

# MINISTRY OF PORTS, SHIPPING AND WATERWAYS

New Delhi, the 19th October, 2026

G.S.R. XX . -- In exercise of the powers conferred by sub-section (2) of section 46 under Part IV of the Merchant Shipping Act, 2025 (24 of 2025), section 60, sub-clause (b) of sub-section (1) of section 78, sub-section (2) of section 78 and sub-section (1) of section 113 under Part V of the Merchant Shipping Act, 2025 (24 of 2025), and in supersession of the Merchant Shipping (Medical Examination) Rules, 2000, Merchant Shipping (Medicines, Medical Stores and Appliances) Rules, 1994, and Merchant Shipping (Carriage of Medical Officers) Rules, 1961. as well as all Merchant Shipping Notices, Circulars, and Directives issued earlier to the extent they are inconsistent with the provisions contained herein, except as respects things done or omitted to be done before such supersession, the Central Government hereby makes the following rules, namely: –

## Chapter – I – Preliminary

### 1. Short title and commencement.

- (1) These rules may be called the Merchant Shipping (Medical) Rules, 2026.
- (2) They shall come into force on the date of their publication in the Official Gazette.

### 2. Definitions. — In these rules, unless the context otherwise requires,—

- (a) “**Act**” means the *Merchant Shipping Act, 2025* (24 of 2025);
- (b) “**Annexure**” means an Annexure appended to these rules;
- (c) “**Appendix**” means an Appendix appended to these rules;
- (d) “**Director General**” means the Director-General of Maritime Administration as defined in clause (16) of section 3 of the Act;
- (e) “**EM Schedules**” means the Emergency Schedules for ships carrying dangerous goods as prescribed by the International Maritime Organization and as revised from time to time;
- (f) “**IMDG Code**” means the International Maritime Dangerous Goods Code as prescribed by the International Maritime Organization and as revised from time to time;
- (g) “**Medical Guide**” means the *Ship Captain’s Medical Guide* published by the International Maritime Organization and the World Health Organization and as revised from time to time;
- (h) “**Medical Officer**” means a person possessing a degree in Medicine and Surgery from any recognised University, enrolled as a medical practitioner on the register of the Medical Council of any State, and holding a valid licence issued by the Port Health Officer of the port of departure of the ship;

(i) **“Medical examiner”** means a duly qualified medical practitioner approved under the provisions of rule 4;

(j) **“MFA Guide”** means the *Medical First Aid Guide* prescribed by the International Maritime Organization and revised from time to time;

(k) **“Official Pharmacopoeia”** means the *Indian Pharmacopoeia (I.P.)*, the *National Formulary of India (N.F.I.)*, the *British Pharmacopoeia Code (B.P.C.)*, and the *United States Pharmacopoeia (U.S.P.)*;

(l) **“Person”**, in relation to these rules, means any individual above the age of one year and includes the ship’s crew and officers;

(m) **“Port Health Officer”** means any person appointed by the Central Government, either by name or by virtue of his office, to be the health officer of a port and includes—

(i) an Additional, Deputy or Assistant Port Health Officer, or any officer appointed by the Central Government, either by name or by virtue of his office, to perform any or all duties of a health officer of a port; and

(ii) a person appointed by the Central Government under the Act to inspect the medicines, medical stores and appliances with which a ship is required to be provided;

(n) **“Prescribed Standards”** means the standards of physical fitness set out in Appendix A, Appendix B, Appendix C, Appendix D, Appendix E, Appendix F, Appendix G;

(o) **“Transgender”** means an individual who seeks or undergoes a social transition from male to female (MtF) or from female to male (FtM), which may include somatic changes by way of hormone therapy or sex reassignment surgery, or as defined under section 2(k) of the *Transgender Persons (Protection of Rights) Act, 2019*.

(2) Words and expressions used in these rules and not defined herein but defined in the *Merchant Shipping Act, 2025* (24 of 2025) shall have the meanings respectively assigned to them in that Act.

## **PART – I – MEDICAL EXAMINATION RULES**

### **CHAPTER– I – Application, Procedure for Approval, Renewal of Medical Examiners, Courses and Validity**

#### **3. Application.**

These rules shall apply to, -

(1) Masters, officers and ratings; and

(2) Seafarers employed or engaged in any capacity on board ship on the business of that ship as part of the ship's complement including young persons.

#### **4. Approval of Medical Examiner**

(1) An official of the Directorate General, duly authorised by the Director General, shall approve such number of Medical Examiners at such ports or places as deemed necessary for the purposes of sub-section (1) of Section 78 of the Act.

(2) An Approved Medical Examiner shall be permitted to conduct medical examinations only at one designated clinic.

(3) Notwithstanding the provisions of clause (2), where the Approved Medical Examiner is the proprietor of the clinic(s), such examiner may be permitted to operate from not more than two clinics, provided both clinics are situated within the same municipal limits and prior written approval has been obtained from the Directorate General.

#### **5. Eligibility Criteria**

(1) All Medical Practitioners possessing a minimum qualification of Bachelor of Medicine and Bachelor of Surgery (MBBS) or equivalent, from a university recognized under the Indian Medical Council Act, 1956, the National Medical Commission Act, 2019, The National Commission for Indian System of Medicine Act, 2020 or the National Commission for Homoeopathy Act, 2020, as applicable, and approved by the competent authority, shall be eligible for enrolment as a duly approved Medical Examiner of Seafarers at such ports or places as may be notified.

(2) The Medical Practitioner shall hold valid registration with the concerned Medical Council, whether State Medical Council or the erstwhile respective National Medical Councils.

(3) There shall be no upper age limit for Medical Practitioners seeking approval, subject to the conditions laid down under sub-rule 15.

#### **6. Infrastructure Requirements**

The Medical Practitioner shall either own, lease, rent, or be employed in a clinic, diagnostic centre, or hospital duly equipped with the minimum infrastructural facilities as prescribed. Such facilities shall mandatorily include, but not be limited to, the following:

- a) a designated waiting area for seafarers,
- b) a medical examination room,
- c) a testing laboratory with capability for conducting routine blood and urine investigations,
- d) facilities for X-ray imaging,

- e) an area for blood sample collection,
- f) ECG conducting space,
- g) an audiometry testing room,
- h) and an attached washroom for urine sample collection.

## **7. Laboratory Requirements**

(1) The testing laboratory maintained by the Approved Medical Examiner shall—

(a) be accredited by the National Accreditation Board for Testing and Calibration Laboratories (NABL), the National Accreditation Board for Hospitals and Healthcare Providers (NABH), or be certified under ISO 15189:2022 standards; or

(b) have a formal agreement or exclusive collaboration with an external testing laboratory duly accredited by NABL or NABH, or certified under ISO 15189:2022 standards.

(2) All blood and urine samples of seafarers shall be collected only at the designated premises of the Approved Medical Examiner. The collaborating or partner laboratory shall strictly conform to the accreditation or certification standards specified in sub-rule (1).

(3) The use of any unaccredited or uncertified external laboratory for testing or analysis purposes shall be strictly prohibited.

## **8. Statutory Approvals & Certifications**

The Medical Examiner shall be in possession of the following statutory approvals and certifications:

- a) Valid AERB (Atomic Energy Regulatory Board) Certificate for conducting radiographic imaging (X-rays),
- b) Biomedical Waste Management Certificate issued by the designated local authority,
- c) Pollution Control Board Consent issued by the State or Central Pollution Control Board,
- d) Fire Safety NOC/Form B for the clinic premises or the building in which the clinic is housed,
- e) PCPNDT Certificate (if applicable) for the conduct of USG, CT, or MRI procedures, and
- f) Approval from the concerned Directorate of Health Services under the Clinical Establishment Act (CEA), if applicable in the concerned State.

## **9. Documents for Approval**

The following documents shall be submitted along with the application for approval:

- (i) Certificate of completion of the Director General-approved Familiarization/Refresher Course for Medical Examiners of Seafarers,
- (ii) MBBS Degree or equivalent and any additional qualifications (DNB, MD, DM) or equivalent,
- (iii) Valid Medical Council Registration Certificate,
- (iv) Geotagged photographs of the clinic premises, including key functional areas, along with valid calibration and maintenance records for all diagnostic equipment from NABL accredited agencies, shall be submitted.
- (v) Shop and Establishment Registration Certificate,
- (vi) Quality Assurance Documentation for Laboratory: For both self-owned and outsourced laboratories, a valid NABL/NABH accreditation certificate and compliance documentation demonstrating conformity with ISO 15189:2022 standards shall be submitted, along with the applicable scope of accreditation.
- (vii) NOC from the Clinic/Centre Owner or Proof of Ownership,
- (viii) Proof of payment made via BharatKosh.

## **10. Fee Structure**

A non-refundable processing fee of ₹25,000/- shall be payable through BharatKosh for initial approval. A sum of ₹10,000/- shall be charged for renewal requests, and ₹2,000/- for changes to contact/address details in the Director General's medical profile.

## **11. Familiarization and Refresher Course**

- (1) The Medical Examiner shall possess adequate knowledge of the working and living conditions aboard merchant ships, which shall be acquired through a Director General-approved Five-Day Familiarization Course conducted by an approved Maritime Training Institute.
- (2) Director General -approved Maritime Training Institutes may apply to Director General for permission to conduct the Familiarization/Refresher Course by submitting all relevant details and the prescribed fee. The course framework and model certificate are prescribed under Annexure-I and Annexure-II respectively of these Rules.
- (3) It shall be the responsibility of the Maritime Training Institute to obtain and retain the information and declaration from each Medical Practitioner undergoing the Familiarization/Refresher Course, in the format prescribed under Annexure-III.

(4) Upon successful completion of the Familiarization/Refresher Course, the Medical Practitioner may submit the certificate of completion along with the documentation enumerated under Rule 8 to Director General for consideration and approval.

## **12. Validity and Renewal of approval granted to Medical Examiners**

(1) The approval granted shall be valid for a period of five (5) years from the date of completion of the Familiarization Course, or until the expiry of the practitioner's Medical Council registration, whichever occurs earlier.

(2) Renewal of approval shall be granted upon:

- a) submission of certificate of completion of the one-day Director General-approved Refresher Course,
- b) satisfaction of the minimum requirement of conducting at least 100 medical examinations annually (for metro cities) or 50 annually (for non-metro cities),
- c) possession of a valid MBBS or equivalent , and
- d) submission of documents as required under Rule 8 (with Refresher Course certificate in lieu of Familiarization Course certificate).

(3) There shall be no upper age limit for renewal. However, upon attaining the age of seventy (70) years:

- a) approval shall be granted on an annual or biennial basis,
- b) the applicant must submit a valid fitness certificate issued by a government or recognized private hospital, and
- c) full compliance with all requirements under these Rules shall be maintained. Failure to satisfy these conditions shall result in suspension or revocation of the approval.

## **13. Cancellation and Fraudulent Documents**

Any approval granted shall stand cancelled forthwith upon discovery of any falsified, forged, or misleading information or documentation submitted by the applicant.

## **14. Post-Course Reporting by Training Institutes**

Upon the conclusion of each batch of the Familiarization/Refresher Course, the Director General-approved Maritime Training Institute shall:

(1) publish on its official website the name, address, and contact details of Medical Practitioners who have completed the course and are eligible for approval or renewal as Medical Examiners, and

(2) forward the Annexure-II, together with relevant enclosures, to Director General for the purpose of uploading the information of approved Medical Examiners of Seafarers on the Director General's website.

(3) The Maritime Training Institute shall also maintain copies of Annexure-II, Annexure-III, and Annexure – III along with their enclosures for official records and audit purposes.

### **Part III – Guidelines for Medical Examiners and Medical Certificates**

#### **15. Guidelines for Medical Examiners**

Every Medical Examiner approved under these Rules shall strictly comply with the following guidelines at all times:

(1) The Medical Examiner shall maintain the premises where medical examinations of seafarers are carried out in a clean and hygienic condition at all times.

(2) The Medical Examiner shall maintain copies (either physical or soft copies) of the following publications at all times:

(a) International Health Regulations, 2005, as amended;

(b) Merchant Shipping (Medical Examination) Rules, 2026, as amended, and all applicable M.S. Notices, Orders, instructions, etc., of the Directorate;

(c) International Medical Guide for Ships (3rd edition or latest edition) including addenda; and

(d) Guidelines on the Medical Examination of Seafarers, as amended (ILO/IMO Sectoral Activities Programme).

#### **16. Medical Certificates**

(1) The Medical Examiner shall issue Medical Certificates to seafarers only in the format specified at Annexure VII of the Merchant Shipping (Medical Examination) Rules, 2026.

(2) The validity of the certificate of physical fitness shall be subject to the following conditions:

(a) A maximum period of two (2) years, unless the seafarer is under the age of eighteen (18), in which case the maximum validity shall be one (1) year;

(b) For seafarers above Sixty - five (65) years of age, the validity shall not exceed one (1) year;

(c) For seafarers applying for COC/CDC renewal or enrolling in STCW courses, the medical certificate shall have a validity not exceeding six (6) months; and

(d) If the period of validity of the medical certificate expires during the course of a voyage, the certificate shall remain in force until the next port of call where an approved Medical Examiner is available, provided that the period of extension shall not exceed three (3) months.

#### **Part IV– Diagnostic Testing, Medical Assessment, and Seafarer Health**

### **17. Diagnostic Testing and Medical Assessment**

(1) For Pre-Sea, Periodic Medical Examinations, the assessment of seafarers' health parameters shall be conducted through evidence-based evaluation, incorporating prescribed diagnostic investigations to detect any underlying medical conditions as stipulated under these Rules.

(2) The minimum mandatory medical investigations required for different categories shall be as follows:

#### **a) Mandatory Minimum Pre-Sea Medical Investigations**

<b>Category</b>	<b>Investigations</b>
Physical Examination	Height, Weight, Blood Pressure
Vision Testing	Distance, Near & Colour, field of vision
Blood Tests	CBC, ESR, Blood Group, Random Blood Sugar, HBA1C Lipid Profile, Liver Function Test, Renal Function Test
Infectious Disease Screening	HIV 1&2, Hepatitis A, HBsAg, HCV, VDRL
Other Pathology	Urine Routine, Stool Routine or Widal Test for Food Handlers Only.
Investigations of Drugs of Abuse	Morphine (OPI), Barbiturates, Marijuana (THC/Cannabinoid) Cocaine, Amphetamines
Other Tests	Audiometry, Spirometry, Sonography Whole Abdomen, Chest X-Ray, ECG, Psychometry Evaluation (for Psychopathology), Cardiac Stress Test (New Entrants)
Vaccinations	As per guidelines or if required

#### **b) Mandatory Minimum Periodic (Coastal & International Waters) Medical Investigations**

<b>Category</b>	<b>Investigations</b>
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Physical Examination	Height, Weight, Blood Pressure
Vision Testing	Distance, Near & Colour, field of vision
Blood Tests	CBC, Random Blood Sugar, HBA1C SGPT, GGT, Sr. Creatinine, Sr. Cholesterol, HIV 1&2, Hepatitis B and VDRL.
Other Pathology	Urine Routine
Other Tests	Audiometry, ECG, Ultrasound (Abdomen and Pelvis), Chest X-Ray
Additional	Any other test if required by Medical Examiner / Shipping Company

c) Additional Mandatory Minimum Female Seafarers (Pre-Sea & Periodic) Medical Investigations

Category	Investigations
Pregnancy Screening	History of missed periods / Urine Pregnancy Test (Confirmatory test if required)

d) Mandatory Minimum Seafarers above 65 Years Medical Investigations

Category	Investigations
Physical Examination	Height, Weight, Blood Pressure
Vision Testing	Distance, Near & Colour, Fundoscopy by Ophthalmologist
Blood Tests	CBC; Fasting Blood Sugar; Post-Prandial Blood Sugar; HbA1c; Complete Lipid Profile (Total Cholesterol, Triglycerides, HDL, LDL, VLDL); Complete Liver Function Tests (Total, Direct and Indirect Bilirubin; Total Proteins, Albumin, Globulin, A/G Ratio; SGOT, SGPT, GGT); Renal Function Tests (Urea, Creatinine, Uric Acid); Serology – Hepatitis A, B, C; HIV

	I & II; VDRL; Serum PSA; Thyroid Profile – T3, T4, TSH
Other Pathology	Urine Routine
Cardiac Tests	Audiometry, TMT, 2D Echo
Additional	Any other test if required in consonance to STCW.

## **18. Vision Standards**

The minimum in-service eyesight standards for seafarers shall be as specified under Table A-I/9 of the STCW Code, annexed as Appendix C to these Rules.

## **19. Physical Ability Assessment**

The assessment of minimum entry-level and in-service physical ability of seafarers shall be as per the standards in Table B-I/9 of the STCW Code, annexed as Appendix E to these Rules.

## **20. Record Maintenance**

The Medical Examiner shall maintain electronic records of all medical examinations of seafarers. Such records shall:

- (1) Be made available for inspection/verification by the Directorate General of Maritime Administration/MMD personnel as and when required.
- (2) Be retained for a minimum period of three (3) years from the date of each examination.

## **21. Feedback Mechanism**

(1) The Director General shall establish and maintain a closed-loop feedback mechanism for the systematic collection, documentation, review and utilization of feedback relating to the implementation of these rules.

(2) The mechanism shall—

- (a) provide a structured process for receiving feedback from stakeholders, including seafarers, ship-owners, medical examiners, Port Health Officers and other concerned persons;
- (b) ensure that such feedback is duly recorded, acknowledged and assessed within a prescribed timeframe;
- (c) identify deficiencies or opportunities for improvement in the procedures and standards under these

rules; and

(d) provide for corrective or preventive actions, as may be necessary.

(3) The Director General shall periodically review the feedback received and the actions taken, and may issue directions or procedural amendments to ensure continual improvement in the implementation of these rules.

(4) The entire process of receipt, review, action and closure of feedback shall be documented to ensure traceability and accountability.

## **22. Arrangements for Medical Examination**

(1) Upon selection of a candidate for pre-sea training, the Director or Officer-in-Charge of the pre-sea training institute, after being satisfied as to the eligibility of the applicant, shall

(a) cause the particulars of the applicant, including full name, age, category, Continuous Discharge Certificate number, and passport number, to be duly recorded in a register maintained for that purpose

(b) fix the date, time, and place for the medical examination of the applicant.

(c) inform both the designated Medical Examiner and the applicant of the said schedule for medical examination.

(2) Upon selection of a master or seaman for engagement on board a ship, the owner or agent of the ship shall: -

(a) furnish to the designated Medical Examiner the particulars of the selected individual, including full name, age, category, Continuous Discharge Certificate number, passport number, and distinguishing mark(s) of identification.

(b) schedule the date, time, and place for the medical examination of such individual in accordance with the provisions of these Rules.

## **23. Appearance for medical Examination.**

Every master or seaman, as the case, may be referred to in rule 6 shall present himself before the medical examiner and produce his registration book and continuous discharge certificate, if held, at the appointed time and place for the medical examination and at such subsequent dates and times as he may be required by the medical examiner.

## **24. Conduct of medical examination.**

(1) Every individual presenting for a medical examination shall report to the designated medical examiner and shall be subjected to the minimum number of medical tests deemed necessary to assess fitness in accordance with the prescribed standards as prescribed under Appendix-A, Appendix –B, Appendix – C, Appendix – D, Appendix – E, Appendix F and Appendix G.. as applicable.

(2) Every individual appearing for medical examination shall complete the declaration in the examination report as set out in 'Annexure IV' and be subjected by the medical examiner to such tests as may be considered necessary for determining his physical fitness in accordance with the prescribed standards.

(3) The medical examiner while conducting the medical examination shall be guided by the guidelines set out under Appendix-A, Appendix –B, Appendix – C, Appendix – D, Appendix – E, Appendix F and Appendix G, as applicable.

(4) Female seafarers shall be examined preferably by duly approved female medical examiners, in accordance with applicable standards to ensure privacy and dignity. If examined by an approved male examiner, a female staff/nurse or the seafarer's female relative should be present during the examination.

(5) The identity of the person to be examined should be verified and relevant identification details, including the discharge book number, passport number, or any other official identity document, shall be recorded on the medical examination form.

(6) The medical examiner should determine if the purpose of the examination is for a seafaring career (Pre-Sea examination) or to determine if the person is fit to return to sea (Periodic examination) and conduct the examination accordingly.

- Pre-sea medical examinations: conducted before a person embarks upon a seafaring career; and

- Periodic medical examinations: conducted either before a seafarer report to a ship or at periodic intervals during the seafarer's career.

(7) The intended position of the examinee on board the ship, the physical and psychological demands of the work, the nature of the shipping operation (foreign, coastal, or harbor service), and the type of cargo (e.g., container ship, chemical tanker, etc.) shall be considered, as such factors may necessitate additional scrutiny or modified examination criteria.

(8) The examinee's prior medical records, if available, shall be reviewed. Additionally, a comprehensive medical history shall be obtained directly from the examinee through a structured questionnaire as set out in 'Annexure III' covering previous diseases and injuries. The examinee shall certify the accuracy of the provided information by signing the form.

(9) The medical examination shall include the recording of the examinee's height, weight, pulse rate, and blood pressure. The results of laboratory tests and minimum prescribed investigations shall be documented and reviewed.

(10) The examinee's hearing, eyesight, and color vision shall be assessed in accordance with the prescribed eyesight standards.

(11) The examinee's vaccination records shall be verified, and necessary immunizations shall be administered and recorded in the Certificate of Vaccination.

(12) The medical examination results shall be assessed in the context of the examinee's age, experience, intended duties, and type of shipping operations, to determine fitness for work.

(13) If the examinee is deemed fit, a medical certificate shall be issued, specifying any restrictions applicable to the type of work that may be undertaken.

(14) If the examinee is found temporarily unfit, they shall be informed of the reasons, and appropriate guidance shall be provided regarding the need for further tests, specialist evaluations, treatment, rehabilitation, or re-examination. The examinee shall also be informed of their right to appeal the decision and the procedure for filing an appeal.

(15) The examinee shall be provided with counselling on health-related lifestyle modifications, including alcohol consumption, smoking cessation, dietary habits, weight management, and the implementation of a zero-tolerance drug policy. The dangers of drug abuse, particularly in the maritime work environment, shall be emphasized to mitigate the risk of health-related incidents. Additionally, seafarers shall receive medical education on HIV/AIDS and other sexually transmitted infections (STIs), including methods of prevention. Printed health education materials shall be provided on topics including drug and alcohol abuse prevention, smoking cessation, diet, and HIV/AIDS awareness.

(16) The medical examination form shall be marked "CONFIDENTIAL" and retained for a minimum period of three (3) years at the health establishment that issued the medical certificate. The file shall be accessible solely for medical purposes related to the performance of duties or the provision of medical care.

(17) The examinee shall be provided with a copy of the medical examination form and advised to retain it for future reference during subsequent medical examinations or medical treatments. A card indicating the individual's blood type and other vital medical information may also be issued for emergency medical use.

(18) The serial number of the medical certificate shall be recorded, and the duly signed certificate shall be handed to the seafarer.

## **25. Vaccination Requirement of Seafarers**

(1) Seafarers shall carry an International Certificate of Vaccination documenting all administered vaccinations, including date, place, and type.

(2) Mandatory Yellow Fever Vaccination: Seafarers traveling to or from countries in Asia, Africa, or South America must possess a valid International Certificate of Vaccination against Yellow Fever, in accordance with World Health Organization (WHO) guidelines.

(3) Recommended Voluntary Vaccinations: The following immunizations are recommended for seafarers and shall be provided upon request:

- a) Hepatitis A
- b) Hepatitis B
- c) Tetanus (Booster every 8-10 years)
- d) Poliomyelitis ( ) (a single lifetime IPV booster )
- e) Chicken Pox

(4) The scheduling of vaccinations shall take into consideration the seafarer's availability before embarkation to ensure completion of the prescribed immunization courses.

## **26. Financial Responsibility for Medical Examinations and Vaccinations**

The cost of periodic medical examinations including pre-sign-on and post-sign-off medical assessments, as well as vaccinations where applicable for employment purposes shall be borne by the respective shipping company.

## **27. Medical Assessment of applicants identifying as Transgender Person**

(1) A transgender applicant's medical fitness shall be assessed on a 'case to case' basis.

(2) Candidates has to declare regarding his/her gender as per certificate of identity as transgender issued by the District Magistrate prescribed in the Transgender Person (Protection of Rights) Act, 2019.

(3) The candidate has to declare any history of sex reassignment surgery along with details of hormone Replacement Therapy (HRT).

(4) The transgender applicants undertaking medical examination will register with the gender as per their 'Certificate of Identity' issued by the Government of India (Male, Female or Transgender).

(5) The Director General medical examiners undertaking these initial medical examinations will obtain a detailed medical report from their treating specialists (endocrinologist or reconstructive surgeon) assisting the applicant in gender reappropriation/re-assignment (if any) to complete the examination report. However, they will not issue a 'fit' medical certificate and will declare them "Temporary Unfit" for a detailed evaluation at an appropriate centre and will then forward the application to Director General.

(6) Medical Examiner at Director General will issue a "Temporary Fitness" letter and recommend further review at the earliest.

(7) The applicant will be evaluated in accordance with the following broad guidelines: -

- a) Those transgender applicants who have been taking hormone therapy or had a gender reassignment surgery within the past five years will be screened for their mental health status. The recommended checklist is placed as Appendix – B to these rules.
- b) The applicant shall submit a detailed report from the treating endocrinologist containing the details of hormone therapy the applicant has been taking: including its duration, dosage, and frequency record of changes in therapy, hormone assay reports and any documented side effects.
- c) If the applicant is on Hormone Replacement Therapy, as with any medication, on commencement of hormone therapy or any change in the drug or adjustment of its dose, the applicant will be declared medically 'Unfit' for at least three months. This duration can vary depending upon the risks of side-effects that might affect safe exercise of the privileges of the medical assessment.
- d) Applicants who undergo surgical procedures for gender reassignment shall be declared medically 'Unfit' for a minimum period of three months following the procedure or until they have achieved complete clinical recovery. Medical fitness shall be restored only if there is no impairment of the applicant's functional ability and no significant risk of incapacitation related to the surgical procedure.
- e) The marine medical disposition of the applicants who satisfy the conditions listed above are provided in Appendix – B hereunder.

## **28. Records of medical examination.**

- (1) The Medical Examiner shall maintain records of all medical examinations conducted along with copies of certificate of physical fitness issued for the period specified by the Director General (3 Years).
- (2) The records shall also be maintained in electronic format.
- (3) The records shall be available for inspection or verification whenever required by surveyors of the Mercantile Marine Department and the Directorate General of Maritime Administration.
- (4) The Medical Examiner shall ensure that all medical examination records, including enclosures and certificates, are duly uploaded to Director General's website, in accordance with the prescribed guidelines and timelines.

## **29. Certificate of Physical Fitness**

- (1) Issuance of Certificate

(a) Upon completion of the medical examination conducted under these Rules, any person satisfying the prescribed standards of physical and mental fitness shall be issued a Medical Certificate of Fitness by Director General approved Medical Examiner.

(b) In the case of pre-sea or periodic medical examinations, the certificate shall be issued in the format specified in Annexure VII.

## **(2) Temporary Unfitness**

(a) If a master or seaman fails to satisfy the prescribed standards due to any temporary defect, illness, or condition which, in the opinion of the Medical Examiner, is likely to be remedied after treatment, the Medical Examiner shall issue a certificate with the remarks “Temporarily Unfit”.

(b) Such certificate shall include:

(i) The specific reasons for the temporary unfitness; and

(ii) Instructions that the individual shall undergo re-examination upon recovery or resolution of the temporary condition.

## **(3) Permanent Unfitness**

(a) If a master or seaman is found to have a disease, physical defect, or condition which, in the opinion of the Medical Examiner, permanently renders the individual unfit for sea service, the Medical Examiner shall issue a certificate with the remarks “Permanently Unfit”.

(b) Such certificate shall clearly indicate the grounds for permanent unfitness.

## **30. Validity of certificate of physical fitness.**

(1) A certificate of the physical fitness issued by the medical examiner shall remain valid till such time the master or seaman is found Temporary / Permanently Unfit in any subsequent medical examination.

(2) A Master or seamen, as the case may be, who has been signed off as sick or repatriated from ship prematurely on medical grounds, shall after treatment / recovery undergo full medical examination prior joining next ship.

## **CHAPTER - V – Appellate, Regulatory, and Administrative Provisions**

### **31. Appointment of the Appellate Authority.**

(1) The Central Government may, by order in writing, constitute an Appellate Authority comprising of not less than three specialists in any branch of Medical Science.



(2) The panel of specialists constituting appellate authority shall be drawn by the Central Government in consultation with the representative organizations of shipowners and seafarers. No Person in the employment of any owner or agent of a ship or of representative organizations of shipowners or of seafarers shall be empaneled in constituting such appellate authority.

### **32. Appeal against the decision of the medical examiner.**

(1) A seafarer may, within a period of Sixty days from the date on which he is declared unfit by the medical examiner, appeal against such decision to the appellate authority through the Director, Shipping Office. Provided that an appeal may be admitted after the expiry of the period of sixty days if the appellant satisfies the appellate authority that he had sufficient cause for not making such appeal within the prescribed period.

(2) Every appeal made under this rule shall be accompanied by a copy of the order appealed against.

(3) On receipt of the appeal Director, Shipping Office shall refer it to the appellate authority immediately and if ordered inform the seaman of the date, time and place of his examination by the appellate authority.

(4) The appellate authority, before disposing of an appeal, shall give a reasonable opportunity of being heard to the appellant.

(5) An appeal shall be disposed of as expeditiously as possible but within a period of sixty days from the date of filing of the appeal.

(6) The appellate authority may confirm, modify or reverse the order, appealed against.

(7) The decision of the appellate authority shall be binding on the seaman as well as owner or agent of the ship.

### **33. Suspension or cancellation of approval as Medical Examiner**

(1) The approval of a Medical Examiner under rule 4 may be suspended or cancelled in case of serious lapse, misconduct, unethical conduct or non- professional conduct in contravention of the provisions of the Act or the rules made thereunder including that of Merchant Shipping Notices or Orders of the Directorate issued from time to time:

(2) Provided that in case of procedural lapse, a cautionary note may be issued to the Medical Examiner:

(3) The Medical Examiner aggrieved by the decision of suspension or cancellation may appeal against the decision within fifteen days from the date of passing such order of suspension or cancellation to the Director General.

(4) The decision of the Director General shall be final and binding on all parties concerned.

(5) No order shall be passed under this rule, unless a reasonable opportunity of being heard is provided to the Medical Examiner.

#### **34. Audit and Inspections**

(1) Director General, or any authority duly authorized by the Central Government, shall have the power to Audit the Doctors and Facilities. The Audit will be as per the Checklist provided in Annexure V.

(2) Doctors who fail to comply with the requirements outlined in the Checklist may be subject to disciplinary action, which may include a warning, suspension, or permanent revocation of their Approval, depending on the severity of the violation

#### **35. Power to Issue Directions and Guidelines**

(1) Director General, or any authority duly authorized by the Central Government, shall have the power to issue directions, circulars, advisories, or guidelines from time to time for the proper implementation, interpretation, and enforcement of these rules. Such directions and guidelines shall be binding on all Medical Examiners, training institutes, laboratories, and other stakeholders engaged in medical examinations under these rules.

(2) The authority may prescribe additional standards, procedural modifications, documentation requirements, or compliance mechanisms as deemed necessary to uphold the objectives of these rules and to ensure alignment with national and international medical and maritime standards.

#### **36. Power to Exempt and Dispense**

(1) Director General or any authority duly authorized by the Central Government, may, in exceptional circumstances, for reasons to be recorded in writing, exempt or dispense with any specific requirement under these rules, either wholly or in part, subject to such conditions as it may deem fit.

(2) Such exemptions may be granted in cases of force majeure, exigencies of service, technological advancements, medical innovations, or any other reasonable ground that justifies deviation from prescribed procedures, provided that such exemptions do not compromise the health, safety, or well-being of seafarers. Any exemption granted under this provision shall be duly recorded and periodically reviewed to ensure continued compliance with overarching regulatory frameworks.

**Part – II**  
**Medicines, Medical Stores and Appliances**

**37. Scale of Medicines, Medical Stores and Appliances.** — (1) Every ship shall carry medicines, medical stores and appliances (hereinafter referred to as “medicines, etc.”) as specified in the Annexure VIII to these rules.

(2) The tables in the Annexure VIII specify—

(i) Medicines in Part I;

(ii) Medical stores and appliances in Part II;

(iii) Publications in Part III;

(iv) Instruments in Part IV;

(v) Bandages, dressings and allied items in Part V; and

(vi) Disinfectants in Part VI.

(3) Every cargo ship on foreign-going voyages and every passenger ship shall carry the scale of medicines, etc., prescribed in sub-column (a) of column (2) of the Annexure VIII. Where the total number of persons on board exceeds forty, one additional set of each item listed in sub-column (b) of column (2) shall be carried for every additional forty persons or part thereof.

(4) Where a ship is required to carry a Medical Officer, the scale of medicines, etc., shall be sufficient for ninety-nine persons, and the Medical Officer shall determine the additional medicines to be carried, taking into account the duration of the voyage and the area of operation, subject to the approval of the Port Health Officer at the port of departure.

(5) Every cargo ship on home-trade voyages exceeding ninety-six hours shall carry the scale of medicines, etc., specified in column (3) of the Annexure VIII.

(6) Every cargo ship on home-trade voyages of ninety-six hours or less shall carry the scale of medicines, etc., specified in column (4) of the Annexure VIII.

(7) All ships shall additionally carry the medicines, etc., prescribed under column (5) of the Annexure VIII, which shall be kept in a doctor’s attaché case. The case shall remain locked, and the key shall be kept in the custody of the person authorised by the Master. Medicines in this attaché case shall be used only by a qualified medical practitioner. The medicines specified in column (5) shall be in addition to those prescribed under columns (2) to (4).

(8) (a) Medicines recommended to be used only under the instructions of a qualified medical practitioner through Radio Medical Advice shall be administered strictly in accordance with such instructions.

(b) Adequate precautions shall be taken to ensure that medicines intended for use exclusively by qualified medical practitioners do not fall into the hands of unqualified persons.

**38. Scale of Medicines for Special Ships.** —(1) Every cargo ship carrying chemicals wholly or in part, or the residues of earlier chemical cargoes in quantities exceeding those defined in Volume 1 of the IMDG Code, shall carry the medicines specified in the Emergency Schedules (EMS) reproduced in the Annexure IX. These shall be in addition to those specified in Annexure VIII and shall be stored separately.

(2) The recommended quantities of medicines in the Annexure IX are generally sufficient, as per instructions in the Medical First Aid Guide (MFAG), to treat—

(i) Inhalation cases:

(a) a crew complement of about 24 persons in a major emergency (such as an explosion) for up to 24 hours;

(b) a few persons in a minor emergency until the ship reaches the next port or receives external assistance;

(ii) Ingestion or eye-contact cases: one or two persons until landed or cured;

(iii) Skin-contact cases (leakage or spillage): four persons until landed or cured.

(3) Where the total number of persons on board exceeds twenty-four but does not exceed fifty, the scale of medicines in the Annexure IX shall be increased by a factor of 1.5. Where the number exceeds fifty, the scale shall be increased by a factor of 2.0.

**39. Standards of Medicines.** — (1) All medicines, medical stores and appliances shall conform to the specifications laid down in the current edition of the Official Pharmacopoeias applicable in each case.

(2) All tablets and capsules shall, as far as possible, be packed in proper moisture-resistant packaging to avoid deterioration under humid conditions prevalent at sea.

**40. Labels.** —(1) All labels on containers or wrappings shall be rendered moisture-resistant by using an effective label varnish or other suitable means.

(2) Every label shall indicate—

(a) the generic name of the preparation as given in the Official Pharmacopoeia, in English;

(b) the prescribed dose (maximum and minimum), strength, batch number, date of manufacture, date of expiry and the name and address of the manufacturer;

(c) in the case of articles meant for external use only, a label bearing the words “FOR EXTERNAL USE ONLY”.

**41. Poisons and Controlled Substances. —**

(1) Every medicine classified as a “Poison” or “Controlled Substance” shall be clearly marked in capital letters, either in red lettering or on a red background.

(2) All such medicines shall be kept under lock and key in a separate cabinet or chest, and the key shall remain in the custody of the officer authorised by the Master.

**42. Record Book. —**(1) The Master shall maintain an up-to-date record of all medicines, medical stores and appliances available on board. The stock and records shall be made available for inspection by the Port Health Officer at any time.

(2) The medicines, medical stores and appliances on board, together with the records, shall be inspected at least once every twelve months by the Port Health Officer, who shall thereafter issue a certificate in the format prescribed in the Annexure X.

(3) Where a ship is not likely to return to an Indian port within twelve months of the last inspection, the Master shall procure sufficient medicines, certify compliance with the rules and record the details in a separate register.

(4) A separate register shall be maintained for poisons and controlled substances.

**43. Substitutes. —**

Where any particular medicine or medical store listed in the Annexures VIII and IX is not available, a substance having a closely similar pharmacological action, or a preparation complying with the standards of the Official Pharmacopoeia, may be substituted with the prior sanction of the Port Health Officer.

**44. Publications. —**

The Master shall be guided, in the use of medicines, medical stores and appliances, by the latest edition of the publications listed in Part III of the Annexure VIII.

**45. Special Precautions in Endemic or Epidemic Areas. —**

The Master of every ship entering an endemic or epidemic area shall carry adequate preventive and curative medicines as advised by the Port Health Officer at the port of departure.

**46. Disposal. —**

(1) Intact sterile disposable packages shall be replaced when considered unusable by the Port Health Officer or upon the expiry date, whichever is earlier.

(2) Medicines, medical stores and appliances shall be replaced as advised by the Port Health Officer.

**47. Replacement of Medicines.** —(1) All medicines consumed during a voyage shall be replaced at the next major port of call.

(2) Only those medicines having a remaining shelf life of at least one year from the date of purchase shall be used for replacement.

**48. Storage.** —(1) All medicines shall be stored in proper lockers or medicine chests to prevent displacement at sea.

(2) Each category of medicine—such as injections, ointments, tablets, syrups—shall be stored on separate shelves.

(3) Medicines shall be properly labelled with generic name, dosage, strength, date of manufacture and date of expiry. They shall be arranged to facilitate easy identification.

(4) The principle of First-In, First-Out (FIFO) shall be strictly followed.

**49. Reactions.** — (1) Before administering any drug, the individual shall be verbally ascertained for known drug sensitivities. If any adverse reaction occurs, administration of the medicine shall be stopped immediately.

(2) Where multiple persons experience adverse effects from the same medicine, the entire batch shall be sealed and reported to the Port Health Officer at the next port, along with samples and details of the reaction. The remaining stock shall be used only if permitted by the Port Health Officer.

**50. Carriage of Additional Persons or Supernumeraries.** —Where supernumeraries are carried on board, the Master shall ensure that any special medicines required for such persons (including family members) are procured in consultation with the Port Health Officer.

**51. Special Precautions Regarding Infectious Diseases.**

**A. General Infectious Diseases**

Where any infectious disease is detected on board, the Master shall—

- (a) provide appropriate treatment to the patient;
- (b) isolate the patient;
- (c) take measures to prevent the spread of infection;
- (d) monitor contacts for symptoms;
- (e) ensure sanitary disposal of excreta in cases such as cholera; and
- (f) report the case to the Port Health Officer at the next port of call.

## **B. HIV/AIDS**

If a case of HIV/AIDS is detected— (1) the patient shall be kept under close surveillance, particularly regarding behaviours involving bodily fluid exposure;

(2) all syringes and needles shall be discarded after boiling for twenty minutes;

(3) persons handling the patient shall use proper personal protective equipment, including gloves, and ensure aseptic disposal of infected materials and body fluids;

(4) the case shall be reported to the Port Health Officer at the next port of call.

**52. Exemptions.** — (1) The Port Health Officer at any major port may, by written order and subject to such conditions as he may impose and for reasons recorded in writing, exempt any ship from carrying any particular item required under these rules.

(2) The exemption order shall be issued in the form set out in the Annexure XI.

**Part – III –  
Carriage of Medical Officers**

**53. Application. —**

These rules shall apply to all foreign-going ships registered under the Merchant Shipping Act, 2025 (24 of 2025), other than passenger ships and pilgrim ships expressly excluded under the Act.

**54. Carriage of Medical Officer. —**

Every foreign-going ship carrying more than one hundred persons, including crew, shall carry on board, as part of its complement, a Medical Officer possessing the qualifications specified in rule 55.

**55. Qualifications and Licensing of Medical Officer. —**

(1) Every Medical Officer required to be carried under rule 54 shall—

- (a) possess a degree in medicine and surgery from a recognised University; and
- (b) be duly enrolled as a medical practitioner on the register of the Medical Council of a State or Union territory.

(2) Every such Medical Officer shall also hold a valid licence issued by the Health Officer of the port of registry or the port to which the ship belongs, in the form prescribed in the Annexure XII appended to these rules.

(3) Every licence issued under sub-rule (2) shall remain valid for a period of two years:

Provided that, where the licence expires while the ship on which the Medical Officer is serving is at sea and beyond the territorial jurisdiction of India, such licence shall be deemed to remain in force until the ship returns to an Indian port.



## **Annexure – I**

### **COURSE FRAMEWORK**

#### **1) Scope:**

- a) The course, called the FAMILIARISATION COURSE FOR MEDICAL EXAMINER OF SEAFARERS is intended for Medical Practitioners seeking approval as Medical Examiner of Seafarers. It comprises a training program regarding seafarers living and working condition on board Merchant Ships, including types of Merchant ships, varying environments in which ships operate and their associated hazards, typical injuries and diseases affecting seafarers, applicable National and International Medical regulations, and responding to shipboard medical emergencies.
- b) The course, called the REFRESHER COURSE FOR MEDICAL EXAMINER OF SEAFARERS is intended for Medical Examiner seeking renewal of approval as Medical Examiner of Seafarers. The Refresher Course comprises the course outline from Sr. No. 7 to Sr. No.10 of the course outline of the familiarization course for Medical Examiner of Seafarers. No assessment is required for the Refresher Course.

#### **2) Entry Standards:**

This course is open to Registered Medical Practitioners having minimum qualification of MBBS or equivalent seeking approval as Medical Examiner of Seafarers and existing approved Medical Examiners and subject to other requirements as mentioned in clause 2 sub clause (c) and clause 4 of the Merchant Shipping (Medical Examination) Rules, 2026

#### **3) Course Duration:**

[The course may also be conducted on Sunday, if required]

5 days (08 Hours each day) for Familiarisation course

1 day (08 Hours) for Refresher Course

#### **4) Intake Capacity:**

16 Candidates

#### **5) Course Faculty:**

The course will be conducted by faculty with Certificate of Competency as Master (FG) [to impart information on topics marked (X) in course outline] and approved Medical Examiner of Seafarers (MBBS) with at-least 5 years' experience as DIRECTOR GENERAL approved Medical Examiner of seafarers [to impart information on topics marked (Y) in course outline]

#### **6) Assessment:**

The training Institute will carry out continuous assessment by way of work book and final assessment after completion of the course.

The refresher course will not require assessment.

**7) Course Certificate:**

On successful completion of the course, the participant will be issued a Certificate, by the training Institute, stating that the participant has completed the course. For completion of this course, 100% attendance is required.

**8) Non-refundable processing fee for approval of Course payable by the DIRECTOR**

**GENERAL approved Maritime Training Institute:**

Rs. 25,000/- (Rupees Twenty-Five Thousand Only)

**9) Fees to Government:**

As per Directorate General of Maritime Administration Circular (Training Branch) No. 09 of 2013

**10) Course Outline:**

Sr. No.	Subject	Time (hours)	Type of Session	Responsibility
1.	Types of Merchant Ships a.Trade and Cargoes b. Area of operation and zones c.Different flags state regulations	2	IA Lecture with Presentation	X
2.	The different environments in which the ship operates a.International voyages, within Port limits, in Coastal waters, in Shipyard/Dry-dock, within Inland Waters, River-Sea etc., b. Climate and weather c.Sea states & Visibility	2	IA Lecture with Presentation	X
3.	The organization structure of shipping a.Organization ashore b. Organization on Board	2	IA Lecture with Presentation	X
4.	The job description of different seafarers a.Nautical Discipline (with special emphasis on eye sight requirement for Watch-keeping Officials) b. Engineering Discipline c.Catering Discipline	2	IA Lecture with Presentation	X
5.	a.Typical injuries and disease faced by seafarers. b. Risks and Hazards of Pre-existing medical condition.	2	With Videos and Case study	X/Y
6.	a.Control systems on board to prevent loss or injury b. STCW Safety Training and on-board Familiarization c.Training of Shipboard officers (EFA/ MFA/ MEDICARE)	2	With Videos and Case study	X/Y

7.	<ul style="list-style-type: none"> <li>• Applicable Indian &amp; International regulations and expected future regulations.</li> <li>• Merchant Shipping (Medical Examination) Rules, 2000 as amended.</li> <li>• M.S. Notice concerning medical examination and Sight test</li> <li>• MLC 2006 requirements on medical certificate</li> <li>• STCW 78 as amended in 1995 and 2010 requirements on Medical Standards.</li> <li>• International Medical Guide by World Health Organization [WHO] latest edition</li> <li>• Ships Captain's Medical Guide</li> <li>• Any other aspect that will be useful for the Medical Examiner in deciding medical fitness of seafarers depending on area of operation of the ship (Drug &amp; Alcohol policy, etc.,)</li> </ul>	8	IA Lecture with Presentation	X/Y
8.	<p>Type of Medical Examination</p> <ul style="list-style-type: none"> <li>• Pre-sea medical examination</li> <li>• Periodic medical examination</li> <li>• Vaccination requirement for seafarers</li> <li>• Post-Employment Medical ashore, where applicable</li> <li>• Declaring a seafarer permanently / temporarily unfit for sea service in view of its impact on the entire family of the seafarer</li> <li>• Appeal procedures under the M.S. (Medical Examination) Rules, 2000 certificate.</li> <li>• STCW 78 as amended in 1995 and 2010 requirements on Medical Standards.</li> <li>• International Medical Guide by World Health Organization [WHO] latest edition</li> <li>• Ships Captain's Medical Guide</li> <li>• Any other aspect that will be useful for the</li> </ul>		IA Lecture with Presentation	Y

	Medical Examiner in deciding medical fitness of seafarers depending on area of operation of the ship (Drug & Alcohol policy, etc.,)			
9.	a.Medicines and medical equipment available on-board ships as per Indian Rules as well as the International Standards (Medical chest on Board) b. Merchant shipping (Medicine, Medical stores and appliances) Rules 1994 on different types of ships	2		Y
10	Responding to shipboard medical emergency and radio medical requests (RMA)	1	Case study	Y
11	Practical: Visit to Ship	8	1 Day	X
12	Assessment and feedback	1		Y
<b>Total</b>		<b>32.0</b>		

**Annexure – II**

**FAMILIARISATION / REFRESHER COURSE CERTIFICATE FOR MEDICAL EXAMINER OF SEAFARERS**

**[NAME AND ADDRESS OF THE INSTITUTE]**

*(DIRECTOR GENERAL Approved Maritime Training Institute)*

**CERTIFICATE NO.:** \_\_\_\_\_

**CERTIFICATE OF COMPLETION**

**FAMILIARISATION / REFRESHER COURSE FOR MEDICAL EXAMINER OF SEAFARERS**

This is to certify that Dr. \_\_\_\_\_ date of birth \_\_\_\_\_ holder of Medical Registration No. \_\_\_\_\_ Issued by \_\_\_\_\_ has successfully completed the FAMILIARISATION / REFRESHER COURSE FOR MEDICAL EXAMINER OF SEAFARERS\*\* conducted by this Institute in accordance with Merchant Shipping (Medical Examination) Rules, 2026, dated \_\_\_\_\_ issued by the Directorate General of Maritime Administration, Government of India.

**Date of Course:** \_\_\_\_\_

**Place of Course:** \_\_\_\_\_

*Signature of Candidate*

*Principal*

*Course Officer*

**Issued on this \_\_\_\_\_ day of \_\_\_\_\_**

**Annexure – III**

**PARTICULARS OF MEDICAL EXAMINER OF SEAFARERS**

Sr. No.	Requirement	Compliance	Remarks
<b>A. Details of Medical Examiner</b>			
1.	Name of Medical Practitioner		
2.	Qualification of Medical Practitioner (Minimum Qualification MBBS or equivalent)		Copy of Medical qualification certificates to be attached
3.	Age (Age should not exceed 70 years)		To be verified from any appropriate document such as birth certificate/ passport/ school certificate, etc. (Copy of document to be attached)
4.	a. Registration with Medical Council		Copy of Medical Council registration certificate to be Attached
	b. Renewal of Registration with Medical Council	Renewal valid _____ till _____	Copy of renewal document to be attached
5.	Familiarization course for Medical Examiner of Seafarers		Copy of course certificate to be attached
6.	Address for correspondence		
	Telephone no		
	Mobile no		
	e-mail id		
	Fax no (if applicable)		
7.	Specimen signature of Medical Examiner		

**Declaration by Medical Practitioner:**

I, Dr. \_\_\_\_\_, hereby declare that all the information furnished is true and complete to the best of my knowledge and belief and nothing has been concealed or misrepresented.

**I undertake:**

1. To comply with the requirements stipulated in M.S. (Medical Examination) Rules, 2025, M.S. Notices and Guidelines issued by Directorate General of Maritime Administration from time to time with

regard to conduct of the Medical Examination of Seafarers.

2. To dispose of bio-medical waste with the approval of the Appropriate Authority as per the applicable environmental Rules.
3. To carry out pathological tests and other medical investigation of Seafarers only from medical laboratories/facilities having approval of the Appropriate Health Authority of the State.
4. To always maintain all the required publication.

I am aware that it is an offense under the Indian Civil & Criminal Law to furnish any false information, or to suppress any material information. I am also aware that in the event of false information having been submitted by me or, in case of non-compliance with the Rules & Regulations, my approval as Medical Examiner of Seafarers is liable to be cancelled immediately and any other action under the applicable statute could be initiated against me.

Signature of Medical Examiner

\*\*\*\*\*

**Annexure – IV**  
(To be kept in Clinic/Hospital)

Examinee's Declaration

Name: \_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Date of Birth: \_\_\_\_\_ Male/Female \_\_\_\_\_

Home Address:

Method of confirmation of identity, e.g. Passport No./CDC No, INDOS etc.: \_\_\_\_\_

Department (deck/engine/radio/food handling/other):

Type of Ship (Container/Tanker/Passenger/Other):

Company Name:

Office Address:

Have you ever had any of the following conditions?



Yes/No

1. Headache severe (one side) (Migraine)
2. Head injury/concussion
3. Eye/Vision problem (Contact Lenses/Glasses)
4. High/Low Blood Pressure
5. Ears/Nose/Throat Problems
6. Hearing Impairment
7. Asthma/Bronchitis/Sinusitis
8. Dizziness/ Fainting (loss of consciousness)
9. Epilepsy Seizures
10. Heart Condition (Angina)
11. Rheumatic Fever
12. Hay Fever/Allergies
13. Skin Problems
14. Infections/Contagious Disease
15. Stomach/Bowel Disorders
16. Blood Disorders
17. Jaundice/Liver Problem
18. Diabetics
19. Thyroid Problem
20. Kidney Problem/Stone in Bladder
21. Hernia/Urinary Disorder
22. Genito/Urinary Disorder
23. Pregnancy/Female Disorders
24. Sleep Problems
25. Nervous/Mental Illness
26. Loss of Memory
27. Psychiatric Problems
28. Depression
29. Varicose Veins/Piles
30. Back Injury/Problem/Slip Disc
31. Fractures/Dislocations
32. Restricted Mobility (any part)
33. Amputation (any)
34. Smoking/Tobacco Quantity (intake)
35. Alcohol Intake Quantity
36. Are you suffering from any malignancy?

37. Have you ever been signed off as sick or repatriated from ship prematurely?
38. Have you ever been hospitalised (anywhere)?
39. Have you ever been declared unfit for sea service?
40. Has your medical certificate ever been restricted or revoked?
41. Are you aware that you have any medical problem, disease or illness?
42. Are you allergic to any medication?
43. Are you taking any non-prescription medication? If yes, please elaborate the dosage and purpose with details.

**\* If you answered 'Yes' to any of the above questions, please elaborate in detail - when and where treatment followed? Duration? Particulars of Doctor who treated. (For additional space use extra sheet.**

44. Do you feel healthy and fit to perform the duties of your designated position/occupation?
45. I hereby give my consent for HIV testing
46. Identification Mark
47. I hereby give my consent to carry out Urinary Pregnancy Test

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

Full Name (Block Letter) Signature

Date: Place: Time:

I hereby authorize the release of all my previous medical records from any health professional, health institution and public authorities who may have dealt with my case to Dr. \_\_\_\_\_ (the approved Medical Examiner of the Company).

Full Name (Block Letter)

Signature

Date: Place:

Time:

## Annexure – V

### CLINIC / HOSPITAL CHECKLIST

Name of Clinic:			
Address of the Clinic:			
Name of Doctor (Director):		Registration No.	
Qualification:		DIRECTOR GENERAL Approval No. and validity:	No:
			Date:
Mobile No:		Office Tel. No:	
Date of Birth of Doctor:		Email ID:	

#### **Checklist - General:**

No	Questionnaire	YES / NO	Remarks
1	Is the clinic following hygiene and cleanliness protocol?		
2	Area of the Clinic (sqft)		
3	Capacity of Waiting rooms		
4	Number of Examination rooms		
5	Number of Washrooms		
6	Number of in-house Doctors		

#### **Checklist - Medical:**

No	Questionnaire	YES / NO	Remarks
1	Establishment certificate of Medical Clinic to conduct medical Test from local govt. (Shops & Establishment etc)		
2	Is Medical Examination carried out in compliance with MLC 2006 & ISM/STCW 2010, code 1/9 and Guidelines on the Medical Examination of Seafarers” ILO/IMO/JMS/2011/12.		
3	Is Medical Clinic in possession of following publications ( <i>Soft copies of publications are acceptable</i> ) <ol style="list-style-type: none"> <li>1. International Health Regulations 2005, as amended</li> <li>2. Merchant Shipping (Medical Examination) Rules 2000, as amended and all applicable M.S. Notices, Orders, Instructions etc. of the Directorate.</li> <li>3. Merchant Shipping (medicines, Medical Stores and Appliances) Rules 1994, as amended</li> <li>4. International Medical Guide for Ships (3<sup>rd</sup> Edition) including addendum</li> </ol>		

No	Questionnaire	YES / NO	Remarks
	5. Guidelines on the Medical Examination of Seafarers, as amended (ILO/IMO Sectoral Activities Programme)		
4	Do the Doctor issuing PEME certificate in the clinic have their name listed in DG Shipping approved list??		
5	Are records of medical examination of seafarers maintained at the doctor's clinic? ( <i>As per DIRECTOR GENERAL rules, medical examination records to be retained for 3 years from the date of medical examination in electronic format</i> )	Yes	
6	Is there a backup procedure in case doctor proceeds on leave?	Yes	
7	How many seafarers have been examined by the Clinic in the last 6 months?		
8	How many cases from the above were declared Temporarily Unfit for sea service?		
9	How many cases from the above were declared Permanently Unfit for sea service?		

**Checklist for Clinic's Equipment & Infrastructure Inspection:**

	Questionnaire	YES / NO	Remarks
1	Does clinic have a separate in-house facility to collect Blood & Urine samples.		
2	Does the Clinic have ISO Certification like ISO 9001:2015		
3	Does Clinic have a Laboratory. If Yes, then is the lab NABL/NABH accredited or follow guidelines laid down by NABL/NABH (As per Medical Examination Rules 2025- Rule 5, Subrule V) If No, then does the Clinic have a tie up with NABL/NABH accredited lab?		
4	If Clinic has its own lab, then does it follow internal quality standards and maintain contractual arrangements for monthly accredited External Quality Assurance Services (EQAS Program) and external cross-checks. (As per Medical Examination Rules 2025- Rule 5, Sub rule V)		
5	Does the clinic have the below Equipment: 1. BP Apparatus 2. Eye Test Equipment for Near, Distant and Colour Vision 3. Height Scale 4. Weighing Scale 5. Audiometry Machine 6. ECG Machine 7. X-Ray Machine 8. Sonography Machine (Not Mandatory) 9. TMT Machine (Not Mandatory) 10. Spirometry Machine (Not Mandatory) 11. Bio-Chemistry Machine (for self-Owned Lab) 12. Haematology Machine (for self-Owned Lab) 13. HIV (for self-Owned Lab)		

	Questionnaire	YES / NO	Remarks
	14. Urine Analyzer (for self-Owned Lab)		
6	Records of daily calibration done by clinic of Bio-Chemistry machine, Haematology Machine. Please provide Monthly Surveillance report by external agency.		
7	Has calibration of below equipment's been carried out or is it being maintained by OEM? 1. Weighing Scale 2. ECG Machine 3. Audiometry Machine		
8	Does Clinic have approval from AERB for Conducting X-Ray Test in the clinic?		
9	Is Doctor monitoring Radiation hazards of staff operating X-Ray machine?		
10	Bio waste Management Certificate		
11	Does Clinic have PCPNDT Certificate to operate a Sonography Machine (If machine is installed in clinic)		
12	Is TMT room equipped for in case of medical emergency (Medicines, Defibrillators & Oxygen Cylinder) (If machine is installed in clinic)		
13	Does the clinic have an emergency evacuation plan?		
14	Does the clinic have Fire Exit signs and Fire Extinguishers?		

## Annexure VI

### SUGGESTED FORMAT REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER

*As per Merchant Shipping (Medical Examination) Rules 2025, STCW Convention 1978 (Code 1/9), ILO 147 & MLC 2006 as amended*

REPORT OF MEDICAL EXAMINATION OF SEAFARER BY AN APPROVED MEDICAL EXAMINER											
As per Merchant Shipping (Medical Examination) Rules 2025, STCW conv 1978 (code 1/9), ILO 147 & MLC 2006 as amended											
Clinic/ Hospital Name, Logo & Details											
Name: _____ Sex: _____ Serial No. : _____											
Date of Birth: _____ PP/CDC No.: _____ Rank: _____											
Vessel: _____ Type: _____ Route: _____											
Home Address: _____											
Company Name & Address: _____											
<b>Medical History: Please answer the following to the best of your knowledge</b>											
Is there any past/present history of any of the following?											
Candidates				Examiners				Is there any past/present history of any of the following?			
Yes No				Yes No				Yes No			
Severe one-side headaches (Migrane)				✓				Hernia / Hydrocoele / Appendicitis			
Head Injury / Concussion / Loss of Memory				✓				High/Low Blood Pressure / Heart Disease			
Fits / Epilepsy / Dizziness / Fainting				✓				Asthma / Bronchitis / Tuberculosis			
Eye / Vision / Problems (Glasses etc)				✓				Allergy / Skin Disease			
Hearing Impairment				✓				Infection / Contagious Disease			
Ear / Nose / Throat Problem				✓				Addiction to alcohol / drugs / tobacco			
Stomach / Bowel Disorders				✓				Fracture / Dislocation / Injury / Amputation			
Gall Stones / Kidney Disorders				✓				Major / Minor Operation			
Jaundice / Liver Disease				✓				Diabetes			
Piles / Varicose veins				✓				Nervous / Mental disease / Sleep disorder			
Blood Disorder				✓				Malignant Disease (Cancer)			
Female Disorders				✓				Signed off on medical ground/Declared Unfit			
Notes: _____											
<b>Medical Examination:</b>											
Height cms		Weight Kgs		Chest Insp-Exp		Blood Pressure in mm of Hg		Pulse-beats/min		Resp. Rate/min	
Distant Vision		Uncorrected		Corrected		Field of Vision		Audiometry		KHz	
Right Eye		Normal		Abnormal		Right Ear		db		500 1000 2000 3000 4000 6000	
Left Eye		Normal		Abnormal		Left Ear		db			
Color Vision		Ishihara		✓ Normal		Abnormal		Hearing		Normal Voice	
		Other		Normal		Abnormal		Right Ear		Whispered Voice	
								Left Ear			
Systemic Examination		Normal		Abnormal		Notes				Normal	
Head & Neck		✓								Respiratory System	
Eyes		✓								Cardiovascular System	
Ear / Nose / Throat		✓								Per Abdomen	
Teeth / Oral Cavity		✓								Genito-urinary System	
Musculo-Skeletal System		✓								Others	
Nervous System		✓								Hernia / Hydrocoele	
Reflexes		✓								Varicose Veins	
Skin		✓								Fissure / Fistula / Piles	
<b>Investigations:</b>											
Blood		Result		Normal		Urine		Result		Additional Tests	
Hemoglobin		13-18 gm/dl		Color		Pale Yellow		Urine Routine			
Total WBC		4000-11000/cumm		Specific Gravity		pH		ACIDIC			
Neu %		Lymph % Eos % Ba % Mo %		Albumin		Sugar		Absent			
Malarial Parasite		Not Seen		Bile Salt		Bile Pigments		Absent			
ESR (after 1hr)		0 -15 mm/hr		Occult Blood		RBC Cells		Absent			
SGOT		0 - 37 IU/L		Pus Cells		Blood Group		-			
SGPT		0 - 43 IU/L		HbsAg		HIV 1 and 2		-			
GGT		0 - 49 IU/L		VDRL				-			
Sr. Cholesterol		145 - 250 mg/dl									
Sr.Triglycerides		25 - 160 mg/dl									
Blood Sugar (R)		70 - 170 mg/dl									
Drugs of Abuse		Not Detected									
X-Ray Chest		LUNGS, PLEURA AND HEART NAD									
ECG											
TMT											
USG											
<b>Result Of Medical Examination</b>											
On the basis of the examinee's history, clinical examination and diagnostic tests, I _____, hereby declare the examinee medically, FIT											
<b>Remarks / Recommendation: Fit for Sea Service</b>											
This Certificate is valid Till:											
Candidate Signature,				Official Stamp				Doctor's Signature			
Date: _____											



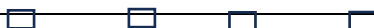
## Annexure VII

### Medical Certificate for Service at Sea

[Issued under the Authority of Directorate General of Maritime Administration, Govt. Of India under Rule 4 of M.S. (Medical Examination) Rules, 2026 as amended and meets both the requirements of the International Convention on Standards of Trainings, Certification and Watchkeeping for Seafarers, 1978, as amended (STCW Convention) and the Maritime Labour Convention, 2006]

Certificate No: \_\_\_\_\_

Seafarer's Name :(Last, first, middle)				Photo
Number of: CDC/Passport/other valid identification document				
Capacity that the seafarer will serve onboard: Deck    Engine    ETO    Saloon				



Date of Birth: ( <i>Day/month/year</i> )	Nationality:	Gender: Male/Female*

Declaration of the recognized medical practitioner:

**Yes**

1	Identification documents were checked at the point of examination?		
2	Hearing meets the standards in STCW Code Section A-I/9?		
3	Unaided hearing satisfactory?		
4	Visual acuity meets the standards in STCW Code Section A-I/9?		
5	Colour vision meets the standards in STCW Code Section A-I/9?		
Date of last colour vision test:			
6	Fit for look-out duty?		
7	Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or endanger the life of person onboard?		
8	No limitations or restrictions on fitness?		
If “ <b>no</b> ” specify limitations or restrictions:			
9	Date of examination: ( <i>day/month/year</i> ):		
10	Expiry of certificate: ( <i>day/month/year</i> ): ** <i>Maximum two years from date of examination unless the seafarer is under the age of 18</i>		

Medical Examiner Approval Number and Email ID	Medical Examiner Signature & Stamp	<p>I _____ (Seafarers name) have been informed of the content of the certificate and of the right to a review.</p> <p style="text-align: right;"><b>Seafarers Signature</b></p>

(\*If the period of validity of the medical certificate expires in the course of voyage, the medical certificate shall continue in force until the next port of call where an approved Medical Examiner is available and the seafarer can obtain a medical certificate, provided that period of such extension shall not exceed 3 months.)





# ANNEXURE VIII

(See rule 37)

## PART I

### MEDICINES FOR THE SHIPS MEDICINES CHEST

Item No	Description of item (1)	Foreign going (2)		Home Trade (3)	Home Trade (4)	(5) (5)	Remakes
		(a)	(b)				
1	Acetylaslicylic acid 300 mg tablets	800	200	200	100	-	Aspirin not to be taken on empty stomach
2.	Alcohol, Rubbing, ( 70% ethyl alcohol (in ml)	4000	1000	1000	500	20	Spirit for external use only.
3.	Aluminium acetate, ear drops, 13% solution in 20 ml bottle with dropper ( in ml).	8	-	2	1	-	Ear drops for earache
4.	Aluminium acetate powder, 2 gms, packets for making equivalent aluminim acctate solution ( Borrow's) ( in ml)	2	1	-	-	-	For externaluse only for skin inflammation.
5.	Aluminium hydroxide ge, with magesium hydroxide or magnesium trisilcate, oral suspension, (in kl) ( Anta acid) 360 ml.	4000	2000	1000	500	-	Antiacid/Anti flatulent
6.	Aluminium hydroxide, with magnesium hydroxide or magnesium trisilcate, 1- g tablets.	1000	250	250	100	-	Antacid/anti flatulent
7.	Aminophyline tablets, 500 mgs. ( (Radio Medical Advice)	2	12	6	6	-	Refrigerate – Asthma
8	Amitriptyline tablets, 25 nig (Radio Medical Advice)	100	25	25	10	-	Avoid Alcohol Depression.
9	Ampicillin Capsules 250 mg. (Radio Medical Advice)	1000	200	200	100	-	Antibiotics.
10	Antihaemorrhoidal suppositories	150	25	75	75	-	Refrigeration preferable / for Piles
11	Ascorbic acid tablets (vitamin C) 100 mg.	75	-	25	10	-	Vitamin C deficiency.
12	Atropine sulfate injection, 0.5 mg/ml, 1_nil ampules (Radio Medical Advice)	100	25	75	50	-	For insecticide poisoning
13	Benzedrine Benzypenicilin, injection, 2.4 million units per S ml. vial (Radio Medical Advice)	20	-	10	5	-	Antibiotic
14	Benzoic and Salicylin acid Ointment, 30g tube.	4	2	2	1	-	Fungal skin infection.
15	Calamine lotion, plain (in ml)	1000	500	500	250	-	Soothing Ointment.

16	Calcium gluconate, effervescent tablets, 1g.	100	25	-	-	-	For oxal acid or sodium fluoride poisoning. Avoid alcohol/Anti
17	Cotrimide 40% Solution, 500 ml (disinfectant) (in ml)	3000	2000	1000	500	-	For external use only.
	Note :—This is a concentrated (stock) solution when 1 % cotrimide is mentioned the stock solution should be diluted.					-	
18	Charcoal, activated, powder (in gms)	250	-	150	50	-	Antidote for poisoning.
19	Chloroquine Phosphate tablets, 250 mg. (C) Not : & the suppression and treatment of Malaria.	100	-	100	50	-	(*)Note to be taken on empty stomach.
20	Chlor-phenamine maleate tablets, 4 mg	60	20	20	20	-	Avoid alcohol/Anti allergic
21	Chlorpheniramine Hydrochloride injection, 10 mg. I—ml ampoules.	20	15	10	5	-	Avoid alcohol/Anti allergic
22	Chlorpromazine Hydrochloride tablets, 25 mg. (Radio Medical Advice).	100	50	50	20	-	Avoid alcohol/Anti-emetic anti anxiety.
23	Chlorpromazine hy injection 25 mg in 1—ml ampoules.	20	-	10	5	10	Avoid alcohol /Anti-emetic Anti- anxiety.
24	Clove Oil (in ml)	50	-	30	10	-	Tooth-ache.
25	Codine phosphate solution in nil 15 mg/5 ml.	3000	1000	50	50	-	Controlled substances-dry cough.
26	Cyclizine hydrochloride tablets, 50 mg.	400	200	150	50	-	Antiemetic, for motion sickness.
27	27. Dextran injection 6% and sodium Chloride 0.9	8	2				Intravenous fluids. Do not use turbid solution.
28	Diazepam injection, 5 mg/ml, 2 ml ampoules (Radio Medical Advice)	30	10	10	5	5	Controlled substance Sedative Avoid alcohol Tranquillizer
29	Diazepam tablets 5 mg.	300	100	100	50	-	— -do- -do-
30	Dimercaprol injection 100 mg in 2 ml ampoules (Radio Medical Advice)	75	25	10	10	-	Antidote in metal poisoning
31	Doxycycline hydrochloride tablets 100 mg	200	50	50	25	-	Antibiotic
32	Ephedrine sulphate tablets 25 mg (Radio Medical Advice)	200	100	50	50	-	Asthma
33	Epinephrine hydrochloride injection 1 : 1000 1 ml. ampoules (Radio Medical Advice)	20	10	10	10	5	Asthma

34	Ergometrine maleate injection 0.2 mg, 1 ml ampoules	10	-	5	2	-	To stop bleeding after delivery
35	Erythromycin (stearate or ethylsuccinate) tablets 25 mg. (Radio Medical Advice)	750	250	200	100	-	Anti-biotic.
36	Eye anaesthetic drops 0.5% solution of tetracaine in hydrochloride in dropper bottles 10 ml.	4	2	1	1	-	Should be marked "For external use".
37	Eye anti-infective drops, 1% tetracycline hydrochloride 4 grams tube.	20	8	8	2	-	For eye infection.
38	Eye ointment 1% tetracycline hydrochloride 4 grams tube.	2	8	8	2	-	For eye infection.
39	Eye-wash or eye irritation solution, isotonic sterile, in plastic squeeze bottle 12 ml.	10	2	2	1	-	
40	Fluorescein sodium ophthalmic strips, sterile (1% on paper applications) (strips) (Radio Medical Advice)	200	-	50	25	-	To detect corneal ulcer.
41	Furosemide tablets, 40 mg. (Radio Medical Advice).	100	25	75	20	-	Accelerates urine formation
42	Glyceryl trinitrate tablets 0.5 mg. (or isosorbide dinitrate tablets 10 mg.) (Radio Medical Advice)	200	50	50	50	-	Keep bottle tight-Chest pain closed store in (Cardiac) temperature of 0.25°C store in dark place.
43	Hydrocortisone sodium succinate (100 mg. vial for injection intravenous or intramuscular. (Radio Medical Advice)	8	2	2	1	2	Shock
44	Hydrocortisone ointment 1% 30g. tube with rectalip.	15	4	2	1	-	Skin allergies
45	Ichthamol and glycerine ointment (Ichthamol 10% glycerine, soft paraffin wool for 90% in 100g. in gms.	5	2	3	3	-	For boils
46	Inspect repellent (diethyltoluamide solution) 50 ml. (or ointment).	40	10	12	12	-	
47	Iodine 2.5% solution, in 100ml. bottles with glass stopper.	4	2	3	2	-	Bottle should be marked – Antiseptic "POISON" for external use only.
48	Lidocaine hydrochloride injection 1% 2ml. ampoules. (Radio Medical Advice).	12	-	4	2	-	Local anesthetic.
49	Lindane cream 1% 60g tube.	12	-	4	2	-	For external use. for scabies & (lice).
50	Magnesium hydroxide suspension 550mg. 10ml (in ml.)	5000	1000	3000	1000	-	Laxative.
51	Metronidazole tablets 400 mg.	750	250	300	200	-	Avoid alcohol – Dysentery.
52	Miconazole nitrate 2% vaginal cream with application in 80 g container (in Gms).	5	3	2	-	-	Anti-fungal.

53	Miconazalenitrate 100 mg. pessary and inserter.	20	-	5	2	-	Anti-fungal
54	Mineral oil (Liquid petroleum) (in 1000 ml. bottles)	2	-	1	1	-	For cleaning of skin.
55	Morphine sulfate injection 10mg/ml. 1ml. ampoules. (Radio Medical Advice)	20	-	10	5	-	Controlled substances. Pain killer substitute with pebtazocine hydrochloride when Morphine not available 30 mg/ml.
56	Naloxone Hydrochloride injection 0.4 mg/ml. 1 ml. (Radio Medical Advice)	6	-	3	2	-	Required with – Antidote to morphine only Morphine.
57	Neomycine + bacitracir ointment (5 mg. nepmycin + 500 IU bacitracine Zine per g) 30g. tube.	25	10	15	10	-	Keep at temprature at 2-20°C infection.
58	Oral Rehydration salts (sodium chloride 3.5g sodium bicarbonate 2.5g) Potassium chloride 1.5 g glucose 20g in water proof bags/sachets.	6	15	20	10	-	One bag/sachet should – DIARRHOEA be dissolved on 1 litre of boiled cooled – solution be boiled.
59	Oxygen size E tank	2	1	-	-	-	The tank should – keep away always be full from fire of oxygen.
60	Paracetamol 500 mg tablets.	1000	300	300	100	-	Aches & Pains
61	Petrolatum white 60-g tube.	12		4	2	-	Cracked soles dressing.
62	Phenobarbital tablets 30 mg.	300	-	100	25	-	Controlled substance—Sedative for
63	Phenoxymethyl penicilline (RMA) potassium tablets 250 mg.	500	-	200	100	-	Antibiotic
64	Pilocarpine hydrochloride eye (RMA) drops 2% 15ml. dropper bottle	4	-	1	1	-	For glaucoma.
65	Potassium permanganate (in Gms)	200	-	100	50	-	For external use
66	Prob tablets 500 mg. (RMA)	250	-	100	50	-	To use with Penicillin
67	Procaine b sterile suspension injection 6,00,000 units/mL. 1 ml. vials (RMAI)	40	-	10	5	-	Antibiotic Refrigerate
68	PrDguanil tablets 100 mg.	100	-	100	100	-	Malaria Prevention
69	Pyrantel tablets 250 mg. Quinine sulfate tablets 300 mg.	200	-	150	100	-	Worms
70	Quinine sulfate tablets 300 mg.	100	-	50	2	-	Malaria
71	Quinine dihydrochloride, injection 300 mg/mL. 2-ml ampoules.	10	-	3	2	-	Malaria
72	Salbutamol aerosol inhaler unit	6	2	2	2	-	Asthma

73	Sodium chloride injection 0.9 1000 ml. 1000	6	-	3	2	-	Administration Set should be obtained from the manufacturer of the intravenous solution
74	Sodium chloride tablets 1g.	2000	1000	500	200	-	For Heat exhaustion.
75	Spactionomycin hydrochloride injection 2-g Per 5 ml vial(Radio Medical Advice)	20	15	-	-	-	Antibiotic
76	Sulfarne thoxazole + trim thoprim (400 mg + 80 mg) tablets (Radio Medical Advice)	1000	250	200	100	-	Antibiotic
77	Talc (talcum Powder) (in Gms)	1000	750	500	250	-	
78	Tetanus immune human globulin 250 flitS. vial or ampules.	10	-	3	2	-	Refrigerate do not freeze Note : this drug should be carried only on ships that carry cattle horses or hides— Titanus Prevention.  Antibiotic Pain ternin
79	Tetanus toxide absorbed single dose ampdules mm I 0	Mm10	-	6	4	-	Refrigerate do Tetanus not freeze Prevention
80	Tetracycline ear-drops I % tetracycline sOlution in dropper bottle 10 ml.	20	-	6	4	-	Antibiotic
81	Tetracylin hydrochloride Capsules 250 ng. (Radio Medical Advice)	100	-	200	100	-	Antibiotic
82	w S 5i-nl. ampOules	150	40	30	20	-	Antiseptic
83	ZincOXide paste 30 g. tube	12	8	6	4	--	Skin Ointment

## PART-II

### MEDICAL STORES AND APPLIANCES

Remarks

Item no.	(1)	(2)		(3)		(4)	Remarks
		(a)	(b)	(a)	(b)		
1	Besin, emesin kidney shape, Stainless steel	1	-	1	1	-	
2	Basin, wash with rim stainless steel	1	-	1	1	-	
3	Bed pen enamel	1	-	-	-	-	
4	Cane with rubber tip	1	-	-	-	-	
5	Cruch, adjustable, wood with rubber tip	1	1	-	-	-	
6	Eye cup, for eye irrigation	2	1	1	1	--	made of glass or plastic that not affected by boiling
7	Funnel enamel 12-cm diameter	2	-	1	1	-	
8	Glass cylinder, 50 ml graduated	2	-	1	1	-	for measuring liquid

9	Glass cylinder, 500 cm graduated	2	-	1	1	-	for measuring liquid (to prepare 1% centimeter solution from stock solution)
10.	Heating-pad, electric water proof A/C D/C	2	..	1	1	..	
11.	hot-water/ice bag, rubber stopperless typoe	2	..	1	1	..	
12.	Litter, stockes	2	..	1	1	..	
13.	Magnifying glass (x8/loupe)	1	..	1	1	..	
14.	Neil-Robertsen Stretchor	2	1	1	1	..	
15.	Oxygen unit, portable without size E oxygen Cyliner, adult face mask, regulator , tubling wrench, instruction books ( all in self-contained carrying case)	2	..	1		..	
16.	Spare oxygen cylinder size E for item 15 (filled with oxygen)	1	1	..	..	..	
17	Refrigerator about 60 litre capacity with inside thermometer cyclamatic automatic defrosting to operate on ship's electrical current, and fitted with a lock	1	..	1	1	..	
18	Cuffs, leather or cloth for restraining	2	1	..	..	..	Restraints may be improvised form bed sheets
19.	Mummy restraint (whole body restraint)	2	1	..	..	..	
20	Side-board		2	2..	..	..	
21.	Resuscitator, hand-operated with excess pressure relief devide, inlet check valve with nipple for optional connection to low-pressure oxygen line	2	..	1	1	..	Consist of a compressible bag with a check value storage bag grommets, adult face mask, and a non-re-breathing valve
22.	Rubber inflatable ring-pad	1	..	..	..	..	
23.	Scales, adult, weighing, clinical capacity 150 kg.	1	..	1	1	..	
24	Sphygmomanometer, electronic	2	..	1	1	1	Instrument for taking blood pressure
25.	Splints, inflatable, arm, for above/below elbow, assorted sizes 6 S	2	..	1	1	..	
26.	Splints, finger, aluminium, padded, assorted sizes 6s.	2	..	1	1	..	
27.	Splints, inflatable, leg for above/below knee assorted sizes 6s.	2	..	1	1	..	

28.	Sterilizer, steam pressure type for dressing and instruments	1	..	1	1	..	Should be of a type with a drying phase.
29.	Steriliser, water type-3 litre capacity, electric ( chamber approximately 28 X 14 X 10 cm)	1	..	1	1	..	Preferably with automatic cut-off, when there is insufficient water.
30.	Stethoscope, disc-diaphragm type	2	..	1	1	1	
31.	Thermometer, bath	2	..	1	11	1	
32.	Tray, with cover, for sterilization of small instruments	2	..	1	1	..	To be a component of the sterilizer : must fit inside sterilizer compartment.
33	Urinal, male	2	..	1	1	..	
34.	Receptacle, with pedal-operated lid 12 litre capacity.	1	..	1	1	..	

PART – III

LATEST EDITIONS OF THE FOLLOWING PUBLICATIONS

Item No.	(1)	(2) (a) (b)		(3) (a) (b)		(4)	Remarks
1	International medical guide for ships	1	..	1	1	..	
2	Medical first aid guide for use in accidents involving dangerous goods	1	..	1	1	..	
3	International Health Regulations	1	..	1	1	..	
4	Vaccination certificate requirements and health advice for international travel	1	..	1	1	..	
5	Merchant Shipping Act	1	..	1	1	..	
6	Merchant Shipping (M Medical stores and appliances) Rules	1	..	1	1	..	
7	Indian Port Health Rules	1	..	1	1	..	
8	Indian Ports Act	1	..	1	1	..	
9	A Pocket guide to cold water survival IMO, London	1	..	1	1	..	
10	Guidelines for drinking-water quality Vol. 1 Recommendations, Geneva, W.H.O.	1	..	1	1	..	

PART-IV

INSTRUMENTS

		(2) (a) (b)		(3) (a) (b)		4	Remarks
1	Airway Pharyngeal plastic adult and child sizes (Disposable)	2	..	1	1	1	
2	Blades surgical knife detachable small tang, sterile	1					
	(a) No.10	1	1	..	..	..	
	(b) No.15	1	1	..	..	..	

3	Forceps dressing bayonet shaped, adson I 8 cm.	1	1	1	1	..	
4	Forceps, haemostat, straight spencer wells 2 15 cm.	2	..	1	1	..	
5	Forceps, haernostat, curved, Haistead mosquito 2 15 cm.	2	..	..	..	..	
6	Forceps, hemostat, curved Kelly, I 5 cm.	2	..	..	..	..	
7	Forceps, splinter tweezers 10 cm.	1	..	1	1	..	
8	Forceps, tissue. 2-3-dents (a)13 cm. (b) 18cm.	1 1 1	.. .. ..	1 1 1	1 1 1	.. .. ..	
9	Handles knife (scalpel) No. 3	2	..	..	..	..	For detachable surgical knife blades.
10	Scissors, bandage, lister, angular, one point, sharp One point blunt, 20 cm.	3	..	1	1	..	
11	Scissors, surgical straight, 15 cm.	2	..	1	1	..	
12	Hammer, reflex-testing, 20 cm	1	..	1	1	..	
13	Needle-holder, suture, Hegar-mayo 14 cm	2	..	1	1	..	For suturing wounds.

PART V  
BANDAGES ETC.

Item NO	(1)	(2) (a) (b)		(3) (a) (b)		(4)	Remarks
1	Adhesive tape, surgical (a) 5cm x 5 M rolls (b) 2cm x 5Mroils	6 6	.. --	2 2	2 2	-- --	
2.	Administration set, intravenous, with butterfly hub needle I mmx 40mm, sterile disposable	5	2	3	2	-	Procure from the manufacturer that supplies the intravenous fluids.
3	Applicators, wood cotton-tipped ends, sterile 2 mm x 15 mm	200	150	100	50	-	
4.	Bandage, cotton, elastic, rubberless. (a) 10 cm X 5m roll (b) 8 cm X 5 m roll (c) 5 cm X 5m roll	12 12 12 12	- 4 4 4	- 8 8 12	- 4 4 6	- - - -	
5.	Bandage, gauze, roller sterile 3cm X10 m two-ply, clinging, 2 safety-pins.	12	4	12	6	-	elastic gauze bandage



6.	Bandage, gauze, roller sterile (a) 10 cm by 5 m (b) 12 cm by 5 m	60 40	10 10	30 20	30 10	- -	Individually wrapped Individually wrapped
7.	Bandage, absorbant, adhesive, 5 cm X 5 m	200	100	50	25	-	Absorbant bandage with adhesive
8.	Casualty dressing, adhesive, individually wrapped, sterile (a) 9 cm X 6 cm (b) 18cm X 9 cm	30 20	15 10	15 10	10 5	- -	
9.	Bandage, muslin, triangular, folded, with 2 safety-pins 90 X 130 cm.	4	1	2	1	-	
10	Tube-gauze-type bandage for finger.	10	2	4	2	-	
11.	Spray dressing, 120 ml	8	2	2	1	-	
12.	Petrolatum-gauze burn- and wound dressing various sizes individually packed sterile.	20	15	10	5	-	
13.	First aid emergency dressing ( pad with 30 cm open swave gauze tail, sterile) (a) small size (b) medium size (c) large size	10 20 20	10 10 10	5 10 10	5 10 5	- - -	
14.	Bottle, vial, amber, 50 ml. glass or plastic for capsule or tablets Blood lancets, sterile	50 -	30 -	20 -	10 -	- 10	Self –sticking lebel should be procured & kept with these bottles.
15.	Catheter, double-eye, pointed. Robinson sterile, disposable, (a) 6 French (2 mm) (b) 8 French (3 mm) (c) 12 French (4 mm) (d) 14 French ( 5 mm) (e) 16 French (5.5 mm)	2 2 2 2 2	- - - - -	1 1 - - -	1 1 - - -	- - - - -	(for urinary catheterization) (6 French and 8 French catheters, can be used or pharymeal suction )
16.	Catheterization tray, sterile. Disposable regular type: 14 French straight catheter sterile g oves, small forceps cotton ball lubricant, antiseptic solution, underpaid and drops, specimen container, and label	3	-	1	1	-	
17.	Clinical record chart	40	-	-	-	-	
18.	Temperature/pulse chart	40	20	-	-	-	

19.	Medical report form for seafarers.	100	50	-	-	-	As per International Medical guide for ships.
20.	Collar, cervical, with trap	1	1	1	1	-	
21.	Clinical record chart pad	1	1	1	1	-	
22.	Cotton, absorbent (a) 50 g roll (b) 200 g roll	20 10	10 5	5 5	3 3	- -	
23.	Cotton absorbent sterile 100g	3	1	1	1	1	
24.	Finger cots, rubber, assorted sizes	12	-	6	6	-	

25	Flashlight (penlight type) with replacement batteries 2 sets each	2	-	1	1	-	
26	Gauze bandage, tubular, 2 cm by 5cm rolled with applicator	5	-	1	1	-	Covering bandage for finger and toes.
27	Gloves, surgical, sterile, disposable large size (7-1/2 or 8), (pairs)	12	-	4	2	-	
28	Gowns, surgical	5	-	-	-	-	
29	Medicine cup waxed paper. or plastic 30 ml graduated, disposable.	100	-	50	50	-	
30	Mask, face disposable	100	20	50	50	-	
31	Microscope slide	100	-	20	20	-	
32	Mortuary transfer bag, leak- 2 proof.	2	1	1	1	-	
33	Needle, hypodermic, 0.5 mmx 36 16 mm sterile	36	18	12	6	-	Needles to fit into the type of syringes carried on board.
34	Needle intravenous injection I mm, 5cm	18	12	6	6	-	
35	Need intravenous injection 1.1mm, 3cm	12	9	6	6	-	
36	Occult blood detection tablet, with 60 filter papers.	60	40	50	25	-	For detection of occult blood in farces or Sputum follow Instruction for use given by the manufacturer
37	Pad, abdominal, sterile combined 6 dressing gauze, 20cm x 20cm individually sealed.	6	4	3	2	-	
38	Pad cotton eye sterile, Individually sealed.	12	6	12	12	-	

39	Pad, non-adherent sterile dressing non-woven cotton and rayon fabric with performed plastic cover, individually sealed 8cm x 10cm)	100	50	40	20	-	dry dressing material for Wounds
40	Safety-pin rustless (Brass 100 coated)	100	-	40	20	-	Assorted sizes
41	Scrubbing-brush, hand	3	-	2	2	-	
42	Self stitching labels (a) 1"x 1" (b) 1"x 2" (c) 2"x 3"	300 300 500	- - -	100 100 100	50 50 50	- - -	
43	Sheath rubber (condom) 5s (NIRODH)	1000	250	200	100	-	
44	Sheet, waterproof, 110cm x 180 cm	2	-	1	1	-	
45	Skin closure, adhesive surgical 50 sterile (butterfly closure) 6mm.	50	-	25	25	-	to close wounds in place of sutures when feasible.
46	Skin closure adhesive suturless 10 sterile 10cm x 8cm.	10	-	3	3	-	
47	Suture, tapered, 1/2 circle non-traumatic needle, 28mm, absorbable non-boilable 70 cm long size 00, sterile, individually sealed.	12	-	3	3	-	
48.	Suture, armed ½ circle, 25 mm non-traumatic needle, non-absorbable, silk, braided 45 cm long size 000, sterile individually scaled	24	-	6	3	-	
49.	Suture armed 3/8 circle, 20mm needle, size 000 sterile absorbable, individually sealed.						
50	Suture, armed non-absorbable polyester 3/8 circle, 13mm needles with non-traumatic, point size 5.0 sterile sealed.	12	6	3	1	-	
51.	Suture removable, containing suture-removing forceps, sterile, and suture removal scissors, sterile.	12	-	1	1	-	
52.	Syringe glass (a) 2ml. (b) 5ml. (c) 20 ml.	6 2 2	- - -	2 - 1	1 1 1	- - -	Injection needles should fit the type of syringes carried glass Syringes. May be used when disposable syringes are not available
53.	Syringes, plastic disposable Sterile individually sealed with injection needle: (a) 2ml with hypodermic needle ½ mm 16 mm	75	25	10	10	2	

	(b) 2ml with intramuscularly, needle 1 mm, 5 cm.	75	25	10	10	2	
	(c) 5ml, with intramuscular needle 1 mm 5 cm	50	25	10	10	2	
	(d) 20 ml & IV needle 1mm, 5 cm		-			2	
54.	Test strip and colour chart. Combined sugar (urinary, blood glucose, ketone, protein, bilirubin and PH) strips	100	50	50	50	-	
55	Test tablets, kit, glucose reducing sugar in urine, individually sealed.	100	50	25	25	10	
56.	Tissues, facial Boxes	6	4	3	1	-	
57	Thermometer clinical fever	6	-	4	4	-	
58.	Tourniquets, non-pneumatic, blood taking type, composed, of gum rubber with electrotype fastener.	4	2	2	2	-	
59	Tongue- depressor wooden	50	25	20	10	-	
60	Towels, paper, sterile disposable individually wrapped	30	-	15	5	-	
61	Towels, surgical cotton	25	-	15	5	-	
62	Wrapping material, cotton	15	10	5	5	-	

**PART VI**  
**DISINFECTANTS**

Item No.	1	2		3		4	5
		(a)	(b)	(a)	(b)		Remarks
1	Chlorinated lime, 2 Use :As a disinfectant and deodorant for ceases, urine, glass and earthenware (Not for disinfecting metal instruments or rubbers articles). It is sprinkled liberally over the substances to be disinfected., mixed thoroughly (if indicated) by stirring with a wooden tongue depressor or suitable implements, and allowed to stand for atleast 1 hour. A small amount of water may be added to facilitate mixing, if necessary.  Caution : Open container Cautiously, away from face and eyes. Replaced immediately after use to prevent loss of chlorine, chlorinated lime. loses such or its activity, even with careful storage, in year) Keep separate from internal medicines,	10	-	10	10	-	
2	High test calcium	15	5	5	5	-	Keep separate from internal

	<p>hypochlorite, 1-liter, in granular form. containing about 70% available chlorine.</p> <p>Use: (1) For disinfecting water and (2) for the disinfections of smooth hard surfaced objects in the dietary area, and cutlery. For this purpose a solution with 100 parts per million available chlorine should be used (take 1.5g of granules of calcium hypochlorite in 10 liters of water)</p> <p>Caution : Same as for chlorinated lime.</p> <p>Note— 70 g of high-test calcium hypochlorite will disinfect 100 liters (1000) of potable water.</p>						
3	<p>Sodium Hypochlorite 10% solution, 1-litre. Use: For disinfecting smooth, hard surfaces and objects (tablets, dishes, cutlery, etc.) in dietary area. Dissolve 40 ml of the solution in 10 liters of potable water.</p> <p>Caution : Keep separate from internal medicines. Label the bottles ('DISINFECTANT')</p>	10	10	5	5	-	
4.	<p>Aqueous phenolic 30 solution 1-litre</p> <p>Use : as a disinfectant for smooth hard surfaced objects in non-dietary area: walls floors etc. Before use, dilute with water 1:10 to obtain the 3% solution used for disinfections.</p> <p>Caution : open bottles cautiously away from eyes and face. Avoid contamination of skin. Phenol is a highly toxic substance. Keep separate from internal medicines. Label the bottles 'POISON'</p>	4	2	2	1	-	

### LIST OF MEDICINES

(1)	(2)	(3)	(4)
Aminophylline	360 mg	Suppository	60
Ampicillin	500 mg	Capsules	100
Ampicillin	500 mg	Ampoule	100
Amylnitrate	0.17 mg in 0.2 ml.	Ampoules	96
Ascorbic acid (vitamin C)	1 g	Tablets	120
Ascorbic acid (vitamin C)	500 mg in 5 ml	Ampoule	20
Atropine sulphate	1 mg in 1 ml	Ampoule	200
Calcium gluconate 2	25 mg	Tube	6
Calcium Gluconate effervescent	1 g	Tablets	10
Charcole activated	5 g	Sachet or powder	10
Chlorphenamine (Chlorpherinamine)	10 mg in 1 ml	Ampoule	20
Chlorpromazine	25 mg in 1 ml	Ampoules	80
Diazepam	10 mg in 2 ml	Ampoule	60
Dimercaprol	100 mg in 2 ml	Ampoule	160
Methyl alcohol 10% solution	500 ml	Bottle	4
Fluorescein sodium 1% or 2%		Eye test strip	100
Furosimide (frusemide)	20 mg in ml	Ampoule	40
Furosimide (frusemide)	40 mg	Tablets	80
Glucose	500 mg	Powder	1
Macrogol 300 (polyethylene glycol m.w.300)	1litre	Bottle	2
Magenesium trisilicate compound	250 mg	Tablet	40
Methylene blue 1%	10 ml	Ampoule	40
Metoclopramide hydrochlorine	10 mg in 2 ml	Ampoule	60

### ANNEXURE X

[See rule 42]

Certificate of Inspection of Medicines, Medical store and appliances

(1) Name of the Ship

(2) Owner's name

(3) No. of Crews

(4) No. of Passengers

(5) Class of Ship

(6) Medical Officer

(7) I have this day inspected the medicines, med stores and appliances on board the above mentioned ship and find that the same with the MS. (Medicine, Medical Stores and appliances) Rule, 1994. This certificate shall be valid for a period of twelve months or until it is cancelled by a Port Health Officer after a due inspection, whichever is earlier.

OR

I have examined the medicines, medical stores and appliances on board the above mentioned ship and find that the same is deficient with respect to the following , namely:— . .

(a)

(b)

(c)

As the above deficiencies cannot be made good in this port, the ship is permitted to sail for a period of months in which time the Master is advised to make good the above deficiencies.

Dated \_\_\_\_\_ Port of \_\_\_\_\_ Port Health Officer

## ANNEXURE XI

[See rule 18(2)]

### CERTIFICATE OF EXEMPTION

The S.S./ M.V. “\_\_\_\_\_” is hereby exempted from the requirements of the Merchant Shipping (Medicines, Medical Stores and Appliances) Rule, 1994. to the extent and subject to the conditions indicated below: .

This certificate shall remain in force until the \_\_\_\_\_ day of \_\_\_\_\_ 19

(Name of Port)

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 19

( (Signature)

(—————)

(Designation)

Note: The Master, the Agent and the Owner of the Ship shall be responsible for the implementation of the Merchant Shipping (Medicines, Medical Stores and Appliances) Rules, 2026.

Any contravention of these rules shall attract punitive action under the Merchant Shipping Act, 2025 (24 of 2025).



**Annexure XII**

**FROM OF LICENSE TO BE GRANTED TO MEDICAL OFFICER**

Date.....

The bearer of this ..... holding degree in medicine and surgery from ..... and enrolled as a medical practitioner on the register of the Medical Council of the ..... State, is licensed to be carried as the Medical Officer of a foreign-going ship under Part – III of these Rules and Merchant Shipping Act, 2025 (24 of 2025) This license shall be in force for two years from this date.

(Here enter seal of Officer).

Signature of recipient,

.....

Health Officer.

## Appendix A

### HEIGHT AND WEIGHT FOR NEW ENTRANTS

The minimum requirements in respect of **New Entrants** are:

Height 157 cm. (5'22") Weight 48kg (105lbs)

Weight to be proportionate to height and age, 10% acceptable, Average values are enclosed herewith. In case of Lakshadweep, Amindivi, the Andamans and Nicobar Islands, Gorkhas, Nepalese, Assamese and other hilly areas, including those from Nagaland, Mizoram, Meghalaya, Arunachal Pradesh, Manipur, Tripura, Garhwal, Sikkim, the candidate's height may be reduced by 5 cm.(2") and proportionately the minimum weight should be 45 kg. (100lbs.)

#### IDEAL BODY WEIGHT CHART

<b>HEIGHT (M)</b>	<b>WOMEN Acceptable range (WEIGHT – KG)</b>	<b>Obese (WEIGHT – KG)</b>	<b>MEN Acceptable range (WEIGHT – KG)</b>	<b>Obese (WEIGHT – KG)</b>
1.45	42-53	64	51-64	77
1.48	42-54	65	52-65	78
1.50	43-55	66	53-66	79
1.52	44-57	68	54-67	80
1.54	44-58	70	55-69	83
1.56	45-58	70	56-71	85
1.58	46-59	71	58-73	88
1.60	48-61	73	59-74	89
1.62	49-62	74	60-75	90
1.64	50-64	77	62-77	92
1.66	51-65	78	64-79	95
1.68	52-66	79	65-80	96
1.70	53-67	80	66-82	98
1.72	55-69	83	67-84	101
1.74	56-70	84	69-86	102
1.76	58-72	86	71-88	106
1.78	59-74	89	73-90	108
1.80			75-93	112
1.82				
1.84				
1.86				
1.88				
1.90				
1.92				

Height without shoes : weight in indoor clothing

From the recommendations of the Fogarty Center Conference on Obesity 1973 (Bray 1979) & based on the original Metropolitan Life Insurance Tables (1959).

## Appendix B

### Medical Assessment of applicants identifying as Transgender Person (including Gender Dysphoria and Gender non-conformity)

<b>All Applicants identified as Transgender Persons</b> <i>(including Gender Dysphoria and Gender Non-conformity)</i>		
<b>CONDITION</b>	<b>EVALUATIONPROCESS</b>	<b>DISPOSITION</b>
(a) Completed gender reassignment surgery done 05 or more years ago <b>OR</b> (b) Treated with hormone therapy*for 05 or more Years  (c)Treated with Hormone therapy *for <b>less than 05 years OR</b> Gender assignment surgery <b>less than 05 years ago</b>	A detailed mental health examination shall be done by the Psychiatrist/ Psychologist in accordance with the World Professional Association for Transgender Health (WPATH) latest Standards of Care version for the Health of Transsexual, Transgender, and Gender Non-conforming People. If the assessment reveals no evidence of psychiatric or psychological abnormality and there are no documented side effects of there assignment hormonal or surgical therapy, the applicant may be considered fit. Following will be required during ‘Initial’ as well as subsequent ‘Renewal’ medical examination: - (a) A completed mental health evaluation by Psychiatrist and/or Psychologist in accordance with the WPATH latest	Fitness is to be determined on a ‘case to case ’basis.  All subsequent renewal Medical examinations shall be conducted under the published <b>DIRECTOR GENERAL</b> Medical Standards only. Evidence of any mental health aberrations shall warrant further testing.  The validity period of Medical Assessment shall also be on ‘case to case’ basis.

	Standards of Care version for the Health of Transsexual, Transgender, and Gender Non-conforming People.	
<b>OR</b> History of a <b>coexisting</b> mental health concern/s <b>OR</b> History of mental health treatment such as psychotherapy or medications for any condition other than Gender Dysphoria (Information is required if the applicant has ever had a mental health diagnosis [including substance use disorder] or has received treatment for a mental health condition at any time, even if treatment was short-term counselling.	(a) If on hormone therapy, a detailed report from treating endocrinologist as described above at para 2.9.2.  (b) If any surgery has been performed within the last one year, a detailed report from the treating surgeon as described above at para 2.9.4.	
*Side effects from hormone therapy are significant and need to be monitored on a regular basis.		

### Screening for Mental Health of a Transgender Applicant:

#### 1. Psychiatry History

- Current mental health diagnosis or co existing mental health concerns.
- Previous mental health diagnosis or co existing mental health concerns.
- Any out-patient treatment or hospitalization for any psychiatric illness or condition ever.
- Any suicide attempt(s) ever.
- Any history of ‘substance use disorder’ (e.g. alcohol, cannabis, stimulants, hallucinogens, opioids).

#### 2. Psychiatric Treatment.

(For medications, please provide name, dose, duration and side effects, if any.)

- a) Current use.
- b) Previous use.
- c) Psychotherapy for any condition (e.g. depression, anxiety, adjustment disorder etc.)
- d) Other treatments (e.g. cognitive therapy, talk therapy, electro convulsive therapy).

3. Current Status.

- a) Remarks on applicant's mental health concerns.
- b) Psychotherapy (if any).
- c) Any treatment recommended (include support group or support group counselling).

4. Any evidence of cognitive dysfunction on neuropsychological evaluation.

5. Any other concerns regarding this applicant.

## **Appendix – C**

### **Vision Standards**

#### **Testing**

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

- Distance vision should be tested using Snellen test type or equivalent.
- Near vision should be tested with reading test type.
- Colour vision should be tested by colour confusion plates (Ishihara or equivalent). Supplementary investigations such as lantern tests may be used when appropriate (see the International Recommendations for Colour Vision Requirements for Transport of the International Commission on Illumination (CIE-143-2001, including any subsequent versions)). The use of colour-correcting lenses will invalidate test results and should not be permitted.
- Visual fields may initially be assessed using confrontation tests (Donders, etc.) and any indication of limitation or the presence of a medical condition where visual field loss can occur should lead to more detailed investigation.
- Limitations to night vision may be secondary to specific eye diseases or may follow ophthalmological procedures. They may also be noted during other tests or found as a result of limitations to low-contrast vision testing. Specialist assessment should be undertaken if reduced night vision is suspected.

#### **Visual correction**

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

#### **Additional guidance**

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

All seafarers should achieve the minimum eyesight standard of 0.1 unaided in each eye (STCW Code, section B-I/9, paragraph 10). This standard may also be relevant to other seafarers to ensure

visual capability under emergency conditions when visual correction may be lost or damaged.

Seafarers not covered by the STCW Convention's eyesight standards should have vision sufficient to perform their routine

**STCW Code table A-I/9: Minimum in-service eyesight standards for seafarers**

STCW Convention regulation	Category of seafarer	Distance vision aided <sup>1</sup>		Near/intermediate vision	Colour vision <sup>3</sup>	Visual fields <sup>4</sup>	Night blindness <sup>4</sup>	Diplopia (double vision) <sup>4</sup>
		One eye	Other eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look-out duties	0.5 <sup>2</sup>	0.5	Vision required for ship's navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro-technical officers, electro-technical ratings and ratings or others forming part of an engine-room watch	0.4 <sup>5</sup>	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 IV/2	GMDSS radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in	No significant condition evident



				Systems /components as necessary			darkness without compromise	
--	--	--	--	-------------------------------------	--	--	-----------------------------------	--

**Notes:**

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

## **Appendix – D**

### **Hearing Standards**

#### **Testing**

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

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

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

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

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

## **Appendix – E**

### **Physical capability requirements**

#### **Introduction**

The physical capability requirements for work at sea vary widely and have to take account of both routine and emergency duties. The functions that may require assessment include:

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

#### **Medical conditions and physical capability**

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

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

#### **Physical capability assessment**

Physical capability testing should be undertaken when there is an indication for it, for instance because of the presence of one of the above conditions or because of other concerns about a seafarer's physical capabilities. The aspects that are tested will depend on the reasons for doing it. Table B-I/9 gives recommendations for physical capability abilities to be assessed for those seafarers covered by the STCW Convention, 1978, as amended, based on the tasks undertaken at sea.

The following approaches may be used to assess whether the requirements in table B-I/9 are met:

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

This will predict maximum exercise capacity and hence the seafarer's ability to perform physically demanding work. A large reserve will also indicate that heart and lung performance is less likely to be

compromised in the next few years. The benchmark test is maximum oxygen uptake (VO<sub>2</sub> max). This requires dedicated equipment. Step tests such as the Chester or the Harvard, are simpler alternatives, which may be used for screening. If step tests are abnormal, they should be further validated (e.g. VO<sub>2</sub> max or treadmill stress tests).

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

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

- physically demanding duties on the ship, e.g. carrying weights or handling mooring equipment.
- attendance at a physically demanding course within the last two years,
- e.g. fire-fighting, helicopter escape or STCW basic training; and
- a confirmed personal pattern of regular strenuous exercise.

**Table B-I/9 of the STCW Code**

**Assessment of minimum entry level and in-service physical abilities for seafarers (Table)**

<b>Shipboard task, function, event or condition<sup>3</sup></b>	<b>Related physical ability</b>	<b>A medical examiner should be satisfied that the candidate:<sup>4</sup></b>
Routine movement around ship: <ul style="list-style-type: none"> <li>- on moving deck</li> <li>- between levels</li> <li>- between compartments</li> </ul> <i>Note 1 applies to this row</i>	Maintain balance and move with agility Climb up and down vertical ladders and stairways Step over coamings (e.g. Load Line Convention requires coamings to be 600 mm high) Open and close watertight doors	Has no disturbance in sense of balance Does not have any impairment or disease that prevents relevant movements and physical activities Is, without assistance, <sup>5</sup> able to: <ul style="list-style-type: none"> <li>- climb vertical ladders and stairways</li> <li>- step over high sills</li> <li>- manipulate door closing systems</li> </ul>
Routine tasks on board: <ul style="list-style-type: none"> <li>- use of hand tools</li> <li>- movement of ship's stores</li> <li>- overhead work</li> <li>- valve operation</li> <li>- standing a four-hour watch</li> <li>- working in confined spaces</li> <li>- responding to alarms,</li> </ul>	Strength, dexterity and stamina to manipulate mechanical devices Lift, pull and carry a load (e.g. 18 kg) Reach upwards Stand, walk and remain alert for an extended period Work in constricted spaces and move through restricted openings (e.g.	Does not have a defined impairment or diagnosed medical condition that reduces ability to perform routine duties essential to the safe operation of the ship Has ability to: <ul style="list-style-type: none"> <li>- work with arms raised</li> <li>- stand and walk</li> </ul>

warnings and instructions	SOLAS regulation 11-I/3-6.5.1 requires openings in cargo spaces	for an extended period - enter confined space - fulfil eyesight standards
- verbal communication  Note 1 applies to this row	and emergency escapes to have the minimum dimensions of 600 mm x 600 mm) Visually distinguish objects, shapes and signals Hear warnings and instructions Give a clear spoken description	(table A-I/9) - fulfil hearing standards set by competent authority or take account of international guidelines - hold normal conversation
Emergency duties <sup>6</sup> on board: - Escape - Fire-fighting - Evacuation  Note 2 applies to this row	Don a lifejacket or immersion suit Escape from smoke-filled spaces Take part in fire-fighting duties, including use of breathing apparatus Take part in ship evacuation procedures	Does not have a defined impairment or diagnosed medical condition that reduces ability to perform emergency duties essential to the safe operation of the ship Has ability to: - don lifejacket or immersion suit - crawl - feel for differences in temperature - handle fire-fighting equipment - wear breathing apparatus (where required as part of duties)

Notes:

- 1 Rows 1 and 2 of the above table describe: (a) ordinary shipboard tasks, functions, events and conditions; (b) the corresponding physical abilities which may be considered necessary for the safety of a seafarer, other crew members and the ship; and (c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.
- 2 Row 3 of the above table describes: (a) emergency shipboard tasks, functions, events and conditions; (b) the corresponding physical abilities which should be considered necessary for the safety of a seafarer, other crew members and the ship; and (c) high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.
- 3 This table is not intended to address all possible shipboard conditions or potentially disqualifying medical conditions. Parties should specify physical abilities applicable to the category of seafarers (such as "deck officer" and "engine rating"). The special circumstances of individuals and for those who have specialized or limited duties should receive due consideration.
- 4 If in doubt, the medical practitioner should quantify the degree or severity of any relevant impairment by means of objective tests, whenever appropriate tests are available, or by referring the candidate for further assessment.
- 5 The term "assistance" means the use of another person to accomplish the task.
- 6 The term "emergency duties" is used to cover all standard emergency response situations such as abandoning ship or fire-fighting as well as the procedures to be followed by each seafarer to secure personal survival.

## **Appendix F**

### **Fitness criteria for medication use**

#### **Introduction**

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

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

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

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

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

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

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

#### **Medications that can impair routine and emergency duties**

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

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

- Bleeding from injury or spontaneously (e.g. warfarin); individual assessment of likelihood needed.

Anticoagulants such as warfarin or dicoumarin normally have a likelihood of complications that is incompatible with work at sea but, if coagulation values are stable and closely monitored, work that is near to onshore medical facilities and that does not carry an increased likelihood of injury may be considered.

- Dangers from cessation of medication use (e.g. metabolic replacement hormones including insulin, anti-epileptics, anti-hypertensives and oral anti-diabetics).
- Antibiotics and other anti-infection agents.
- Anti-metabolites and cancer treatments.
- Medications supplied for use at individual discretion (asthma treatments and antibiotics for recurrent infections).

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

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

### **Issue of medical certificates**

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

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

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

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

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

#### **Able to perform all duties worldwide within designated department:**

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



## **Appendix- G**

### **Fitness criteria for common medical conditions**

#### **Introduction**

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

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

The table in this appendix is laid out as follows:

Column 1:	WHO International Classification of Diseases, 10th revision (ICD-10). Codes are listed as an aid to analysis and, in particular, international compilation of data.
Column 2:	The common name of the condition or group of conditions, with a brief statement on its relevance to work at sea.
Column 3:	The guideline recommending when work at sea is unlikely to be indicated, either temporarily or permanently. This column should be consulted first when the table is being used to aid decisions about fitness.
Column 4:	The guideline recommending when work at sea may be appropriate but when restriction of duties or monitoring at intervals of less than two years is likely to be appropriate. This column should be consulted if the seafarer does not fit the criteria in column 3.
Column 5:	The guideline recommending when work at sea within a seafarer's designated department is likely to be appropriate. This column should be consulted if the seafarer does not fit the criteria in column 3 or 4.

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

**\*Note: Appendix E shall be deemed to be replaced automatically upon any revision to the corresponding provisions in the ILO Guidelines on the Medical Examination of Seafarers.**

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
<b>A00–B99</b>	<b>Infections</b>			
A00–09	<b>Gastrointestinal infection</b> <i>Transmission to others, recurrence</i>	T – If detected while onshore (current symptoms or awaiting test results on carrier status); or confirmed carrier status until elimination demonstrated	Not applicable	<i>Non-catering department:</i> When satisfactorily treated or resolved <i>Catering department:</i> Fitness decision to be based on medical advice – bacteriological clearance may be required
A15–16	<b>Pulmonary TB</b> <i>Transmission to others, recurrence</i>	T – Positive screening test or clinical history, until investigated If infected, until treatment stabilized and lack of infectivity confirmed P – Relapse or severe residual damage	Not applicable	Successful completion of a course of treatment in accordance with WHO Treatment of Tuberculosis guidelines
A50–64	<b>Sexually transmissible infections</b> <i>Acute impairment, recurrence</i>	T – If detected while onshore, until diagnosis confirmed, treatment initiated and impairing symptoms resolved P – Untreatable impairing late complications	R – Consider near coastal if oral treatment regime in place and symptoms non-incapacitating	On successful completion of treatment
B15	<b>Hepatitis A</b> <i>Transmissible by food or water contamination</i>	T – Until jaundice resolved and liver function tests returned to normal	Not applicable	On full recovery
B16–19	<b>Hepatitis B, C, etc.</b> <i>Transmissible by contact with blood or other bodily</i>	T – Until jaundice resolved and liver function tests returned to normal	R, L – Uncertainty about total recovery or lack of infectivity. Case-by-case	On full recovery and confirmation of low level of

	<i>fluids.</i>		decision-making	infectivity
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<b>ICD-10</b> <i>(diagnostic codes)</i>	<b>Condition</b> <i>(justification for criteria)</i>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
	<i>Possibility of permanent liver impairment and liver cancer</i>	P – Persistent liver impairment with symptoms affecting safe work at sea or with likelihood of complications	based on duties and voyage patterns	
B20–24	<b>HIV+</b> <b>Transmissible by contact with blood or other bodily fluids.</b> <b>Progression to HIV-associated diseases or AIDS</b>	T – Until stabilized on treatment with CD4 level of >350 or when treatment changed and tolerance of new medication uncertain P – Non-reversible impairing HIV-associated diseases. Continuing impairing effects of medication	R, L – Time limited and/or near coastal: HIV+ and low likelihood of progression; on no treatment or on stable medication without side effects, but requiring regular specialist surveillance	HIV+, no current impairment and very low* likelihood of disease progression. No side effects of treatment or requirements for frequent surveillance
A00–B99 Not listed separately	<b>Other infections</b> <b>Personal impairment, infection of others</b>	T – If detected while onshore: until free from risk of transmission and capable of performing duties P – If continuing likelihood of repeated impairing or infectious recurrences	Case-by-case decision based on nature of infection	Full recovery and confirmation of low level of infectivity
<b>C00–48</b>	<b>Cancers</b>			
C00–48	<b>Malignant neoplasms – including lymphoma, leukaemia and related conditions</b> <b>Recurrence – especially acute complications, e.g. harm to self from bleeding and to others from seizures</b>	T – Until investigated, treated and prognosis assessed P – Continuing impairment with symptoms affecting safe work at sea or with high likelihood of recurrence	L – Time limited to interval between specialist reviews if: - cancer diagnosed <5 years ago; and - there is no current impairment of performance of normal or emergency duties or living at	Cancer diagnosed more than 5 years ago, or specialist reviews no longer required and no current impairment or low continuing likelihood of impairment from recurrence. To be confirmed by

<b>ICD-10</b> <i>(diagnostic codes)</i>	<b>Condition</b> <i>(justification for criteria)</i>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
			<p>sea; and</p> <ul style="list-style-type: none"> <li>- there is a low likelihood of recurrence and minimal risk of requirement for urgent medical treatment</li> </ul> <p>R – Restricted to near coastal waters if any continuing impairment does not interfere with essential duties and any recurrence is unlikely to require emergency medical treatment</p>	specialist report with evidence for opinion stated
<b>D50–89</b>	<b>Blood disorders</b>			
D50–59	<b>Anaemia/Haemoglobinopathies</b> <b>Reduced exercise tolerance.</b> <b>Episodic red cell breakdown</b>	T – Distant waters, until haemoglobin normal and stable P – Severe recurrent or continuing anaemia or impairing symptoms from red cell breakdown that are untreatable	R, L – Consider restriction to near coastal waters and regular surveillance if reduced haemoglobin level but asymptomatic	Normal levels of haemoglobin
D73	<b>Splenectomy (history of surgery)</b> <b>Increased susceptibility to certain infections</b>	T – Post surgery until fully recovered	R – Case-by-case assessment. Likely to be fit for coastal and temperate work but may need restriction on service in tropics	Case-by-case assessment

D50–89 Not listed separately	<b>Other diseases of the blood and blood-forming organs</b> <b>Varied recurrence of abnormal bleeding and also possibly reduced exercise tolerance or low resistance to infections</b>	T – While under investigation P – Chronic coagulation disorders	Case-by-case assessment for other conditions	Case-by-case assessment
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<b>ICD-10</b> <i>(diagnostic codes)</i>	<b>Condition</b> <i>(justification for criteria)</i>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
<b>E00–90</b>	<b>Endocrine and metabolic</b>			
E10	<b>Diabetes – Insulin using Acute impairment from hypoglycaemia. Complications from loss of blood glucose control Increased likelihood of visual, neurological and cardiac problems</b>	T – From start of treatment until stabilized P – If poorly controlled or not compliant with treatment. History of hypoglycaemia or loss of hypoglycaemic awareness. Impairing complications of diabetes	R, L – Subject to evidence of good control, full compliance with treatment recommendations and good hypoglycaemia awareness Fit for near coastal duties without solo watchkeeping. Time limited until next specialist check-up. Must be under regular specialist surveillance	Not applicable
E11–14	<b>Diabetes – Non-insulin treated, on other medication Progression to insulin use, increased likelihood of visual, neurological and cardiac problems</b>	T – Distant waters and watchkeeping until stabilized	R – Near coastal waters and non-watchkeeping duties until stabilized R – Near coastal waters, no solo watchkeeping if minor side effects from medication. Especially when using sulphonyllureas L – Time limited if compliance poor or	When stabilized, in the absence of impairing complications

			medication needs frequent review. Check diet, weight and vascular risk factor control	
	<b>Diabetes – Non-insulin treated, treated by diet alone Progression to insulin use, increased likelihood of visual, neurological and cardiac problems</b>	T – Distant waters and watchkeeping until stabilized	R – Near coastal waters and non-watchkeeping duties until stabilized L – Time limited when stabilized, if compliance poor. Check diet, weight and vascular risk factor control	When stabilized, in the absence of impairing complications

<b>ICD-10</b> <i>(diagnostic codes)</i>	<b>Condition</b> <i>(justification for criteria)</i>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
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E65–68	<b>Obesity/abnormal body mass – high or low</b> <b>Accident to self, reduced mobility and exercise tolerance for routine and emergency duties.</b> <b>Increased likelihood of diabetes, arterial diseases and arthritis</b>	<p>T – If safety-critical duties cannot be performed, capability or exercise test (Appendix C) performance is poor</p> <p>P – Safety-critical duties cannot be performed; capability or exercise test performance is poor with failure to achieve improvements</p> <p>Note: Body mass index is a useful indicator of when additional assessment is needed. National norms will vary. It should not form the sole basis for decisions on capability</p>	<p>R, L – Time limited and restricted to near coastal waters or to restricted duties if unable to perform certain tasks but able to meet routine and emergency capabilities for assigned safety-critical duties</p>	<p>Capability and exercise test (Appendix E) performance average or better, weight steady or reducing and no co-morbidity</p>
E00–90 Not listed separately	<b>Other endocrine and metabolic disease (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes) Likelihood of recurrence or complications</b>	<p>T – Until treatment established and stabilized without adverse effects</p> <p>P – If continuing impairment, need for frequent adjustment of medication or increased likelihood of major complications</p>	<p>R, L – Case-by-case assessment with specialist advice if any uncertainty about prognosis or side effects of treatment. Need to consider likelihood of impairing complications from condition or its treatment, including problems taking medication, and consequences of infection or injury while at sea</p>	<p>If medication stable with no problems in taking at sea and surveillance of conditions infrequent, no impairment and very low likelihood of complications</p> <p>Addison's disease: The risks will usually be such that an unrestricted certificate should not be issued</p>

<b>ICD-10 (diagnostic codes)</b>	<b>Condition (justification for criteria)</b>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
<b>F00–99</b>	<b>Mental, cognitive and behavioural disorders</b>			
F10	<b>Alcohol abuse (dependency)</b> <b>Recurrence, accidents, erratic behaviour/safety performance</b>	T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse P – If persistent or there is co-morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as master in charge of ship or without close supervision and continuing medical monitoring, provided that: treating physician reports successful participation in rehabilitation programme; and there is an improving trend in liver function tests	After three years from end of last episode without relapse and without co-morbidity
F11–19	<b>Drug dependence/persistent substance abuse, includes both illicit drug use and dependence on prescribed medications</b> <b>Recurrence, accidents, erratic behaviour/safety performance</b>	T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse P – If persistent or there is co-morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as master in charge of ship or without close supervision and continuing medical monitoring, provided that: – treating physician reports successful participation in rehabilitation programme; and – evidence of completion of unannounced/random programme of drug screening for at least three months with no positives and at least three negatives; and	After three years from end of last episode without relapse and without co-morbidity

			- continuing participation in drug screening programme	
F20–31	<b>Psychosis (acute) – whether organic, schizophrenic or other</b>	Following single episode with provoking factors:	R, L – Time limited, restricted to near coastal waters and not to	Case-by-case assessment at least one year after the

<b>ICD-10</b> <i>(diagnostic codes)</i>	<b>Condition</b> <i>(justification for criteria)</i>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters</b> <b>(R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
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	<p><b>category listed in the ICD. Bipolar (manic depressive disorders)</b></p> <p><b>Recurrence leading to changes to perception/cognition, accidents, erratic and unsafe behaviour</b></p>	<p>T – Until investigated and stabilized and conditions for fitness met. At least three months after episode</p> <p>Following single episode without provoking factors or more than one episode with or without provoking factors:  T – Until investigated and stabilized and conditions for fitness met. At least two years since last episode  P – More than three episodes or continuing likelihood of recurrence. Criteria for fitness with or without restrictions are not met</p>	<p>work as master in charge of ship or without close supervision and continuing medical monitoring, provided that:</p> <ul style="list-style-type: none"> <li>– seafarer has insight;</li> <li>– is compliant with treatment; and</li> <li>– has no adverse effects from medication</li> </ul> <p>R, L – Time limited, restricted to near coastal waters and not to work as master in charge of ship or without close supervision and continuing medical monitoring providing that:</p> <ul style="list-style-type: none"> <li>– the seafarer has insight;</li> <li>– is compliant with treatment; and</li> <li>– has no impairing adverse effects from medication</li> </ul>	<p>episode, provided that provoking factors can and will always be avoided</p> <p>Case-by-case assessment to exclude likelihood of recurrence at least five years since end of episode if no further episodes; no residual symptoms; and no medication needed during last two years</p>
F32–38	<p><b>Mood/affective disorders</b></p> <p><b>Severe anxiety state, depression, or any other mental disorder likely to impair performance</b></p> <p><b>Recurrence, reduced performance, especially in emergencies</b></p>	<p>T – While acute, under investigation or if impairing symptoms or side effects of medication present. At least three months on stable medication</p> <p>P – Persistent or recurrent impairing symptoms</p>	<p>R, L – Restrict to near coastal waters and not to work as master in charge of ship, only when seafarers has:</p> <ul style="list-style-type: none"> <li>– good functional recovery;</li> <li>– insight;</li> <li>– is fully compliant with treatment, with no impairing</li> </ul>	<p>Case-by-case assessment to exclude likelihood of recurrence after at least two years with no further episodes and with no medication or on medication with no impairing effects</p>

<b>ICD-10 (diagnostic codes)</b>	<b>Condition (justification for criteria)</b>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
			side effects; and – a low* likelihood of recurrence	
	<b>Mood/affective disorders</b> <b>Minor or reactive symptoms of anxiety/depression</b> <b>Recurrence, reduced performance, especially in emergencies</b>	T – Until symptom free. If on medication to be on a stable dose and free from impairing adverse effects P – Persistent or recurrent impairing symptoms	R, L – Time limited and consider geographical restriction if on stable dose of medication and free from impairing symptoms or impairing side effects from medication	Case-by-case assessment after one year from end of episode if symptom free and off medication or on medication with no impairing effects
F00–99 Not listed separately	<b>Other disorders, e.g. disorders of personality, attention (e.g. ADHD), development (e.g. autism)</b> <b>Impairment of performance and reliability and impact on relationships</b>	P – If considered to have safety-critical consequences	R – As appropriate if capable of only limited duties	No anticipated adverse effects while at sea. No incidents during previous periods of sea service
<b>G00–99</b>	<b>Diseases of the nervous system</b>			
G40–41	<b>Single seizure</b> <b>Harm to ship, others and self from seizures</b>	Single seizure T – While under investigation and for one year after seizure	R – One year after seizure and on stable medication. Non- watchkeeping duties in near coastal waters	One year after seizure and one year after end of treatment. If provoked, there should be no continuing exposure to the provoking agent

	<b>Epilepsy – No provoking factors (multiple seizures) Harm to ship, others and self from seizures</b>	T – While under investigation and for two years after last seizure P – Recurrent seizures, not	R – Off medication or on stable medication with good compliance: case-by-case assessment of fitness, restricted to	Seizure-free for at least the last ten years, has not taken anti-epilepsy drugs during that ten-year period and
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<b>ICD-10 (diagnostic codes)</b>	<b>Condition (justification for criteria)</b>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
		controlled by medication	non-watchkeeping duties in near-coastal waters	does not have a continuing likelihood of seizures
	<b>Epilepsy – provoked by alcohol, medication, head injury (multiple seizures) Harm to ship, others and self from seizures</b>	T – While under investigation and for two years after last seizure P – Recurrent fits, not controlled by medication	R – Case-by-case assessment after two years' abstention from any known provoking factors, seizure-free and either off medication or on stable medication with good compliance; restricted to non-watchkeeping duties in near coastal waters	Seizure-free for at least the last five years, has not taken anti-epilepsy drugs during that five-year period, provided there is not continuing exposure to the provoking agent
G43	<b>Migraine (frequent attacks causing incapacity) Likelihood of disabling recurrences</b>	P – Frequent attacks leading to incapacity	R – As appropriate. If only capable of limited duties	No anticipated incapacitating adverse effects while at sea. No incidents during previous periods of sea service

G47	<b>Sleep apnoea</b> <b>Fatigue and episodes of sleep while working</b>	T – Until treatment started and successful for three months P – Treatment unsuccessful or not being complied with	L – Once treatment demonstrably working effectively for three months, including compliance with CPAP (continuous positive airway pressure) machine use confirmed. Six-monthly assessments of compliance based on CPAP machine recording	Case-by-case assessment based on job and emergency requirements, informed by specialist advice
	<b>Narcolepsy</b> <b>Fatigue and episodes of sleep while working</b>	T – Until controlled by treatment for at least two years P – Treatment unsuccessful or not being complied with	R, L – Near coastal waters and no watchkeeping duties, if specialist confirms full control of treatment for at least two years Annual review	Not applicable

<b>ICD-10</b> <i>(diagnostic codes)</i>	<b>Condition</b> <i>(justification for criteria)</i>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
G00–99 Not listed separately	<b>Other organic nervous disease,</b> <b>e.g. multiple sclerosis, Parkinson's disease</b> <b>Recurrence/progression.</b> <b>Limitations on muscular power, balance, coordination and mobility</b>	T – Until diagnosed and stable P – If limitations affect safe working or unable to meet physical capability requirements (Appendix C)	R, L – Case-by-case assessment based on job and emergency requirements, informed by specialist advice	Case-by-case assessment based on job and emergency requirements, informed by specialist advice

R55	<b>Syncope and other disturbances of consciousness</b> <b>Recurrence causing injury or loss of control</b>	<p>T – Until investigated to determine cause and to demonstrate control of any underlying condition</p> <p>Event is:</p> <p>(a) simple faint;</p> <p>(b) not a simple faint; unexplained disturbance, not recurrent and without any detected underlying cardiac, metabolic or neurological cause T – Four weeks</p> <p>(c) Disturbance; recurrent or with possible underlying cardiac, metabolic or neurological cause T – With possible underlying cause that is not identified or treatable; for six months after event if no recurrences</p> <p>T – With possible underlying cause or cause found and</p>	<p>R, L – Case-by-case decision, near coastal with no lone watchkeeping</p> <p>R, L – Case-by-case decision, near coastal with no lone watchkeeping</p>	<p>Simple faint; if no incapacitating recurrences Three months after event if no recurrences</p> <p>With possible underlying cause but no treatable cause found; one year after event if no recurrences</p> <p>With possible underlying cause found and treated; three months after successful treatment</p> <p>With seizure markers – not applicable</p>
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<b>ICD-10</b> <i>(diagnostic codes)</i>	<b>Condition</b> <i>(justification for criteria)</i>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> <ul style="list-style-type: none"> <li>- expected to be temporary (T)</li> <li>- expected to be permanent (P)</li> </ul>	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
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		<p>treated; for one month after successful treatment</p> <p>(d) Disturbance of consciousness with features indicating a seizure. Go to G40–41 P – For all of above if recurrent incidents persist despite full investigation and appropriate treatment</p>		
T90	<p><b>Intracranial surgery/injury, including treatment of vascular anomalies or serious head injury with brain damage</b></p> <p><b>Harm to ship, others and self from seizures. Defects in cognitive, sensory or motor function.</b></p> <p><b>Recurrence or complication of underlying condition</b></p>	<p>T – For one year or longer until seizure likelihood low,* based on advice from specialist P – Continuing impairment from underlying condition or injury or recurrent seizures</p>	<p>R – After at least one year, near coastal, no lone watchkeeping if seizure likelihoods low* and no impairment from underlying condition or injury Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist</p>	<p>No impairment from underlying condition or injury, not on anti-epilepsy medications. Seizure likelihood very low* Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist</p>
<b>H00–99</b>	<b>Diseases of the eyes and ears</b>			
H00–59	<p><b>Eye disorders:</b></p> <p><b>Progressive or recurrent (e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm,</b></p>	<p>T – Temporary inability to meet relevant vision standards (appendix A) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered</p>	<p>R – Near coastal waters if recurrence unlikely but foreseeable and treatable with early medical intervention L – If risk of progression foreseeable but unlikely and can</p>	<p>Very low likelihood of recurrence. Progression to a level where vision standards (appendix A) are not met during period of certificate is very unlikely</p>

<b>ICD-10 (diagnostic codes)</b>	<b>Condition (justification for criteria)</b>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> <b>- expected to be temporary (T)</b> <b>- expected to be permanent (P)</b>	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
	<b>uveitis, corneal ulceration and retinal detachment)</b> <b>Future inability to meet vision standards, risk of recurrence</b>	P – Inability to meet relevant vision standards (appendix A) or, if treated, increased likelihood of subsequent deterioration or impairing recurrence	be detected by regular monitoring	
H65–67	<b>Otitis – External or media Recurrence, risk as infection source in food handlers, problems using hearing protection</b>	T – Until treated P – If chronic discharge from ear in food handler	Case-by-case assessment. Consider effects of heat, humidity and hearing protection use in otitis externa	Effective treatment and no excess likelihood of recurrence
H68–95	<b>Ear disorders: Progressive (e.g. otosclerosis)</b>	T – Temporary inability to meet relevant hearing standards (appendix B) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant hearing standards (appendix B) or, if treated, increased likelihood or subsequent deterioration or impairing recurrence	L – If risk of progression foreseeable but unlikely and it can be detected by regular monitoring	Very low likelihood of recurrence. Progression to a level where hearing standards (appendix B) are not met during period of certificate is very unlikely
H81	<b>Ménière's disease and other forms of chronic or recurrent disabling vertigo</b> <b>Inability to balance, causing loss of mobility and nausea</b>	T – During acute phase P – Frequent attacks leading to incapacity	R – As appropriate. If only capable of limited duties R, L – If frequent specialist surveillance required	Low* likelihood of impairing effects while at sea

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

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

			watchkeeping/lookout ; and – operating within one hour of port, unless working on ship with ship's doctor Case-by-case assessment to determine restrictions Annual review	
I44–49	<b>Cardiac arrhythmias and          conduction defects (including          those with pacemakers and          implanted cardioverter          defibrillators (ICD))          Likelihood of impairment          from recurrence, sudden loss          of capability, exercise          limitation.</b>	T – Until investigated, treated and adequacy of treatment confirmed P – If disabling symptoms present or excess likelihood of impairment from recurrence, including ICD implant	L – Surveillance needed at shorter intervals and no impairing symptoms present and very low* excess likelihood of impairment from recurrence, based on specialist report R – Restrictions on solo duties or for distant waters if low* likelihood	Surveillance not needed or needed at intervals of more than two years; no impairing symptoms present; and very low* likelihood of impairment from recurrence, based on specialist report

<b>ICD-10          (diagnostic          codes)</b>	<b>Condition          (justification for criteria)</b>	<b>Incompatible with reliable          performance of routine and          emergency duties safely or          effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some          but not all duties or to          work in some but not all          waters (R)</b> <b>Increased frequency of          surveillance needed (L)</b>	<b>Able to perform all          duties worldwide          within designated          department</b>
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	<b>Pacemaker/ICD activity may be affected by strong electric fields</b>		of acute impairment from recurrence or foreseeable requirement for access to specialist care Surveillance and treatment regime to be specified. If pacemaker fitted, duration of certificate to coincide with pacemaker surveillance	
I61– 69 G46	<b>Ischaemic cerebrovascular disease (stroke or transient ischaemic attack) Increased likelihood of recurrence, sudden loss of capability, mobility limitation. Liable to develop other circulatory disease causing sudden loss of capability</b>	T – Until treated and any residual impairment stabilized and for three months after event P – If residual symptoms interfere with duties or there is significant excess likelihood of recurrence	R, L – Case-by-case assessment of fitness for duties; exclude from lone watchkeeping. Assessment should include likelihood of future cardiac events. General standards of physical fitness should be met (appendix C). Annual assessment	Not applicable
I73	<b>Arterial-claudication Likelihood of other circulatory disease causing sudden loss of capability. Limits to exercise capacity</b>	T – Until assessed P – If incapable of performing duties	R, L – Consider restriction to non-watchkeeping duties in coastal waters, provided symptoms are minor and do not impair essential duties or if they are resolved by surgery or other treatment and general standard of	Not applicable

			fitness can be met (appendix C). Assess likelihood of future cardiac events (follow criteria in I20–25). Review at least annually	
I83	<b>Varicose veins</b>	T – Until treated if impairing	Not applicable	No impairing symptoms or
<b>ICD-10 (diagnostic codes)</b>	<b>Condition (justification for criteria)</b>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
	<b>Possibility of bleeding if injured, skin changes and ulceration</b>	symptoms. Post-surgery for up to one month		complications
I80.2–3	<b>Deep vein thrombosis/pulmonary embolus Likelihood of recurrence and of serious pulmonary embolus Likelihood of bleeding from anticoagulant treatment</b>	T – Until investigated and treated and normally while on short-term anticoagulants P – Consider if recurrent events or on permanent anticoagulants	R, L – May be considered fit for work with a low liability for injury in national coastal waters, once stabilized on anticoagulants with regular monitoring of level of coagulation	Full recovery with no anticoagulant use
I00–99 Not listed separately	<b>Other heart disease, e.g. cardio- myopathy, pericarditis, heart failure Likelihood of recurrence, sudden loss of capability, exercise limitation</b>	T – Until investigated, treated and adequacy of treatment confirmed P – If impairing symptoms or likelihood of impairment from recurrence	Case-by-case assessment, based on specialist reports	Case-by-case assessment, very low* likelihood of recurrence

<b>J00–99</b>	<b>Respiratory system</b>			
J02–04 J30–39	<b>Nose, throat and sinus conditions</b> <b>Impairing for individual.</b> <b>May recur. Transmission of infection to food/other crew in some conditions</b>	T – Until resolved P – If impairing and recurrent	Case-by-case assessment	When treatment complete, if no factors predisposing to recurrence
J40–44	<b>Chronic bronchitis and/or emphysema</b> <b>Reduced exercise tolerance and impairing symptoms</b>	T – If acute episode P – If repeated severe recurrences or if general fitness standards cannot be met or if impairing shortness of breath	R, L – Case-by-case assessment More stringency for distant water duties. Consider fitness for emergencies and ability to meet general standards of physical fitness (Appendix C)	Not applicable

<b>ICD-10</b> <i>(diagnostic codes)</i>	<b>Condition</b> <i>(justification for criteria)</i>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> <b>- expected to be temporary (T)</b> <b>- expected to be permanent (P)</b>	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
			Annual review	
J45–46	<b>Asthma (detailed assessment with information from specialist in all new entrants)</b> <b>Unpredictable episodes of severe breathlessness</b>	T – Until episode resolved, cause investigated (including any occupational link) and effective treatment regime in place In person under age 20 with hospital admission or oral steroid use in last three years P – If foreseeable likelihood of rapid life-threatening asthma attack while at sea or history of uncontrolled asthma, i.e. history of	R, L – Near coastal waters only or on ship with doctor if history of moderate** adult asthma, with good control with inhalers and no episodes requiring hospital admission or oral steroid use in last two years, or history of mild or exercise-induced	Under age 20: If history of mild or moderate** childhood asthma, but with no hospital admissions or oral steroid treatment in last three years and no requirements for continuing regular treatment Over age 20: If history of mild** or



		multiple hospital admissions	asthma that requires regular treatment	exercise-induced** asthma and no requirements for continuing regular treatment
J93	<b>Pneumothorax (spontaneous or traumatic) Acute impairment from recurrence</b>	T – Normally for 12 months after initial episode or shorter duration as advised by specialist P – After recurrent episodes unless pleurectomy or pleurodesis performed	R – Duties in harbour areas only once recovered	Normally 12 months after initial episode or shorter duration as advised by specialist Post-surgery – based on advice of treating specialist
<b>K00–99</b>	<b>Digestive system</b>			
K01–06	<b>Oral health Acute pain from toothache. Recurrent mouth and gum infections</b>	T – If visual evidence of untreated dental defects or oral disease P – If excess likelihood of dental emergency remains after treatment completed or seafarer	R – Limited to near coastal waters, if criteria for full fitness not met, and type of operation will allow for access to dental care without safety-critical manning issues for ship	If teeth and gums (gums alone of edentulous and with well-fitting dentures in good repair) appear to be good. No complex prosthesis; or if dental check in last year,

<b>ICD-10 (diagnostic codes)</b>	<b>Condition (justification for criteria)</b>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
		non-compliant with dental recommendations		with follow-up completed and no

				problems since
K25–28	<b>Peptic ulcer Recurrence with pain, bleeding or perforation</b>	T – Until healing or cure by surgery or by control of helicobacter and on normal diet for three months P – If ulcer persists despite surgery and medication	R – Consider case-by- case assessment for earlier return to near coastal duties	When cured and on normal diet for three months
K40–41	<b>Hernias – Inguinal and femoral Likelihood of strangulation</b>	T – Until surgically investigated to confirm no likelihood of strangulation and, if required, treated	R – Untreated: Consider case-by-case assessment for near coastal waters	When satisfactorily treated or exceptionally when surgeon reports that there is no likelihood of strangulation
K42–43	<b>Hernias – Umbilical, ventral Instability of abdominal wall on bending and lifting</b>	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole- body physical effort
K44	<b>Hernias – Diaphragmatic (hiatus) Reflux of stomach contents and acid causing heartburn, etc.</b>	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them
K50, 51, 57, 58, 90	<b>Non-infectious enteritis, colitis, Crohn's disease, diverticulitis, etc. Impairment and pain</b>	T – Until investigated and treated P – If severe or recurrent	R – Does not meet the requirements for unrestricted certificate but rapidly developing recurrence unlikely: near coastal duties	Case-by-case specialist assessment. Fully controlled with low likelihood of recurrence

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

<b>ICD-10 (diagnostic codes)</b>	<b>Condition (justification for criteria)</b>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)</b>	<b>Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
<b>N00–99</b>	<b>Genito-urinary conditions</b>			
N00, N17	<b>Acute nephritis Renal failure, hypertension</b>	P – Until resolved	Case-by-case assessment if any residual effects	Full recovery with normal kidney function and no residual damage
N03–05, N18– 19	<b>Sub-acute or chronic nephritis or nephrosis Renal failure, hypertension</b>	T – Until investigated	R, L – Case-by-case assessment by specialist, based on renal function and likelihood of complications	Case-by-case assessment by specialist, based on renal function and likelihood of complications
N20–23	<b>Renal or ureteric calculus Pain from renal colic</b>	T – Until investigated and treated P – Recurrent stone formation	R – Consider if concern about ability to work in tropics or under high temperature conditions. Case- by-case assessment for near coastal duties	Case-by-case assessment by specialist with normal urine and renal function without recurrence
N33, N40	<b>Prostatic enlargement/urinary obstruction Acute retention of urine</b>	T – Until investigated and treated P – If not remediable	R – Case-by-case assessment for near coastal duties	Successfully treated; low* likelihood of recurrence
N70–98	<b>Gynaecological conditions – Heavy vaginal bleeding, severe menstrual pain, endometriosis, prolapse of genital organs or other Impairment from pain or bleeding</b>	T – If impairing or investigation needed to determine cause and remedy it	R – Case-by-case assessment if condition is likely to require treatment on voyage or affect working capacity	Fully resolved with low* likelihood of recurrence

R31, 80, 81, 82	<b>Proteinuria, haematuria, glycosuria or other urinary abnormality</b> <b>Indicator of kidney or other diseases</b>	T – If initial findings clinically significant P – Serious and non-remediable underlying cause – e.g. impairment of kidney function	L – When repeat surveillance required R, L – When uncertainty about cause but no immediate problem	Very low likelihood of serious underlying condition
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<b>ICD-10</b> <i>(diagnostic codes)</i>	<b>Condition</b> <i>(justification for criteria)</i>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> <b>- expected to be temporary (T)</b> <b>- expected to be permanent (P)</b>	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
Z90.5	<b>Removal of kidney or one non- functioning kidney</b> <b>Limits to fluid regulation under extreme conditions if remaining kidney not fully functional</b>	P – Any reduction of function in remaining kidney in new seafarer. Significant dysfunction in remaining kidney of serving seafarer	R – No tropical or other heat exposure. Serving seafarer with minor dysfunction in remaining kidney	Remaining kidney must be fully functional and not liable to progressive disease, based on renal investigations and specialist report
<b>O00–99</b>	<b>Pregnancy</b>			
O00–99	<b>Pregnancy Complications, late limitations on mobility. Potential for harm to mother and child in the event of premature delivery at sea</b>	T – Late stage of pregnancy and early postnatal period Abnormality of pregnancy requiring high level of surveillance	R, L – Case-by-case assessment if minor impairing effects. May consider working until later in pregnancy on near coastal ship	Uncomplicated pregnancy with no impairing effects – normally until 24th week Decisions to be in accord with national practice and legislation. Pregnancy should be declared at an early stage so that national recommendations on antenatal care and screening can be followed
<b>L00–99</b>	<b>Skin</b>			

L00–08	<b>Skin infections Recurrence, transmission to others</b>	T – Until satisfactorily treated P – Consider for catering staff with recurrent problems	R, L – Based on nature and severity of infection	Cured with low likelihood of recurrence
L10–99	<b>Other skin diseases, e.g. eczema, dermatitis, psoriasis Recurrence, sometimes occupational cause</b>	T – Until investigated and satisfactorily treated	Case-by-case decision R – As appropriate if aggravated by heat, or substances at work	Stable, not impairing

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<b>M00–99</b>	<b>Musculoskeletal</b>			
M10–23	<b>Osteoarthritis, other joint diseases and subsequent joint replacement Pain and mobility limitation affecting normal or emergency duties. Possibility of infection or dislocation and limited life of replacement joints</b>	T – Full recovery of function and specialist advice required before return to sea after hip or knee replacement P – For advanced and severe cases	R – Case-by-case assessment based on job requirements and history of condition. Consider emergency duties and evacuation from ship. Should meet general fitness requirements (appendix D)	Case-by-case assessment. Able to fully meet routine and emergency duty requirements with very low likelihood of worsening such that duties could not be undertaken
M24.4	<b>Recurrent instability of shoulder or knee joints Sudden limitation of mobility, with pain</b>	T – Until satisfactorily treated	R – Case-by-case assessment of occasional instability	Treated; very low* likelihood of recurrence
M54.5	<b>Back pain Pain and mobility limitation affecting normal or emergency duties. Exacerbation of impairment</b>	T – In acute stage P – If recurrent or incapacitating	Case-by-case assessment	Case-by-case assessment

Y83. 4 Z97. 1	<b>Limb prosthesis Mobility limitation affecting normal or emergency duties</b>	P – If essential duties cannot be performed	R – If routine and emergency duties can be performed but there are limitations on specific non-essential activities	If general fitness requirements are fully met (appendix C). Arrangements for fitting prosthesis in emergency must be confirmed
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<b>ICD-10 (diagnostic codes)</b>	<b>Condition (justification for criteria)</b>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b> - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
	<b>General</b>			
R47, F80	<b>Speech disorders Limitations to communication ability</b>	P – Incompatible with reliable performance of routine and emergency duties safely or effectively	R – If assistance with communication is needed to ensure reliable performance of routine and emergency duties safely and effectively Specify assistance	No impairment to essential speech communication
T7 8 Z8 8	<b>Allergies (other than allergic dermatitis and asthma) Likelihood of recurrence and increasing severity of response. Reduced ability to perform duties</b>	T – Until fully investigated by specialist P – If life-threatening response reasonably foreseeable	Case-by-case assessment of likelihood and severity of response, management of the condition and access to medical care R – Where response is impairing rather than life-threatening, and reasonable adjustments can be made to reduce likelihood of recurrence	Where response is impairing rather than life-threatening, and effects can be fully controlled by long-term non-steroidal self-medication or by lifestyle modifications that are practicable at sea with no safety-critical adverse effects

Z94	<b>Transplants – Kidney, heart, lung, liver (for prosthetics, i.e. joints, limbs, lenses, hearing aids, heart valves, etc. see condition-specific sections) Possibility of rejection. Side effects of medication</b>	T – Until effects of surgery and anti-rejection medication stable P – Case-by-case assessment, with specialist advice	R, L – Case-by-case assessment, with specialist advice	Not applicable
Classify by condition	<b>Progressive conditions, which are currently within criteria, e.g. Huntington's chorea (including family history) and keratoconus</b>	T – Until investigated and treated if indicated P – Consider at pre-sea medical if likely to prevent completion or limit scope of training	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely

<b>ICD-10</b> <i>(diagnostic codes)</i>	<b>Condition</b> <i>(justification for criteria)</i>	<b>Incompatible with reliable performance of routine and emergency duties safely or effectively</b>  - expected to be temporary (T) - expected to be permanent (P)	<b>Able to perform some but not all duties or to work in some but not all waters (R)</b> <b>Increased frequency of surveillance needed (L)</b>	<b>Able to perform all duties worldwide within designated department</b>
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## Notes:

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

*Quantitative recurrence levels approximate to:*

- *Very low: recurrence rate less than 2 per cent per year;*
  - *Low: recurrence rate 2-5 per cent per year;*
  - *Moderate: recurrence rate 5-20 per cent per year.*
- \*\* *Asthma severity definitions:*

### **Childhood asthma:**

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

### **Adult asthma:**

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

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

