing vessel personnel are medical practitioners recognized by the Party for the purpose of fishing vessel personnel medical examinations, in accordance with the provisions of section A-I/12 of the STCW-F Code.
3. Every crew member holding a certificate issued under the provisions of the Convention, who is serving at sea, shall also hold a valid medical certificate issued in accordance with the provisions of this regulation and of section A-I/12 of the STCW-F Code.
4. Every candidate for certification shall:
 - (1) be not less than 16 years of age; or

- (2) be not less than 15 years of age provided that the candidate is authorized by the competent authority in accordance with national laws and practice.*
- (3) provide satisfactory proof of his or her identity; and
- (4) meet the applicable medical fitness standards established by the Party.
- 5. Medical certificates shall remain valid for a maximum period of two years unless the crew member is under the age of 18, in which case the maximum period of validity shall be one year.
- 6. If the period of validity of a medical certificate expires in the course of a voyage, then the medical certificate shall continue in force until the next port of call where a medical practitioner recognized by the Party is available, provided that the period shall not exceed three months.
- 7. In urgent cases the Administration may permit a crew member to work without a valid medical certificate until the next port of call where a medical practitioner recognized by the Party is available, provided that:
 - (1) the period of permission does not exceed three months; and
 - (2) the crew member concerned is in possession of an expired medical certificate of recent date."

* Reference is made to Article 9 of the ILO Work in Fishing Convention, 2007 (No.188).

► Appendix J

Extract from the Standards of Training, Certification and Watchkeeping for Fishing Vessel Personnel (STCW-F) Code

“Section A-I/12

Medical standards

1. Parties, when establishing standards of medical fitness for fishing vessel personnel as required by regulation I/12, shall adhere to the minimum in-service eyesight standards set out in table A-I/12 and take into account the criteria for physical and medical fitness set out in paragraph 2. They should also take into account the guidance given in section B-I/12 of this Code and [joint ILO/IMO Guidelines on the medical examination of fishing vessel personnel].

These standards may, to the extent determined by the Party without prejudice to the safety of the fishing vessel personnel or the fishing vessel, differentiate between those persons seeking to start a career at sea and those fishing vessel personnel already serving at sea and between different functions on board, bearing in mind the different duties of fishing vessel personnel. They shall also take into account any impairment or disease that will limit the ability of the fishing vessel personnel to effectively perform his/her duties during the validity period of the medical certificate.

2. The standards of physical and medical fitness established by the Party shall ensure that fishing vessel personnel satisfy the following criteria:

- (1) have the physical capability, taking into account paragraph 5 below to fulfil all the requirements of the basic safety training as required by chapter III section A-III/1;
 - (2) demonstrate adequate hearing and speech to communicate effectively and detect any audible alarms;
 - (3) have no medical condition, disorder or impairment that will prevent the effective and safe conduct of their routine and emergency duties on board during the validity period of the medical certificate;
 - (4) are not suffering from any medical condition likely to be aggravated by service at sea or to render the fishing vessel personnel unfit for such service or to endanger the health and safety of other persons on board; and
 - (5) are not taking any medication that has side effects that will impair judgment, balance or any other requirements for effective and safe performance of routine and emergency duties on board.
3. Medical fitness examinations of fishing vessel personnel shall be conducted by appropriately qualified and experienced medical practitioners recognized by the Party.
 4. Each Party shall establish provisions for recognizing medical practitioners. A register of recognized medical practitioners shall be maintained by the Party and made available to other Parties, companies and fishing vessel personnel on request.
 5. Each Party shall provide guidance for the conduct of medical fitness examinations and issuing of medical certificates the guidance given in section B-I/12 of this Code and [joint ILO/IMO guidelines on the medical examination of fishing vessel personnel]. Each Party shall determine the amount of discretion given to recognized medical practitioners on

the application of the medical standards, bearing in mind the different duties of fishing vessel personnel, except that there shall not be discretion with respect to the minimum eyesight standards for distance vision aided, near/immediate vision and colour vision in table A-I/12 for fishing vessel personnel in the deck department required to undertake lookout duties. A Party may allow discretion on the application of these standards with regard to fishing vessel personnel in the engine department, on the condition that fishing vessel personnel's combined vision fulfils the requirements set out in table A-I/12.

6. Each Party shall establish processes and procedures to enable fishing vessel personnel who, after examination, do not meet the medical fitness standards or have had a limitation imposed on their ability to work, in particular with respect to time, field of work or operation area, to have their case reviewed in line with that Party's provisions for appeal.
7. The medical certificate provided for in regulation I/12, paragraph 3, shall include the following information at a minimum:
 - (1) Authorizing authority and the requirements under which the document is issued
 - (2) Fishing vessel personnel information
 - (1) Name: (last, first, middle)
 - (2) Date of birth: (day/month/year)
 - (3) Gender: (Male/Female)
 - (4) Nationality

- (3) Declaration of the recognized medical practitioner
 - (1) Confirmation that identification documents were checked at the point of examination: Y/N
 - (2) Hearing meets the standards in section A-I/12? Y/N
 - (3) Unaided hearing satisfactory? Y/N
 - (4) Visual acuity meets standards in section A-I/12? Y/N
 - (5) Colour vision* meets standards in section A-I/12? Y/N
 - (1) Date of last colour vision test
 - (6) Fit for lookout duties? Y/N
 - (7) No limitations or restrictions on fitness? Y/N

If "N", specify limitations or restrictions
 - (8) Is the fishing vessel personnel free from any medical condition likely to be aggravated by service at sea or to render the fishing vessel personnel unfit for such service or to endanger the health of other persons on board? Y/N
 - (9) Date of examination: (day/month/year)
 - (10) Expiry date of certificate: (day/month/year)

* Note: Colour vision assessment only needs to be conducted every six years.

4. Details of the issuing authority
 - (1) Official stamp (including name) of the issuing authority
 - (2) Signature of the authorized person
5. Fishing vessel personnel's signature – confirming that the fishing vessel personnel has been informed of the content of the certificate and of the right to a review in accordance with paragraph 6 of section A-I/12
8. Medical certificates shall be in the official language of the issuing country. If the language used is not English, the text shall include a translation into that language."

► Appendix K

Training of recognized medical practitioners

1. The appropriate training and competency of recognized medical practitioners who perform medical examinations of fishers is essential to ensure that they perform a high quality medical examination and are aware of specific aspects of work within the fishing industry. The objective is to enhance the knowledge and skills of recognized medical practitioners and increase consistency in decision-making. This will improve the occupational safety and health of fishers.
2. Recognized medical practitioners should be experienced in clinical medicine, ideally with knowledge in occupational medicine or maritime medicine. They should have knowledge of the living and working conditions on board fishing vessels and the job demands on fishers, including work involved in unloading the catch and work in port, in so far as they relate to the effects of health problems on fitness for work, gained wherever possible through special instruction, training and through knowledge based on personal experience of fishing, as per paragraph 64.
3. Competent authorities should address the need for a further training programme for their recognized medical practitioners to provide initial and ongoing training. Where necessary, competent authorities may develop their own programme or approve other training programmes. Competent authorities, social partners, relevant NGOs and UN agencies should work together to further develop training programmes that may be used for this purpose.

► Appendix L

A monitoring programme on the health of fishers and occupational risk

1. Recognized medical practitioners performing medical examinations of fishers should have a clear understanding of the special requirements of the life of a fisher and receive appropriate initial and further training. The professional judgement of the practitioners is critical to the lives of fishers.
2. All ILO Member States have an obligation to respect, promote and realize the principles of the Occupational Safety and Health Convention, 1981 (No.155) and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187) as they are fundamental Conventions, as well as to progressively develop their national occupational safety and health systems.
3. The Work in Fishing Convention, 2007 (No.188) sets out general provisions of occupational safety and health of fishers. It also references the ILO Occupational Health Services Convention, 1985 (No. 161) in the preamble. In its Article 3, Convention No. 161 calls on Members to progressively develop occupational health services for all workers in all branches of economic activity and all undertakings. Surveillance of workers' health in relation to work is one of the functions of occupational health services as outlined in Article 5 of Convention No. 161 and the Occupational Health Services Recommendation, 1985 (No. 171). The ILO Technical and Ethical Guidelines for Workers' Health Surveillance provide guidance in this respect. This means that competent authorities should, in consultation with the representative organizations of employers and workers concerned and the

representative organizations of fishing vessel owners and fishers, establish a programme for systemic monitoring of the health status of fishers and their health risks in the working environment. This is particularly important for fishers exempted from the application of the provisions concerning medical examination in the Convention by Article 10(2) of Convention No. 188, where the competent authority should take adequate measures to provide health surveillance for the purpose of occupational safety and health as per Paragraph 10 of the ILO Work in Fishing Recommendation, 2007 (No. 199).

4. The competent authority is encouraged to use the data collected as part of the medical examination of fishers, to monitor the health trends of the fisher population where permitted by national legislation. This should include reasons for unfitness or restrictions placed on the medical certificate and could include trends on the prevalence of specific medical conditions.
5. Assessments for monitoring fisher health status and health risks involve a more detailed clinical health assessment that focuses on occupational safety and health at sea, including bullying and well-being. Monitoring may include risk indicators related to diet, smoking, drug and alcohol abuse, exercise and the safety and psychosocial environments.
6. The fishing vessel owners and fishers should conduct risk assessment and training tied to on-board work as per Articles 31 and 32 of Convention No. 188.
7. Health data collected through a monitoring programme provides additional knowledge of, and trends in, the health of fishers, their working environment and working conditions, their work efficiency and job retention. Such a programme helps to improve the working environment on fishing vessels and to develop and strengthen the competence and competitiveness of the fishing sector.

8. Conducting assessments for monitoring fisher health status and health risks is not required as part of the medical examination and when such an assessment is conducted, this should be outside of the medical examination of fishers. This follows similar practice as additional tests required by employers or insurers (as per paragraph 75 of these Guidelines).
9. The fisher should be informed of the purpose of the assessment, and informed consent documented. The procedures used should provide adequate procedural, data confidentiality and ethical safeguards for the fisher.

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