

International Labour Organization

International Maritime Organization

Report

Joint ILO–IMO Working Group on Medical Fitness Examinations of Seafarers and Ships' Medicine Chests

Geneva, 4–7 October 2010



Introduction

1. A preparatory meeting of the Joint ILO–IMO Working Group on Medical Fitness Examinations of Seafarers and Ships’ Medicine Chests was held in Geneva from 4 to 7 October 2010.
2. The Governing Body of the ILO, at its 303rd Session (November 2008) requested the International Labour Office to pursue the necessary arrangements with the IMO and the WHO for the preparation of draft Guidelines on the medical fitness of seafarers with the assistance of the International Maritime Health Association (IMHA), and, if agreed, to convene an ILO–IMO–WHO tripartite meeting of experts to be held with no additional budgetary allocations from the ILO. Following discussions with the Secretariat of the IMO, the IMO’s Maritime Safety Committee, at its 87th Session (12–21 May 2010), accepted the ILO’s proposals and also decided to refer the issue of the contents of ships’ medical chests for consideration. It must be stressed that both the IMO STCW Conference (Manila, June 2010) and the International Labour Conference (February 2006) had adopted resolutions calling for cooperation between the organizations to revise existing guidance concerning the medical examinations of seafarers. In addition, the ILO, based also on a resolution of the International Labour Conference had repeatedly requested the IMO to establish a joint body to consider maritime matters of common interest to both organizations. The IMO’s response had been that matters of common interests would be jointly considered, on an ad hoc basis. The WHO did not respond to the ILO’s invitation to jointly convene this joint meeting.
3. In recognition of the complexity of the issues to be discussed, this first preparatory meeting was convened by the IMO and ILO, with the WHO being invited to participate. The full and final meeting will be held at the end of 2011, subject to approval of the Maritime Safety Committee of the IMO and the ILO’s Governing Body.

Purpose of the meeting

4. The purpose of the meeting was to pave the way for the preparation of revised Guidelines on the medical examination of seafarers leading to the issue of medical certificates, pursuant to the relevant requirements set out in the Maritime Labour Convention (MLC), 2006, and the International Convention on Standards of Training, Certification and Watchkeeping (STCW), 1978, as amended; and to consider the guidance relating to the ships’ medicine chests, especially as regards quantities of equipment and supplies, so as to supplement the information contained in the latest edition of the *International Medical Guide for Ships* and facilitate compliance with the requirements of the relevant international Conventions.

Adoption of the agenda

Composition

5. The Tripartite Meeting was attended by eight Government experts nominated by the IMO, four Shipowner and four Seafarer representatives nominated by the respective groups of the ILO’s Joint Maritime Commission. Several other governments were also represented. A number of observers from intergovernmental and non-governmental organizations were also present. A list of participants is to be found in Appendix I of this report.

Election of Officers

6. The Tripartite Meeting unanimously elected the following Officers:

Chairperson: Ms Mayte Medina (Government of the United States)

Vice-Chairpersons: Mr Arsenio Dominguez (Government of Panama)

Ms Mette Gabriel (Shipowner, Denmark)

Mr Mike Murphy (Seafarer, United States)

Documentation

7. Regarding the medical fitness examinations of seafarers, the Working Group used the proposed revised Guidelines for conducting pre-sea and periodic medical examinations for seafarers, prepared by the Office, as the base document. With regard to the ships' medicine chests, the Joint Working Group had been invited to consider a number of submissions from participants relating to the contents of medicine chests as well as the *Quantification Addendum: International Medical Guide for Ships* (third edition), published recently by the WHO.

General statements

8. In her opening address to the Joint ILO–IMO Working Group on Medical Fitness Examinations of Seafarers and Ships' Medicine Chests, a Secretary-General of the meeting representing the ILO welcomed the delegates to the first preparatory meeting of the Group. She then outlined the recent work of the ILO in the maritime sector, including the adoption of the MLC, 2006, the Seafarers' Identity Documents Convention, 2003 (No. 185), the Work in Fishing Convention, 2007 (No. 188), as well as the Wages, Hours of Work and Manning (Sea) Recommendation, 1958 (No. 109). The present meeting was to assist countries in the application of the MLC, 2006. Two substantive issues were on the agenda. The first was the consideration of the proposed Guidelines on the medical examinations of seafarers, which were adopted by the ILO and the WHO in 1997. Revised joint IMO–ILO–WHO Guidelines would be desirable if at all possible. The Working Group's task should be finalized by the middle of 2011 so that a full meeting could be held at the end of 2011, with the target of submitting these Guidelines to the IMO Maritime Safety Committee and the ILO Governing Body in 2012 at the latest. The second issue was the immediate question of quantities of medicines to be carried by ships in their medical chests. There was a need to first assess whether, in light of recent developments there was a need for further work and how this could be done to meet the short deadlines. Finally, although this meeting was about seafarers' issues, the Office was mindful that there may be a need to deal with the same issues for fishers under the Work in Fishing Convention, 2007 (No. 188).
9. The other Secretary-General of the meeting, representing the IMO, in his opening address on behalf of the IMO, indicated that, since the existing Guidelines were adopted, advances in technology, greater sophistication and increased automation of equipment on board, as well as smaller crews, made it ever more important for seafarers to be in a fit condition to work at sea. This made the proper conduct of medical examinations critical. The development of updated and appropriate guidance concerning medical fitness standards would assist member States in establishing more uniform examination procedures for seafarers. Seafarers were likely to benefit from improved and updated standards for examination of their health in order to pass them as being fit for sea service. The medical examiners, shipowners' and seafarers' representatives and others concerned with the

conduct of medical fitness examinations of seafarer candidates needed uniform, consistent guidelines to be applied globally. The present Guidelines should be updated, not only in light of medical and technological advances but also taking into account the provisions of the amended STCW Convention and the MLC, 2006. He recalled the words of the Secretary-General of the IMO on the objectives of the Year of the Seafarer relating to the shortage of qualified merchant navy officers and the need to take measures to retain existing seafarers, as well as attract young people of the right calibre to the seafaring profession.

10. The Chairperson of the meeting noted that the work before the Group was closely linked to ensuring that seafarers were able to carry out their work on board ship in decent conditions without health or safety risks. She anticipated working with the WHO as it was an organization which has had much influence around the world. It was emphasized that this was a Working Group working on the basis of consensus. The active participation and cooperation of the parties was essential to ensure the best possible results were produced. She highlighted that there were two substantive agenda items and that it had been decided that fair consideration was to be given to both items; however, it appeared that most of the time would be devoted to the *Guidelines on Medical Examination of Seafarers*.
11. A representative of the Office introduced items four and five of the agenda. He indicated that it had been decided that the meeting would concentrate on the medical examinations. In considering item four on the agenda, it was noted that this text was a modified version of existing standards that were adopted in 1997, jointly by the ILO and the WHO and that the STCW Convention and Code has been amended by the diplomatic conference in June this year. The work of the ILO and IMO on the medical examinations of seafarers was to be based on two resolutions adopted respectively by the International Labour Conference in 2006 and the IMO STCW Diplomatic Conference of June 2010 in Manila. The existing Guidelines had been useful to the shipping industry and were the basis for the text contained in the document submitted by the Secretariat. The highlighted text was new and should be more closely examined by the Group. Concerning the medical chest, it was stressed that the Group should review all the submitted documents including the Addendum very recently published by the WHO, and make the appropriate recommendations as to how the three organizations should proceed to provide the best possible guidance to the industry on the important issue of the contents of the medicine chests.
12. The Chairperson of the Government group recalled that the language used in the guidance should be consistent with the appropriate non-mandatory nature of the texts concerned. Citations should respect the official titles of Conventions, guidelines and other documents.
13. The Shipowner spokesperson expressed disappointment at the lack of participation by the WHO since it was involved in developing and endorsing the existing Guidelines. There were legal issues that needed to be examined if new Guidelines were to be produced without the future participation of the WHO. The main item for consideration was the *Guidelines on Medical Examinations of Seafarers*, which would be useful in the implementation of the MLC, 2006, and the STCW Convention. However, reference to some useful definitions, for example the “seafarer” appeared to be missing. Clarification was sought on the meaning of “essential duties”. One concern was that it was likely that a medical professional would not understand these definitions and other similar technical terms. Turning to ships’ medical chests, it was stressed that there was concern among the Shipowners’ group about the Addendum published by the WHO to the *International Medical Guide for Ships* (third edition). Explanations were needed from the WHO regarding the publication of the Addendum before any action could be taken by the IMO and the ILO. Concern was also expressed about the possible criminalization of seafarers with regards to drugs carried in the medicine chests of ships. It was stated that within the Shipowners’ group there were medical practitioners, other personnel from the shipping

industry as well as representatives of the fishing industry. As this meeting was concerned with seafarers, it was indicated that some guidance would be needed as to how to deal with the fishing industry

14. The Seafarer spokesperson looked forward to the exchange of ideas and would reserve further comments until particular items were addressed. There was an implied social contract between the social partners and governments. A seafarer who had undertaken a demanding long-term commitment to a maritime career and would have very limited alternative career options, must be treated fairly and not have his or her career ended for reasons that did not pose a substantial risk to maritime safety. A number of concerns and comments were raised with respect to the draft Guidelines for medical examination, especially the following:

- Medical examinations should have a very limited purpose: to determine that the seafarers were likely to fulfil their specific duties over the limited term of the medical certificate. That was an important principle, as the results of this medical examination might affect the livelihood of seafarers.
- References to the psychological testing of seafarers in Parts IX and XI were not appropriate and were well beyond the scope of this type of examination, because it had the potential to be discriminatory in nature and was not necessarily predictive of behaviour on board.
- While the Seafarers' group supported the idea of education linked to occupational exposure and preventative health measures (for example in Part X), this should be considered separately from examination for issuing the medical certificate.
- The text in Part X that referred to linking the medical examinations for certificates to those required by employers or insurers was also inappropriate.
- Many provisions in Part IX overstepped the bounds of what was practically possible to assess in a medical examination, and made an unrealistic assessment of the potential of medical examinations to reduce risk on board.
- The individual clinical assessment should be based on a clear causal link between an illness and a person's ability to perform essential functions. Otherwise, such measures could eliminate many experienced and qualified seafarers from service. Shipowners and medical authorities must not use a speculative assessment of risk as a basis for deciding who should or should not be employed as a seafarer.
- Support was expressed regarding the distinction made in Part X between initial pre-sea medical examinations and periodic medical examinations, and the consideration of the contribution of a seafarers' experience at sea in the management of any ongoing health condition.
- It was important to emphasize the independence of doctors, and their discretion to make an assessment on a case-by-case basis for each individual, as provided in STCW, section B-I/9-7. The only absolute exclusionary provision in the STCW was related to eyesight standards for seafarers in the deck department required to undertake lookout duties. References to a medical referee being independent "of any shipowner or of any of shipowners' or seafarers' organization" should be deleted in order to emphasize their "independent judgement in the application of the Guidelines".
- Seafarers should not be subject to restrictions which have no relevance to their work – STCW Code A-I/9-5.

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- Instead of seafarers being barred from working on board due to existing medical conditions, consideration should instead be given to the tasks they were able to perform and how these could be accommodated. A list of such accommodations should be generated, such as: the length of time the vessel was away; the distance from medical care; the type of vessel; the person's position on board the vessel, including consideration of critical shipboard responsibilities; any restrictions on air travel; and whether there was a doctor on board.

Consideration of draft Guidelines on medical examinations of seafarers

Part 1. Introduction

I. Purpose of the Guidelines

15. *First paragraph:* The representative of Government of Germany pointed out that neither the STCW Convention nor the MLC, 2006, referred to “pre-sea” medical examinations. The title and text therefore should be changed. Following interventions by the representative of the Government of Norway and the Shipowners, it was agreed to amend the paragraph to place more emphasis on the protection of seafarers and safety of the ship.
16. *Third paragraph:* The Shipowners felt it was important to clarify whether the Guidelines were to be used directly or were to be used by States to develop their own Guidelines. It was also requested that definitions should be included, such as the definition of “seafarer”, to make the scope of the Guidelines clear. Following an intervention by the Chairperson of the Government group, it was also noted that the text should make it clear that these were non-binding Guidelines and not mandatory requirements (e.g. by using “should” rather than “shall” in the text).
17. *Fourth paragraph:* At the end of this paragraph, the Seafarer spokesperson proposed to add a sentence with reference to the “social contract” between governments, shipowners and seafarers. The intent was to give due consideration to the age and experience of seafarers in order to avoid discriminatory treatment. The meeting agreed to the idea of avoiding discrimination, and said that the text should be reworded to reflect this. It was also agreed to delete the word “improved”.

II. Contents and use of the Guidelines

18. *Third paragraph:* The representative of the Government of Panama proposed to delete “identifies” and replace it by “provides guidance on”. The meeting agreed to this proposal.

III. Background to the preparation of these Guidelines

19. *First paragraph:* Following a suggestion by the Shipowners’ group, it was agreed to leave this section in square brackets until there was clarification of the legal status of the document within the WHO. There was also agreement to clarify the text of the last sentence.

IV. The seafarer's medical fitness examination

20. The meeting recognized the importance of consultation and that a general introduction to explain the STCW Convention and the MLC, 2006, was required. It was agreed that this text should be inserted into this section. Also, as a result of the Shipowners' and Seafarers' concern about discrimination, it was considered that redrafting of the text of the Guidelines was required to ensure that it did not conflict with the Conventions. It was proposed that the text would need redrafting to reflect the fundamental rights and principles of the MLC, 2006. For further discussion see section IX, "Appeals procedures".
21. *Third paragraph, last sentence:* Following a suggestion by the Governments, it was agreed to replace the last sentence with the following text: "Other consequences also need to be considered specifically to ensure that the seafarer concerned is not suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board." This new text is more in line with the text in the MLC, 2006, Standard A1.2.
22. *Fourth paragraph, first bullet point:* There was a prolonged discussion on the use of the words "vision, hearing and physical capability". Several participants pointed to the wording used in STCW Code, section A-I/9. It was noted that the use of "physical ability" was related to the "functional capacity" examination. The Special Adviser explained that when drafting this point he had intended to reflect the titles of the annexes that follow the Guidelines, and perhaps this should be changed. The Chairperson suggested that this text should remain the same for the time being, and one could consult the annexes for further clarification. She further noted that the Guidelines support both the STCW Convention and the MLC, 2006, and must therefore remain as close to the wording of the Conventions as possible. The meeting also agreed to delete the second part of the last sentence and place a full stop after the word "person".
23. *Fourth paragraph, second bullet point:* The representative of the Government of Panama indicated that the second bullet point, "Impairment from the use of long-term medications", would probably need a clear reference as to what medicines were being taken and that short-term medicines needed to be reviewed. There should be an intention to review the use of medication in general as it was something that could have an effect in the long term and also in the short term.
24. The Special Adviser explained that, if a seafarer was using medication on a long-term basis, an experienced doctor who was to examine this person would be able to examine them and make a judgement and decision as to any impairment. However, short-term use of medications had to be handled differently based on company policies. Also it had to be taken into account whether the short-term medication was over the counter or if it was prescribed therefore, it was not reasonable to expect a doctor to make judgements on medicines such as those used occasionally or on a short-term basis.
25. A representative of the Seafarers' group supported the suggestion by the representative of the Government of Panama and also felt that it was not well defined as to what "long term" meant. It was asked whether "long term" was queried three months or a one-year time frame and what types of medications were to be considered under this definition. The text was not clear. The representative of the Government of the United States subsequently suggested deleting the words "long-term medication" and to replace them with the word "general", since "long-term" and "short-term" could not be defined. The use of the word "general" would leave it up to the physician to decide. The meeting agreed to this suggestion.
26. *Fourth paragraph, third bullet point:* The Chairperson suggested that the last bullet point commencing with "The presence of, or a recent history of, an illness or condition" should

remain, but the sub-bullet points beneath that line should be deleted. The meeting agreed to this suggestion.

Part 2. Guidance relevant to competent authorities

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

27. The Working Group agreed to place the reference to the WHO in square brackets, pending the resolution of the legal issues that needed to be examined if new Guidelines were to be produced without the WHO.

ILO instruments concerning seafarers' medical examinations and health

28. The meeting agreed that the first two paragraphs should be redrafted to better reflect the breadth of issues covered by the MLC, 2006.
29. The Chairperson of the Government group questioned whether the references to the Occupational Health Services Convention, 1985 (No. 161), to Recommendation No. 171, and to the *Technical and Ethical Guidelines for Workers' Health Surveillance* (1997) were necessary, bearing in mind the new occupational safety and health provisions in the MLC, 2006. The meeting agreed to delete those references
30. A representative of the Shipowners' group, referring to the second paragraph, stated that the text of this paragraph would depend on who was defined as a seafarer and on whether the Guidelines would cover those working on fishing vessels.

International Maritime Organization instruments concerning medical requirements for seafarers

31. Following a long discussion, it was agreed that the second paragraph should be revised to better reflect the expanded scope of the STCW Convention resulting from the adoption of the Manila amendments.
32. The discussion of this paragraph led back to the initial suggestion by the Shipowners that the Guidelines should include a definition of "seafarer", perhaps also including a reference to the International Labour Conference on the resolution concerning information on occupational groups. However, some participants expressed concern that including this reference, or even attempting to try to include some of the provisions of the STCW Convention or the MLC, 2006, into the body of the Guidelines, would only lead to confusion and misreading of the Conventions. On the other hand, it was recognized that many readers of the Guidelines would not have the benefit of having before them copies of the STCW Convention or the MLC, 2006.
33. With this in mind, it was agreed that the STCW Convention and the MLC, 2006, provisions concerning medical examination and certification should be included, in full, in annexes to the Guidelines, and the current paragraphs in the draft Guidelines should be redrafted accordingly.

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34. It was further suggested by the representative of the Government of Germany, with the support of the representative of the Government of the United States, that paragraphs on scope should be drafted, perhaps for inclusion in Part I of the Guidelines.

World Health Organization measures concerning seafarers' health and medical services

35. The Shipowner spokesperson felt that the reference to the WHO in that paragraph, without their present involvement, made it unclear as to which Conventions or Guidelines they were meant to be following. Two suggestions were made, firstly, either to agree WHO-provided clarification or, secondly, the reference to the WHO Guidelines to be taken out. The Chairperson agreed that, at the time due to there being no WHO representative, any reference to the WHO should be put into square brackets and dealt with later on.
36. It was agreed to leave this text in square brackets.

VI. Purpose and contents of the medical certificate

37. *First and second paragraphs:* The Chairperson of the Government group, supported by the Seafarer spokesperson, commented that the recognition of medical certificate standards had not been addressed and that his group wanted to address this aspect and ensure that there was no need for a seafarer to hold two certificates, one from the MLC, 2006, and one from the STCW Convention. It was subsequently asked whether it was indeed possible to have a single, internationally recognized certificate.
38. The representative of the Government of Germany noted that, with respect to Standard A1.2, paragraph 3, of the MLC, 2006, there had been two opinions in his country regarding the meaning of the text. One was that the provision was intended to prevent seafarers from holding two medical certificates; the other was that the intention was to oblige States to accept any STCW medical certificate. It was considered that the first point of view was the right interpretation of this provision. The meeting agreed to this.
39. *Third and fourth paragraphs:* The representative of the Government of the United States, commenting on the second paragraph under this heading (The STCW Convention ...) indicated that it should be expanded to include a reference to paragraph 1 of section A-1/9. The representative of the Government of Norway, noting the content of the existing second paragraph, was sceptical concerning inclusion of the Convention text into the Guidelines. It might be better to include Convention text in the annex rather than placing some partial provisions, out of context, in the body of the Guidelines. Several participants said there was a need to ensure that the provisions of the MLC, 2006, and the STCW Convention were correctly reflected. Following extensive discussion, the Chairperson pointed out that the section under discussion should only address the purpose and contents of the medical certificate. The meeting agreed that the text should be redrafted to make references to the annexes containing the Convention texts.
40. The Shipowner spokesperson felt that there was a need to clarify what would happen when a certificate expired during a voyage, and suggested that the text of the MLC, 2006, Standard A1.2, paragraph 9, which indicated that the grace period should not exceed three months, should be highlighted. The meeting agreed that this should be clarified in the text.
41. *Fifth paragraph:* The Seafarer spokesperson expressed some reservations about the text which appeared to encourage certificates with a period of validity of only one year. The representative of the Government of Norway, supported by the representatives of the Governments of the Marshall Islands and Panama, felt that the text implied a two-year

period was an exceptional period rather than the norm. This needed to be redrafted to reflect that a two-year period was a general rule and that one year was an exception. The meeting agreed to this suggested reorientation of the text.

42. *Seventh paragraph (first paragraph on page 7):* The Seafarer spokesperson, supported by the Shipowner spokesperson, suggested that the text should be amended to read “The aim of the medical examination was to confirm the seafarer can perform his/her duties in a safe and effective manner at sea and identify medical conditions which may interfere with the performance of their duties” and with this linked to the duration of the certification. It was agreed that a small group of Government, Shipowner and Seafarer representatives should revisit this text and report back to the meeting. In this respect, the Chairperson recommended they look at Regulation A1.2 of the MLC, 2006, with the subtitle “purpose” and also paragraph 6(b) from where they can take the text.
43. *Eighth paragraph (second paragraph on page 7):* The Shipowner spokesperson asked for clarification of the term “perform essential safety duties”. The meeting agreed to replace the text “perform essential safety duties” with “perform routine and emergency duties” consistent with the STCW Convention language.
44. *Last paragraph:* The representative of the Government of the United Kingdom proposed to delete the reference to section IX. Only text concerning MLC, 2006, and STCW Convention requirements on the purpose and contents of the medical certificate should be included. Therefore reference should be made to whether the seafarer was fit for duty, unfit, or fit for duty with limitations.

VII. The right of privacy

45. A representative of the Shipowners’ group recalled the importance of confidentiality. A modification was proposed to insert “prior written informed consent”.
46. The Seafarer spokesperson believed that the right of seafarers to access a copy of his/her personal medical data was important. It was suggested that the informed consent should be in written form. It was also proposed to replace “should” by “has the right”. The Shipowner spokesperson proposed to make a reference to an appropriate legislation that explained that this right of access was of a fundamental nature.
47. The Chairperson of the Government group suggested that the proposal by the Seafarers should be put into square brackets as the Governments felt strongly that the word “should” was the correct wording for the legality of the Guidelines. It was suggested that wording within the scope of the MLC, 2006, and the STCW Convention should be used. It was proposed that this should be looked into with legal advisers of the Governments and should therefore remain in square brackets.
48. The Seafarer spokesperson, after considering the Governments’ comments, proposed new text: “Consideration should be given to existing international Guidelines addressing the seafarers right of access and receipt of a copy of his/her own medical records.” The representative of the Government of Panama noted that this was an improvement but suggested that both texts suggested by the Seafarers be put into square brackets to give an opportunity to take a closer look at the legal aspects. They also proposed that the last sentence did not fit within this section and therefore it should be moved elsewhere. As a result, they were not in a position to agree at this stage. The Shipowner spokesperson fully supported the Governments to have more discussion on this in the next meeting as the spirit of what the Seafarers were suggesting was already in one of the annexes.
49. It was therefore agreed that the text should remain in square brackets.

VIII. Qualifications of medical examiners

50. *First paragraph:* After the representative of the Government of Panama expressed concerns about this paragraph, the Special Adviser stated that this paragraph reflected the diversity of practices in various countries and regions. The representative of the Government of Panama, supported by the Seafarers and Shipowners, as well as the representative of the Government of Norway, proposed to delete the following sentence: “It may also be an option, where a wide range of examiners are approved, to restrict the limits of their decision taking and refer some or all the more complex problems to a centre with greater maritime health expertise.” This was agreed upon.
51. Following a suggestion by the representative of the Government of Norway, the meeting also agreed that consistency was required on the use of terms referred to in the MLC, 2006, and the STCW Convention such as “qualified medical practitioner”.
52. *Third paragraph:* The Shipowner spokesperson proposed the insertion of a reference to the “International Code of Medical Ethics” of the World Medical Association. It was agreed that text on this would be placed between square brackets.

IX. Appeals procedures

53. It was agreed that relevant wording of the MLC, 2006, and the STCW Convention would be inserted in the text.
54. *General comments on this section:* The Chairperson of the Government group expressed reservations as to the detail and language of this section in general. It was suggested that the text be reduced to a minimum, with only general concepts, and that references should be made to an annex containing the provisions of the MLC, 2006, and the STWC Convention. This section touched upon legal matters that were the prerogative of governments. The text contained too much detail.
55. A representative of the Seafarers’ group reminded participants that what was being produced here were Guidelines and not a full comprehensive mandatory document. These Guidelines provided useful guidance to member States.
56. *Paragraph 1, page 9:* The Seafarers suggested putting a full stop after the word “independent” and that the rest of the sentence should be deleted.
57. Following an intervention by the representative of the Government of Panama, there was debate concerning the reference to “medical referees” which was language found in the MLC, 2006, but not in the STCW Convention. As a result, it was agreed that the text should be redrafted to accurately reflect the related text in the MLC, 2006, Standard A1.2, paragraph 5, and in the STCW, section A-I/9, paragraph 6.
58. The Chairperson emphasized that there was a need to make sure that, if quotations from the Convention were to be used, they would not overextend the paragraph. Therefore it was decided and agreed that they could reproduce in general terms three sentences, one sentence for the MLC, 2006, one for the STCW Convention and a sentence to merge the two together and stress the fact that it had to be an independent medical practitioner or referee.
59. The Shipowners opposed the idea of deleting the words after “independent”, as they considered this to be contrary to the spirit of the MLC, 2006, which stressed consultation

with shipowners and seafarers. The meeting agreed to place a full stop after the word “independent” and delete the rest of the text.

60. *Paragraph 2:* The Chairperson of the Government group called for the deletion of this paragraph.
61. A Seafarer representative questioned to whom the appeals procedure could be delegated. The Seafarer spokesperson, supported by the representative of the Government of Norway, did not want this paragraph to be deleted, referring to the emphasis on consultation in the MLC, 2006. The Chairperson noted that the MLC, 2006, did not specifically call for consultation with respect to the establishment of appeals procedures.
62. The Deputy Secretary-General explained that this paragraph had been included in order to provide suggestions on how flexibility could be provided to governments, for example through the use of other institutions such as tribunals. Following this explanation, a representative of the Seafarers’ group said he appreciated that some administrations needed flexibility.
63. The representative of the Government of Norway, supported by the representative of the Government of Panama, felt that this paragraph was not flexible or useful for governments. Many governments already had such procedures. It was proposed that the guidance include phrases such as “administrative bodies” or “judicial bodies”. The representative of the Government of Germany expressed strong concerns about this paragraph as the German Government organized work so that they were not obliged to contract with other organizations. The Shipowner spokesperson stressed that, although some countries had procedures in place, this was not the case for other countries and that such guidance would be helpful.
64. After an in-depth discussion the meeting agreed to place the following text in square brackets: “after consultation with organizations of shipowners and seafarers”.
65. *Paragraph 3 and its bullet points:* The Chairperson of the Government group proposed modification of the first sentence as it could be interpreted as going beyond the Conventions. It was suggested that the first line be replaced with “The appeals procedure may include the following elements”. The meeting agreed with this proposal.
66. *Paragraph 3, first bullet point:* A representative of the Seafarers’ group suggested that it was right to make changes and in particular felt that after the word “higher” in that sentence the words “specialist knowledge” be inserted. The Shipowner spokesperson suggested redrafting the text to use the word “qualified” rather than “knowledge”. Several participants expressed concern over the introduction of the new term “specialist”. Following further discussion, the meeting agreed to keep the text as it was.
67. *Paragraph 3, second bullet point:* The Chairperson of the Government group suggested putting this bullet point into square brackets bearing in mind earlier discussion with respect to consultation with shipowners and seafarers. The meeting agreed to delete the text.
68. *Paragraph 3, third bullet point:* The Chairperson of the Government group felt that this paragraph did not provide sufficient flexibility and said that the bullet point should be deleted. The meeting agreed to retain the text in square brackets.
69. *Paragraph 3, fourth bullet point:* A representative of the Seafarers’ group felt that this bullet point was unnecessary and should therefore be deleted as it was implicit in the text. The meeting agreed to delete this point.

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70. *Paragraph 4:* The Seafarer spokesperson expressed concern that the text might provide for the possibility of discrimination. The Shipowner spokesperson noted that discrimination was also an issue of concern to her group, and suggested that avoidance of discrimination should be included somewhere in the Guidelines. It was proposed that redrafting of the text was necessary to ensure that non-mandatory language was used and it was important to ensure that the Guidelines did not conflict with the Conventions. There was concern that, due to the non-mandatory language of the Guidelines, this would diminish the effect of the Articles; therefore, it was considered that the paragraph would need redrafting to reflect the fundamental rights and principles of the MLC, 2006; it was therefore agreed that it should remain in square brackets (see also discussion in section IV).

Part 3. Guidance to persons authorized by competent authorities to conduct medical examinations and to issue medical certificates

X. Aspects of risk management and the seafaring life which are relevant to the medical examination of seafarers

71. *Discussion on the title:* A Seafarer representative suggested changing the title to “Role of medical examination in shipboard safety” or something similar in order to remove the reference to risk assessment. The meeting agreed, subject to further drafting.
72. *Paragraph 1, “The medical examiner ...”:* Following a request for clarification by the Shipowner spokesperson, the Special Adviser explained that the word “place” was meant to refer to “the role of, the contribution of” rather than “location”. The meeting agreed that this text might need to be redrafted to make the meaning clear. The Seafarer spokesperson proposed amending the paragraph to read “The medical examiners should be aware of the role of medical examination in the enhancement of safety at sea and the ability of the seafarer to perform shipboard duties.” This was agreed.
73. *Second bullet point (Impairment ...):* The Seafarers proposed to delete the second bullet point because it was speculative. The representative of the Government of Panama agreed with the Seafarers, as the text was subjective. The Shipowner spokesperson, on the other hand, wished not only to retain the text but to strengthen it.
74. The Special Adviser noted that this bullet point, and in fact many of the bullet points in this section, sought to help educate and train medical practitioners about the conditions under which seafarers lived and worked at sea. This would help provide the basis for taking decisions concerning fitness for duty. Some participants expressed that such text was very helpful guidance, while others felt it was not appropriate here. The Chairperson suggested the text be placed in square brackets until after the discussion of the annexes.
75. *Third bullet point (Infectious disease):* The representative of the Government of the United States proposed to combine this bullet with the third bullet under the next paragraph (see page 12, “Seafarers live close ...”). The Shipowners, with the support of the Seafarers, also suggested that this paragraph should include a reference to food handlers. The meeting agreed to this, subject to redrafting.

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76. *Fourth bullet point:* A representative of the Seafarers' group highlighted that this text was very speculative and that there was no guarantee that this type of testing could identify future risks.
77. The representative of the Government of Panama noted that the essence of the paragraph should be kept but that the language had to change to "could" or "may". It was suggested that text could reflect those from the STCW Convention. Physical limitations could have an impact on routine and emergency duties.
78. The Special adviser stated that the Guidelines were also a teaching and learning material text for medical practitioners. Examining a seafarer for a certificate was different to a normal consultation by a doctor.
79. The Seafarer and Shipowner spokespersons suggested that the last sentence could be deleted. The meeting agreed to this and also decided that some redrafting would be necessary.
80. *Fifth bullet point:* A representative of the Seafarers' group felt that this bullet point was subjective and added nothing to the Guidelines. The Shipowner spokesperson strongly disagreed and felt that this paragraph was integral to the understanding of what was available to seafarers and also that it had to be considered whether it was appropriate for certain seafarers to be at sea. It was proposed that this was so fundamental that it should not be removed. The Seafarers did not disagree with the Shipowners' point of view, however, they felt that it could have been expressed using one sentence, that "there is only limited care available at sea".
81. The representative of the Government of Germany accepted the paragraph as it was. The representative of the Government of the United States suggested that if the paragraph was to be redrafted there were concerns about evacuation and that this needed to be addressed, as on some occasions vessels travelled in areas where they were not near to any amenities. The representative of the Government of Panama agreed with the Government of the United States. The paragraph could be kept with some redrafting. The Shipowner spokesperson stated that they wanted the full text to stay as it was. The meeting decided that the text should be kept unchanged.
82. *Sixth bullet point:* A representative of the Seafarers' group expressed that this paragraph was not within the scope of the Guidelines. It was indicated that he would be content for all seafarers to have good medical care and the opportunity to identify early diseases; however, it was considered not to be within the scope of the medical certificate.
83. The representative of the Government of Canada said that examiners also aimed at prevention and that seafarers were not disqualified if they had health risks. The Shipowners supported Canada's comments adding that prevention was for the benefit of the seafarers' health.
84. The representative of the Government of the United States recommended reducing the paragraph by placing a full stop after the word "illness" as it summed up the intent of the paragraph. The Seafarers supported the Government of the United States' proposal. The representative for the Government of Panama noted that the last sentence of the paragraph was to the benefit of the seafarer.
85. The meeting decided that pending the preparation of new text, this bullet point should remain unchanged.

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86. *Seventh bullet point:* Following a query from the representative of the Government of Panama as to the purpose of this paragraph, the meeting decided that it should be deleted.
87. *Eighth bullet point:* A representative of the Seafarers' group expressed concerns about the use of the word "risk" in this paragraph and suggested that it should be changed to "medical condition" instead. It was said that this suggestion kept the essence and meaning of the paragraph and as a result made it more positive. The suggested changes were as follows: "If a medical condition is identified its consequences may be reduced by increasing the frequency of surveillance, limiting duties to those where the medical condition is not relevant or limiting the pattern of voyages to ensure that health care is readily available." The meeting agreed with the proposal.
88. *Ninth bullet point (The medical examination):* It was decided to delete this bullet point.
89. *Second paragraph (The medical examiner ...), first bullet point (As ships):* The Seafarers and the representatives of the Governments of Panama and Norway proposed to have this text deleted. It was considered that this text was too prescriptive and that the issue of manning of ships should be separate from that of medical examination. The representatives of the Governments of Canada and the United States, as well as the Shipowners, saw some value in the guidance, bearing in mind that, due to the nature of work at sea, it was important for medical examiners to understand that seafarers required a high level of fitness. The meeting decided to delete the bullet point.
90. *Second paragraph, second bullet point (Ships officers ...):* A representative of the Seafarers' group said that this bullet point was subjective and required redrafting. The representatives of the Governments of Panama and Norway proposed to delete this bullet point. The representatives of the Governments of the United Kingdom and United States suggested revising it. The Shipowners suggested revising it to eliminate such words as "generally" and "usually" (to reflect that the STCW Convention, as amended, required all officers to have some first-aid training), and deleting the two middle sentences. In the ensuing discussion, some participants noted that the text was speculative and perhaps disparaging concerning medical care in some countries. Some participants felt that the paragraph also had a negative tone, which might contribute to discouraging people to go to sea. On the other hand, it was noted that the sense of the paragraph was to indicate that seafarers, unlike many other workers, were frequently far away from professional medical care, and this was an important consideration in determining their fitness. The meeting agreed that the text should be redrafted to reflect this intention.
91. *Second paragraph, third bullet point ("Seafarers live close ..."):* In keeping with earlier suggestions by the representative of the Government of the United States and the Shipowners it was agreed to combine this bullet point with an earlier bullet point and, in doing so, to also make reference to food handlers.
92. *Second paragraph, fourth bullet point (Seafarers need to be able to ...):* It was agreed that this bullet point should be deleted, as it was redundant.
93. *Second paragraph, fifth bullet point (Although efforts ...):* There was a general consensus that this paragraph should be redrafted. Among other things, the Shipowners expressed concern that any text, here or elsewhere in the Guidelines, should be justified against concern over possible discrimination (e.g. discriminating against seafarers who must travel long distances by air). The Chairperson and other participants recalled that the Manila STCW Convention amendments, among other things, included table B-I/9, "Assessment of minimum entry level and in-service physical abilities for seafarers", which focused on the tasks seafarers must undertake. The meeting suggested that the bullet point be redrafted to include a short opening sentence and then a reference to table B-I/9 which, following earlier agreement, would be now included in an annex to the Guidelines.

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94. *Bullet point (Special attention ...)*: A Seafarer representative said that this bullet point should be deleted as it was not appropriate under a section concerning aspects of shipboard life and because the issue was sufficiently addressed in Appendix E. The meeting therefore agreed to delete the bullet point.
95. *Bullet point starting with “Seafarers should be ...”*: A Seafarer representative suggested that the first sentence should be kept and the second sentence should be deleted. The Shipowner spokesperson preferred to retain the text, bearing in mind the importance of the issue and the value of this information to medical examiners. The representatives of the Governments of Panama, the United States and Germany supported the Shipowners. It was agreed to keep the text.

XI. Type and frequency of medical examinations

96. *First paragraph*: A Seafarer representative said that the first sentence was satisfactory but asked for the second one to be shortened because it was reference to “higher standards in certain areas”. The meeting agreed that the text should be redrafted to reflect the amended STCW Convention text.
97. *Second paragraph*: A Shipowner representative said that, if the term “pre-sea” was to be used, it must be defined, as it was not clear. The Chairperson of the Government group said that the majority in his group wished to delete this term, as their medical examinations did not distinguish between “pre-sea” and “periodic” examinations and because the terms were not precise. A Seafarer representative suggested the use of “initial” instead of “pre-sea”. The Shipowner spokesperson, commenting on the suggestion by the Seafarers, said it was indeed for seafarers, particularly young cadets, to be advised to undergo some sort of initial medical examination so that they did not find, at a later stage, that they were medically unfit for work at sea. It was also noted by Governments that in some countries it was not legally permitted to require medical certification before a young person embarked on training. Following further interventions by Government representatives, the meeting generally agreed that the responsibility for providing such advice would be with the maritime authorities, and that this point might be better placed in Part 2.
98. The Shipowner spokesperson also drew attention to possible legal problems that might result from changing the title of the Guidelines to eliminate the wording “pre-sea” and “periodic” medical examinations. This required further clarification. The meeting agreed to redraft paragraphs 2 and 3 in order to combine pre-sea and periodic medical examinations into one examination; and to include text recommending that cadets undergo an initial examination prior to embarkation.
99. *Fourth paragraph*: The representative of the Government of the Netherlands suggested changing the last sentence to provide that seafarers who had been incapacitated for 30 or more days by an injury or disease should undergo another medical examination. The Shipowners suggested that this might also refer to evacuation, discharge or hospitalization, and that the term “medical review” might be used. The meeting agreed to this approach.
100. The representative of the Government of the United States suggested that such text might be better placed in Part 2. The meeting agreed to this approach.
101. *Sixth paragraph (For older seafarers ...)*: A representative of the Seafarers’ group suggested rewording the text so that it read as follows: “For older seafarers it may be appropriate to look in greater detail at their essential job requirements. Limitations on duties or distance from shore may also need to be considered to enable work to continue.” The meeting agreed to this change.

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102. *Seventh paragraph:* The representative of the Government of Panama proposed the deletion of this paragraph. The meeting agreed to delete the paragraph.
103. *Eighth paragraph:* The representative of the Government of Panama expressed concerns about the idea of an “additional examination” because it was beyond what was required by the Conventions. A Seafarer representative wanted the text to reflect that such additional examinations would only be required if there were exceptional circumstances involving a life-threatening condition. The Chairperson further suggested that the word “any” be inserted at the beginning of the first sentence. The meeting agreed to these changes. It was agreed that, given the extensive changes needed because of the removal of the distinction between pre-sea and periodic examination, this whole section required redrafting.
104. The meeting agreed to these changes. It was agreed that given the extensive changes needed because of the removal of the distinction between pre-sea and periodic examination this whole section required redrafting.

XII. The conduct of medical examinations

105. *Paragraph 1, third bullet point:* The Shipowner spokesperson asked the Special Adviser whether there was any empirical evidence concerning the value of the psychological testing of seafarers. The Special Adviser replied that there was no known valid basis for such testing. It was more a matter of the intuition of the medical examiner. The best assessment came from seeing a seafarer perform on the job.
106. The Chairperson of the Government group said that Governments found such testing to be subjective and did not feel they should be included here. The representative of the Government of the Netherlands said that if the word “psychological” was deleted, then “physical” should also be deleted, as leaving one aspect out was not balanced. The representative for the IMHA drew attention to the importance of making such assessment of young cadets before they went to sea.
107. The Seafarer spokesperson, supported by the Shipowners, requested the word “physical” to remain, and suggested that the sentence might refer to “physical and mental demands”. The Seafarer spokesperson also suggested that the word “scope” should be replaced by “insight”. They also suggested that the last sentence should be deleted. The meeting agreed to the changes and also agreed to delete the last sentence.
108. *Fifth bullet point:* The Seafarer spokesperson emphasized that the Seafarers’ group wanted to be sure that when a seafarer/examinee signed a certificate that it was necessary for the seafarer/examinee to be fully briefed about what was in the report before they signed it. It was suggested that an addition was made to this bullet point at the end of the fourth sentence with the additional words “to the best of his knowledge”. In other words, the seafarer should be fully briefed, should sign “to the best of their knowledge” and should be provided with a copy of the report. The Shipowners and Governments agreed to this suggestion.
109. The representative of the Government of the United Kingdom raised concern that in some countries the medical report was attached to the medical certificate, raising privacy issues, especially with respect to port State control. It was agreed that this particular concern could be addressed elsewhere in the Guidelines.
110. *Eighth bullet point:* A Shipowner representative suggested changes to the wording of this bullet point. It was suggested that the words “when clinically indicated” should replace the words “is not recommended” as this would put a more positive emphasis and explain better why blood tests were carried out. The Special Adviser suggested that the first sentence of

the bullet point should be kept as it was and that a new sentence should follow this to the effect of “Other tests should only be done when clinically indicated.” The Seafarer spokesperson also proposed that wherever the word “disability” appeared it should be replaced with “impaired” or “impairment”. The meeting agreed to these suggestions.

111. *Ninth bullet point:* The Chairperson of the Government group proposed the deletion of this bullet point. The Seafarers, however, supported it, as it made it clear that there were no valid mental tests. The Shipowners also wished to retain the point.
112. The representatives of the Governments of Norway and Panama did not believe the bullet point was appropriate. The Seafarer spokesperson, supported by the Shipowners, countered that this was important bearing in mind the discussion of the earlier bullet point referring to “mental demands”.
113. The Special Adviser suggested changing the emphasis of the bullet point by exchanging the order of the sentences. The Shipowner spokesperson, with support from several Governments, supported this suggestion and reiterated the concerns expressed by the Seafarers that many countries used this form of testing and especially those countries providing the most seafarers to the industry. The representative of the Government of the Netherlands further proposed a change to the sentence ending “in regular medical examinations” and suggested adding “and for seafarers” at the end of this. The meeting agreed to this suggested redrafting.
114. *Tenth bullet point:* The Special Adviser asked for guidance on whether the seafarer’s vaccination record should be examined as part of the medical examination.
115. The representative of the Government of the United States said that the usefulness of examining the vaccination record during the examination for a certificate was questionable, as it might not be known where the seafarer would travel. The representative of the Government of the Philippines, however, suggested that checking vaccinations should be included in medical examinations and that in his country all seafarers were required to be vaccinated against yellow fever. The Shipowner spokesperson thought that it was in the mutual interest of shipowners and seafarers that vaccinations were up to date as shipping is a worldwide business and seafarers travel worldwide.
116. The Seafarer spokesperson noted that this issue was addressed in another section and so this matter should be addressed there. The Special Adviser proposed that the bullet point should be deleted. The meeting agreed, and suggested that text on vaccinations should be included elsewhere.
117. *Twelfth bullet point:* The Seafarer spokesperson proposed that the phrase “essential duties” in the first sub-bullet point should be replaced with “usual duties”. The Chairperson noted that for consistency it should be replaced with the phrase “routine and emergency duties” that had been previously used so that it was in line with the rest of the text. It was also suggested by the Seafarers that this bullet point should be segregated into sub-bullet points as it was lengthy. The meeting agreed to these changes.
118. *Thirteenth and 14th bullet points:* The representative of the Government of Norway suggested that the word “examinee” should be substituted with “seafarer”. The Chairperson expressed concern as to this substitution in regard to the status of cadets. It was decided that the Special Adviser would deal with this problem and return with an answer. Furthermore, in keeping with a suggestion from the representative of the Government of the United States, it was agreed that the text should be checked for consistency with revised STCW Convention requirements.

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119. *Sixteenth bullet point:* A representative of the Shipowners' group said that HIV testing should only be carried out when clinically indicated. Including HIV testing in a separate section contributed to the stigma surrounding the topic of HIV/AIDS. The meeting agreed to delete the bullet point.
120. *Eighteenth bullet point:* The Shipowner spokesperson proposed the insertion of the word "allergies" as they thought it was of great importance for a seafarer to hold/carry an allergy card with them in the case of an emergency or evacuation. The meeting agreed to this proposal.

XIII. Vaccination requirements of seafarers

121. The Chairperson of the Government group indicated that the Governments felt that the sentence concerning yellow fever should be deleted as the situation might change and other vaccinations could be required. The Shipowners and Seafarers agreed to the deletion of that sentence. It was also agreed to delete "with the employer" from the last sentence, as the seafarer or medical examiner may not know at the time who the employer might be. The meeting agreed to these changes.
122. *Note at the bottom of page 17:* The Shipowner spokesperson indicated that they were not familiar with the work carried out in 1993 that was referred to in the note and were therefore concerned as to whether it was in line with the text of the STCW Convention and whether it needed updating. The representative of the Government of Norway also questioned the relevance of the note, as it was not part of the statutory requirement of medical examinations. The Shipowner spokesperson also questioned the use of the word "similar". It was agreed that the text should be retained in square brackets, subject to further information to be provided by the Office on the contents of the documents referred to in the note.

Part 4. Appendices

Appendix A

123. After some discussion, suggestions as to redrafting of this section were proposed to ensure that the STCW Convention was properly reflected. Concerns were raised by the Shipowners about monocular vision and in particular as to the differences between the STCW Convention and the MLC, 2006, as the STCW Convention provided distinction between the norm for deck officers and engineers; however, the Guidelines also applied to a category of seafarers that the STCW Convention might not apply to who would be covered by the MLC, 2006. It was suggested that the drafter should take this into account when writing the guidance.
124. The revised text proposed by the Seafarers was reviewed and it was proposed that the whole section dealing with eye disorders should be moved to Appendix E. It was agreed to replace the two paragraphs in the Guidelines with the two paragraphs from the Seafarers' proposal.

Appendix B

125. After some discussion, suggestions for redrafting were made which were agreed to. The meeting also agreed to delete references to the MLC, 2006. It was proposed by the

Seafarers that the text should be more positive to indicate that hearing aids should be accepted where seafarers are able to carry out their duties. The Special Adviser suggested that the word “serving” be retained in order to distinguish between serving seafarers and new seafarers who are in training.

Appendix C

126. Amendments were suggested by the representative of the Government of the United States to better reflect the STCW Convention. It was proposed that an additional paragraph be added referring to the MLC, 2006, for those seafarers who were not working under the provisions of the STCW Convention. The Shipowner spokesperson proposed that the text should be amended to reflect the spirit of table B-I/9.

Appendices D, E and F

127. Appendices D, E and F were given for consideration by a small subgroup consisting of medical specialists. The texts were amended and were accepted by the Working Group with few changes (see list of changes in Appendix III).

Appendix G

Medical certificate for service at sea

128. The representative of the Government of the United States pointed out that, with respect to point 3.5 on colour vision, a footnote from the STCW Code, table A-I/9, was missing. The meeting agreed to add the footnote.
129. The representative of the Government of Norway stressed that the delegations’ position was that they did not want two medical certificates (one from the MLC, 2006, and one for the STCW Convention). Therefore, with regard to those seafarers not covered by the STCW Convention, point 3.2 needed to be amended to take into account those seafarers who perhaps worked in the catering department and, although they did not meet the requirements of the STCW Code, section A-I/9, had satisfactory hearing for their work. It was proposed that after the “Y/N” option another “N/A” option should be included. The meeting agreed to this proposal.
130. The meeting agreed that the Office should attempt to redraft this appendix so that it would better assist States to develop certificates that could be used with respect to both the STCW Convention and the MLC, 2006.

Appendix H

Collection, processing and communication of health-related data

131. The Shipowner spokesperson pointed out that the wording in this appendix was in many cases not appropriate for the shipping sector. The Chairperson asked if this appendix was necessary. The meeting agreed that it was not necessary, and the entire appendix was deleted. However, the Seafarer spokesperson said that the concept in paragraph 4.5 of Appendix H should be retained and placed in an earlier section of the Guidelines.

New appendices

132. The meeting agreed that two new appendices should be created. The first should contain the relevant provisions of the MLC, 2006, and the second should contain the relevant provisions of the revised STCW Convention.

Participation of the World Health Organization in the preparation of the *Guidelines on Medical Examination of Seafarers*

133. The Chairperson invited the WHO to explain their work with respect to medical examination Guidelines for seafarers. The representative of the WHO indicated that various departments of his organization had carefully reviewed the draft Guidelines. The feedback was positive on the contents of the draft Guidelines. However, the current internal procedures prevented the WHO from being able to formally endorse the document. The WHO would provide support and comments if requested but the Guidelines would have to be joint ILO–IMO Guidelines.
134. In response to the request of the Chairperson to clarify the legal implications of the statement of the representative of the WHO, the representative of the Legal Advisers of the ILO advised, while regretting that the WHO would not endorse the revised Guidelines, that the meeting could pursue its work. He advised that, when the report of the meeting was submitted to the Governing Body, the latter might decide to establish a new mandate to continue the work conducted by this meeting. As concerns the reference to the ILO–WHO Guidelines in Guideline B1.2.1 of the MLC, 2006, she advised that, if needed, a new reference to the Guidelines could be included in the MLC, 2006, through an amendment procedure involving the Special Tripartite Committee foreseen in the MLC, 2006.
135. The Chairperson noted that the WHO could collaborate but definitely could not provide the name as it used to be – ILO–WHO Guidelines. She asked the WHO to explain the status of the previous Guidelines.
136. A representative from the WHO Department for Public Health and Environment confirmed that new Guidelines developed by the ILO and the IMO would supersede the previous ones. There was no need for the WHO to eliminate the previous Guidelines. The WHO had new procedures for issuing Guidelines that emphasized and clarified the evidence base of the recommendations and clarified who contributed towards the development of the Guidelines, including their potential conflict of interest. Regarding the proposed Guidelines on medical examinations, the WHO had reviewed the draft and was prepared to provide further advice, if needed, in its further development. However, these would be ILO–IMO Guidelines. The publication could mention that the WHO had provided advice and other assistance in its development. However, the WHO would not be able to distribute the new Guidelines.
137. In response to a question, another representative of the WHO said that the World Health Assembly decided on matters of policy. The preparation of Guidelines was overseen by the Guidelines Review Committee and publications were overseen by the secretariat of the WHO, not its governing bodies.
138. Several speakers stated that it was important for the WHO to be involved in developing the Guidelines to give credibility to a document which dealt with the health of seafarers and would be brought to the attention of health authorities in member States. The heads of the three agencies involved, the ILO, the IMO and the WHO, should be made aware of the situation. There should be a clear agreement between them for an acceptable solution to

this problem. The WHO could issue a notice to its national focal points stating that the WHO was no longer involved in this publication and that the new ILO–IMO document should be recognized as the superseding document. In this regard, the WHO agreed that it would issue a notification to its member States to inform them that the proposed ILO–IMO Guidelines would supersede and replace the existing ILO–WHO Guidelines.

139. The meeting agreed that one of the consequences of the *Guidelines on the Medical Examinations of Seafarers* being ILO–IMO Guidelines would be the need to amend the MLC, 2006. This would only be possible when the Special Tripartite Committee met for the first time after the entry into force of the MLC, 2006.

Conclusions on draft Guidelines on medical examination of seafarers

140. The meeting considered draft conclusions of the proposed Guidelines and, following further discussion as to amendments to be made, adopted these conclusions as provided in Appendix II.

Consideration of the content of ships' medicine chests

141. The representative of the Government of the Marshall Islands reviewed the experience in her country as regards medicine chests. She indicated that they had proposed a list, partly based on the third edition of the *International Medical Guide for Ships*, that provided some guidance depending of the type of vessel, the number of crew members, and so on. She said that any such guidance should be practical because there were no doctors on board most of the vessels concerned.
142. Concerning the medicine chests, a representative of the WHO stated that his organization had received many calls from different stakeholders to provide quantification of the list of contents of the *International Medical Guide for Ships*. The WHO had therefore published the Addendum as an interim addition to the *International Medical Guide for Ships*. The meeting was urged to support this document.
143. The Chairperson asked the WHO to provide clarification as regards the development of the Quantification Addendum relating to the medicine chest. She was concerned that the IMO–ILO–WHO inter-agency process had not been respected in the publication of the Addendum by the WHO in September without any previous consultations with the two other organizations. She asked what would be the reaction of the WHO if the meeting concluded that changes were necessary. How would the WHO manage such comments?
144. Another representative of the WHO indicated that she was from the Publications Department and explained that the content of the Addendum was developed by the WHO Collaborating Centre for rational pharmacotherapy with the WHO's Essential Medicines Department. She explained the internal process of the WHO in terms of publications. The *International Medical Guide for Ships* contained a list of medicines that ships were to carry on board but did not provide any recommended quantities. The WHO did not usually combine procurement Guidelines and clinical Guidelines, notably because of conflict of interest. The WHO expected feedback on the *Addendum to the International Medical Guide for Ships*.

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145. The Shipowner spokesperson noted that the WHO's response to past requests for quantification had been negative. She could not understand how the WHO could now publish this document without consultation of the IMO and the ILO.
146. The representatives of the Governments of Panama and the United States, as well as the Seafarer spokesperson, expressed concerns and disappointment. They said that this document could lead to problems for shipping from port State control with some vessels being detained. They wondered if the review process could achieve the 2012 deadline for revision of the *International Medical Guide for Ships* which was given in the Addendum, especially as it implied that the whole *International Medical Guide for Ships* would itself also be revised by then.
147. The representative of the Government of Norway insisted that UN inter-agency cooperation gave the required legitimacy to the *International Medical Guide for Ships* and other such documents.
148. A representative of the WHO confirmed that the Addendum was produced by the Department of Essential Medicines in response to complaints about the lack of quantification in the *International Medical Guide for Ships*. The WHO was expecting comments on this publication. The fourth edition of the *International Medical Guide for Ships* would certainly contain quantification information. Any amendment to the Addendum and the *International Medical Guide for Ships* would need to respect WHO requirements for the development of Guidelines, be evidence based and explicitly report conflict of interest.
149. Several speakers complained that the WHO had published the Addendum without appropriate consultations with the IMO or the ILO – and that WHO collaborating centres with maritime connections had not been consulted either. The governments whose national documentation had been quoted had equally not been consulted. In one case, the document quoted was out of date. There was a need to revise the Addendum and work should continue. The Secretary-General of the IMO and the Director-General of the ILO should be requested to communicate with the Director-General of the WHO to express their disappointment and state the serious implications that the Addendum could have for ships and seafarers.

Conclusions concerning the contents of ships' medicine chests

150. The meeting considered the draft conclusions and following further discussion amended them and adopted them as found in Appendix III.

Appendix I

List of participants

Chairperson

Ms Mayte Medina, Division Chief, Maritime Personnel Qualifications Division, Office of Operating and Environmental Standards, Washington, DC.

Government representatives

CANADA

Dr Peter Janna, Senior Marine Medical Officer, Transport Canada, Ottawa.

GERMANY

Mr Juergen Goepel, Expert, Federal Ministry of Transport, Bonn.

Dr Bernd-Fred Schepers, Medical Director, Maritime Medical Service, Hamburg.

Mr Christian Bubenzer, Alternate, Dienststelle Schiffssicherheit der, Berufsgenossenschaft Verkehr.

GREECE

Mr Ioannis Athanasopoulos, Managing Director, Seagull.

LIBERIA

Mr George M. Arku, Permanent Representative to the IMO, Bureau of Maritime Affairs.

Ms Margaret Ansumana, Senior Deputy Commissioner, Bureau of Maritime Affairs, R. L.

Mr Joseph Keller, Executive Vice-President and General Manager, LISCR, Trust.

Captain David W. Muir, Vice-President, Seafarer Documentation and Certification, LISCR, Trust.

MARSHALL ISLANDS

Ms Elizabeth Bouchard, Deputy Commissioner of Maritime Affairs, Republic of the Marshall Islands, Marshall Islands Maritime and Corporate Administrators, Inc., Reston, Virginia.

Mr Patrick Bachofner, Business Development Manager, Maritime and Corporate Administrators of the Republic of the Marshall Islands, IRI Corporate and Maritime Services SA, Genève.

NETHERLANDS

Mr Tom Mutsaerts, Medical Marine Adviser, Ministry of Transport (Public Works and Water Management), Rotterdam.

NORWAY

Mr Aleksander Grieg, Norwegian Maritime Directorate, Haugesund.

Mr Haakon Storhaug, Senior Adviser, Norwegian Maritime Directorate, Haugesund.

PANAMA

Sr. Alberto Navarro Brin, Embajador, Representante Permanente de Panamá ante la ONU y otros organismos Internacionales en Ginebra.

Sra. Adelaida Fundora Sittón, Jefe de Asuntos Laborales Marítimos, Autoridad Marítima de Panamá, Balboa, Ancón.

Sra. Giovanna Villamonte Santos, Autoridad Marítima de Panamá, Subjefe de Asuntos Laborales Marítimos, Albroom, Edificio Pan Canal Plaza, Balboa, Ancón.

Sr. Alejandro I. Mendoza Gantes, Consejero de la Misión Permanente de Panamá ante la ONU y otros Organismos Internacionales en Ginebra.

Mr Arsenio Dominguez, Alternate Representative Panama's Permanent Mission to IMO, Panama Maritime Authority, London.

PHILIPPINES

Mr Manuel Imson, Labor Attaché, Philippine Mission to the United Nations and other international organizations, Geneva.

Mr Raymond Majini, Medical Specialist III, Philippine Department of Health, Bureau of Health Facilities and Services, Manila.

Mr Clifford Paragua, Executive Director, Maritime Training Council-DOLE, Manila.

RUSSIAN FEDERATION

Mr Sergey Zhelikhovskiy, Associate Professor, Makarov State Maritime Academy, St. Petersburg.

Mr Aleskey Torgov, Ministry of Health and Social Affairs, Counsellor.

UNITED KINGDOM

Ms Caroline Livingstone, Medical Administration Manager, the United Kingdom Maritime and Coastguard Agency, MCA, Southampton.

UNITED STATES

Dr Laura Gillis, Adviser, US Coast Guard headquarters, Washington, DC.

Luke Harden, Chief Mariner, Credentialing Division, US Coast Guard, Washington, DC.

Mr Andrew McGovern, Adviser, Chair, Merchant Marine Personnel Advisory Committee, New York.

Ms Mayte Medina, Division Chief, Maritime Personnel Qualifications Division, Office of Operating and Environmental Standards, Washington, DC.

Shipowners' representatives

Ms Sally Bell, Adviser, International Shipping Federation, London.

Ms Emmie Knudtzon Snincak, Medical Director/Maritime Director, Maritime Medical Clinics for Seafarers Bergen, Maritime Telemedicine, Bergen.

Dr Mette Gabriel, MD, Doctor Head of Medical Office, International Shipping Federation (ISF), Danish Shipowners Association, Medical Office, Denmark.

Mr Pascualito Gutay, Medical Director, Supercare Medical Services, Inc., Manila.

Dr Alf Magne Horneland, International Shipping Federation, Norwegian Centre for Maritime Medicine, Bergen.

Mr Maurizio Ernesto Campagnoli, Industrial and Employment Relations Director, Italian Shipping Association, Genova.

Ms Vera Pacini, Confitarma – Italian Shipping Association, Costa Crociere S.p.A, Genova.

Mr Cornelis Blonk, Secretary of Labour Affairs, International Organisation of Employers, Rijswijk.

Seafarers' representatives

Mr Klaus Kluhta, Director of Government Relations, International Organization of Masters, Mates, and Pilots, Linthicum Heights.

Mr Bjorn Erik Kristoffersen, Union Officer, Norwegian Seafarers' Union, Oslo.

Mr Mike Murphy, National Vice-President-at-Large, American Maritime Officers, Washington, DC.

Dr Emmanuel Nepomuceno, Associated Marine Officers' and Seamen's Union of the Philippines, Seamen's Center, c/o AMOSUP, Manila.

Mr Kenneth B Miller, Medical Director, Seafarers Health and Benefits Plan, New York.

Dr Daniel Suzzoni, Délégué National, Fédération des officiers de la Marine Marchande UGICT-CGT, Marseille.

Mr Allan Graveson, Adviser, Nautilus International, International Transport Workers' Federation (ITF), London.

Representatives of governmental international organizations

International Maritime Organization (IMO)

Mr Milhar Fuazudeen, Senior Technical Officer, International Maritime Organization, United Kingdom.

Representatives of non-governmental international organizations

International Shipping Federation (ISF)

Ms Natalie Wiseman Shaw, International Shipping Federation (ISF), London.

International Transport Workers' Federation (ITF)

Mr Rossen Karavatchev, Senior Section Assistant, ITF International Seafarers, Fisheries and Inland Navigation Section, London.

Ms Penny Howard, Senior Section Assistant, International Transport Workers' Federation (ITF), London.

Representatives of non-governmental international organizations

International Committee on Seafarers' Welfare (ICSW)

International Committee on Seafarers' Welfare, Gresham House, Hertfordshire.

International Maritime Health Association (IMHA)

Dr Suresh Idnani, President, International Maritime Health Association (IMHA), Mumbai.

Dr Alf Magne Horneland, IMHA Boardmember, International Maritime Health Association (IMHA), Antwerp.

International Christian Maritime Association (ICMA)

International Christian Maritime Association (ICMA) Herald House, London.

International Trade Union Confederation (ITUC)

The General Secretary, International Trade Union Confederation (ITUC), Brussels.

International Organisation of Employers (IOE)

The Secretary-General, International Organisation of Employers (IOE), Geneva.

International Confederation of Water Transport Workers' Union (ICWTWU)

Mr Georgy Stoliarenko, International Confederation of Water, Transport Workers' Union (ICWTWU), Moscow.

European Union

Dr F. Jesús Alvarez Hidalgo, Principal Administrator, European Commission, Luxembourg.

Appendix II

Conclusions on ships' medicine chests

1. The participants were extremely disappointed that the WHO had published an Addendum to the *International Medical Guide for Ships* (third edition) (*Quantification Addendum: International Medical Guide for Ships*, WHO, 2010) without previous consultation with the ILO, the IMO, the Seafarers' and Shipowners' groups and the original contributors in the revision of the third edition of the *International Medical Guide for Ships*, considering that the *International Medical Guide for Ships*, third edition, was developed and published through cooperation between the ILO, the IMO and the WHO.
2. Furthermore, taking into account that the participants had not received a copy of the Addendum until a week before the meeting and were not previously advised of its existence, appropriate pharmaceutical experts on these issues were not able to attend and participate at this meeting; therefore, the participants recognized that any further discussions on this issue would need to be accomplished at a later date.
3. The participants also raised concerns with the list of medicines as contained in the *International Medical Guide for Ships*, third edition, and that further amendments to the *Guide* may be necessary. However, the participants recognized and agreed that it would be beneficial, as an interim measure, to develop a final quantification based on the list of medications that are currently listed in the third edition of the *International Medical Guide for Ships*, considering the lengthy process to amend and publish an amendment to the *International Medical Guide for Ships*.
4. Subsequent to the discussions on this issue between the participants and the representatives from the WHO, the IMO and the ILO, the following recommendations and actions were proposed:
 - (a) Work on the contents of the medicine chest, based on the terms of reference approved by the IMO and the ILO, should be continued by the Joint Working Group through a consultation process under ILO procedures to develop and propose a final quantification of the list of medications based on the medications currently listed in the *International Medical Guide for Ships*, third edition. The proposed timeline for delivering the results would be at a meeting to be scheduled during autumn 2011.
 - (b) Considering that the *International Medical Guide for Ships*, third edition, was published jointly by the ILO, the IMO and the WHO and that the WHO had published an Addendum without prior consultation with the other two organizations, the Secretary-General of the IMO and the Director-General of the ILO should be invited to contact the Director-General of the WHO to seek clarification and resolution on the cooperation between the three UN organizations on all health-related matters pertaining to seafarers.
 - (c) The IMO Secretariat should report to the Maritime Safety Committee (MSC) on this issue, specifically highlighting the concerns that were raised by the Group relating to the potential for port State control actions against ships and criminalization of seafarers, requesting their appropriate action on these matters. Since the Addendum had been published and distributed by the WHO, some States may use it as the basis for port State control inspections of the medicine chest. This could potentially result in:
 - (i) undue delays and/or detentions if the quantities of the medicine chest on board ships do not comply with quantities from the WHO-published Addendum;
 - (ii) criminalization of seafarers if the quantities carried on board exceed the quantities in the Addendum, as it could potentially be construed as drug trafficking.
 - (d) The IMO and ILO Joint Secretariat should approach the WHO to discuss the differences in processes between the three agencies to find a way forward to continue inter-agency cooperation, recognizing that the varied expertise of the three agencies is necessary to ensure the safety, health and well-being of the seafaring community. In this context, the ILO should continue to pursue its mandate to ensure the continued review of the *International Medical Guide for Ships* in cooperation with the WHO and the IMO.
5. Member Governments are encouraged to contact their representatives to the WHO and inform them of the situation in order to seek some clarification from the WHO secretariat.

Appendix III

Conclusions on the proposed *Guidelines on Medical Examinations of Seafarers*

1. The participants, having considered the draft proposed Guidelines for conducting pre-sea and periodic medical examinations for seafarers (ILO–IMO–WGMG/2010/4), recommended a number of changes to the text. The list of recommended changes is attached. A revised draft of the Guidelines will be circulated to the participants and work will continue through a consultation process with the participating Governments as well as the Seafarers' and Shipowners' groups of the ILO.
2. The Maritime Safety Committee of the IMO and the ILO Governing Body would be invited to convene another meeting of the Joint Working Group during the last quarter of 2011 in order to complete its work in accordance with the terms of reference.
3. The participants noted with concern that the representative of the WHO informed the meeting that the WHO could not, in the future, participate in the development and adoption of these Guidelines, except, when requested, to collaborate in an advisory capacity. However the meeting is of the view that the WHO had the required medical expertise to support the development of these Guidelines and that the WHO's inability to provide expertise in the future should be brought to the urgent attention of the MSC and the ILO Governing Body. The meeting also urged the IMO and the ILO to continue to invite the WHO to participate in any health-related matters.
4. Furthermore, the WHO has agreed that it would issue a notification to its member States to inform them that the proposed ILO–IMO Guidelines, when developed, would supersede and replace the existing ILO–WHO Guidelines, and the WHO will provide a copy of this notification to the IMO and the ILO for appropriate action.
5. The participants agreed that that the preface to the final ILO–IMO Guidelines should include information on the WHO notification to ensure that all concerned are aware that the new IMO–ILO Guidelines supersede and replace previous ILO–WHO Guidelines; and the WHO's collaboration in the preparation of the proposed Guidelines.

List of changes to draft proposed revised Guidelines for Conducting Pre-Sea and Periodic Medical Examinations for Seafarers (ILO–IMO/WGMG/2010/4)

Title

- Consider amendment to remove “conducting pre-sea and periodic”.

Section I. Purpose of the Guidelines

- Retitle to “Purpose and scope of the Guidelines”.
- Give greater emphasis to the role of examinations in reducing risk to others and less to safeguarding individual health.
- Include new paragraph giving or referencing who is covered by these Guidelines.
- Include text on the fundamental principles of seafarers for consideration.
- Include text on the basis for consultation between seafarers and shipowners in the application of Guidelines.

Section II. Contents and use of the Guidelines

- Ensure that all language is non-mandatory (also subsequent sections).

Section III. Background to the preparation of these Guidelines.

- Revise content to reflect extent of WHO involvement with the Guidelines (also subsequent sections).

Section IV. The seafarers' medical fitness examination

- Some text currently in section VI on medical certificates should be relocated to here.
- Language derived from the relevant ILO and IMO Conventions should be used where appropriate (also subsequent sections).
- The paragraphs on taking decisions about fitness should be simplified and include references to the relevant appendices.

Section V. Relevant standards and guidance for the ILO, the IMO and the WHO

- Delete reference to ILO occupational health services Conventions and Recommendations as this is covered in the MLC, 2006.

Section VI. Purpose and contents of the medical certificate

- Section needs to be refocused to cover just medical certification issues.
- Text of Conventions need not be repeated; reference is sufficient.
- The two-year duration of validity of the certificate should have greater emphasis.
- Less detail is needed here on the status and implications of certificates issued for shorter durations.
- The term “routine and emergency duties” should be used whenever appropriate to ensure consistency with the Conventions.
- The paragraph on actions to be taken if a limited certificate is issued or if the seafarer is unfit should be redrafted to be clearer.

Section VII. The right of privacy

- The need for prior informed consent for disclosure to be in writing should be noted.
- The status of the seafarer's right of access to their personal medical data and associated text needs clarification.

Section VIII. Qualifications of medical examiners

- Consider retitling to “Authorization of medical examiners”.
- Delete reference to use of referral of decision taking in complex cases to centres with greater maritime health expertise.

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- The ethical position of examining doctors could be clarified by reference to the World Medical Association's code of ethics.

Section IX. Appeals procedures

- The relevant text of the MLC, 2006, and the STWC Convention should be included here to demonstrate the details of their requirements.
- Discussion on the references to procedures established after consultation with shipowners and seafarers in this section should be considered at a later date.
- The term used for the doctor undertaking the review should be such that it is relevant to the requirements of both Conventions.
- [The statement here that employers may require a seafarer to be re-examined if they are unfit while under contract does not fit in this section and could be moved.] This statement needs to be linked with a general comment to be included in the text on the need for measures to be in place to avoid discrimination.

Section IX. Aspects of risk management and the seafaring life which are relevant to the medical examination.

- Consider retitling to avoid the term “risk”.
- The terms used in this section should emphasize the contribution of the medical examination to improved safety and not to risk reduction.
- The reference to food-borne infections should cover those handling as well as preparing food.
- Several of the paragraphs in this section should be shortened and simplified.
- References to occupational health surveillance should be deleted.
- The features of working and living aboard should be put in a more positive way, with reference to the STCW table on physical abilities for examples.

Section X. Type and frequency of medical examinations.

- To be redrafted to take out the distinction between pre-sea and periodic examinations.
- A statement on the desirability of a medical examination prior to the start of maritime training should be included in Part II as guidance to competent authorities. Advice on vocational guidance in the event of a significant impairment being found should be located at the same place.
- The paragraph at the end of section IX and the one in this section on medical examinations after serious illness or injury should be amalgamated.
- The recommendation that decisions on the issue of a statutory certificate if any additional findings arise at an employer's examination conducted simultaneously should be qualified to indicate that a finding of life-threatening disease during the investigations required by the employer could justify not issuing a statutory certificate.

Section XI. The conduct of medical examinations

- “The physical and mental demands” of a person's work at sea were considered to be a more useful item of information to be considered during the examination than the “physical and psychological requirements”. The subsequent statement on the limitations of psychological test methods should be adjusted to reflect the need to explore any indications of mental health problems during the examination and consider their relevance.

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- The declaration on disclosure made by a seafarer should be qualified by “to the best of his/her knowledge”.
 - The caution about the use of multiple laboratory tests should be qualified by stating that they should only be used when there is a clinical indication.
 - Paragraphs on occupational health information, vaccination and HIV should be deleted.

Section XIII. Vaccination requirements for seafarers

- The sentence on the current requirements for only yellow fever immunization should be deleted to reduce the risk of the text becoming out of date.

Appendix A. Vision

- The status of tests similar to the Ishihara colour vision test plates will be explored and the text adjusted.
- The use of colour correcting lenses during colour vision testing should not be permitted.
- The guidance on monocular vision should be redrafted to fully comply with STCW wording.
- Further consideration of laser refractive surgery and fitness will take place at the next meeting.
- The text on eye disorders has been redrafted to make it more positive. A decision is pending on whether this text should remain in this appendix or move to Appendix E.

Appendix B. Hearing and ear disorders and speech communication

- Align the statement on frequency of hearing tests with Convention requirements.
- A decision on whether to place the guidance on ear disorders and speech communication in Appendix E is pending.

Appendix C. Physical capability requirements

- The paragraph on when to perform an assessment is to be redrafted to make the criteria for use clearer.

Appendix D. Fitness criteria for medication use

- The risks from inability to retain oral medication should be broadened from “seasickness” to “nausea and vomiting”.
- A paragraph should be included on the legal problems arising when seafarers carry or use controlled drugs.
- Medications listed should be prefaced by, for example:.
 - users of anticoagulants should be near to onshore medical facilities;
 - the use of statements in medication package inserts about impairment should not be used as a basis for decision taking without further assessment of the evidence and of the individual’s response to it.

Appendix E. Fitness criteria for common medical conditions

- The links to specific sections of the Conventions should be deleted from the table and background to this removed from the introduction.

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- The rationale for fitness criteria in terms of the natural history of medical conditions in this appendix duplicates that in other parts of the Guidelines and can be deleted.
 - The term “risk” should be replaced wherever possible by “likelihood”, qualified by terms such as “increased” and “of recurrence/progression/complications” (applies throughout the Guidelines).
 - The term “disability” should be replaced with “impairment” wherever this is appropriate.
 - An introductory paragraph about the use of the tables in the appendices should be included in the main text of the Guidelines.
 - Where used for mental health problems there needs to be “continuing medical monitoring and close supervision”.
 - Examples should be included under other (mental, cognitive and behavioural) disorders.
 - Single seizures should be separated from epilepsy in the table.

Appendix F. Minimum requirements for medical examinations of seafarers

- A number of additions are proposed:
 - method of confirmation of identity;
 - information on routine and emergency duties (if available);
 - piles (by seafarer declaration) coupled with deletion of routine anal examination;
 - use of alcohol and drugs;
 - hearing and tinnitus;
 - joint problems;
 - determination of blood in the urine;
 - the term “catering” should be replaced by “food handler”;
 - the personal declaration made by the seafarer should align with that in the main text;
 - the date and location of the previous medical examination should be recorded if available;
- the medical examiner’s comments should include a summary of their assessment of fitness and the reasons for any limitations.

Appendix G. Medical certificate for service at sea

- Redrafting required to ensure that the requirements of the MLC, 2006, as well as the STCW Convention are included. It is suggested that this is then recast as a sample format for a certificate.
- The need to ensure that the same certificate is appropriate for both Conventions is essential.

Appendix H. Collection, processing and communication of health-related data

- Delete this text.