



Maritime and Coastguard Agency

Seafarer Medical Examination System and Medical and Eyesight Standards

Application of the Merchant Shipping (Medical Examination) Regulations 2002

Notice to Shipowners, Agents, Masters, Seafarers, Approved Medical Practitioners and Approved Medical Referees.

This Notice supersedes Merchant Shipping Notices MSN1746(M) and MSN 1760(M)

Summary

This Notice contains the detailed mandatory requirements specified by the Secretary of State under the Merchant Shipping (Medical Examination) Regulations 2002, and gives guidance on the application and provisions of the Regulations. It covers:

- the medical examination system
- how to obtain a seafarer medical certificate
- validity of a seafarer medical certificate
- equivalent certificates (*Annex A*)
- the medical review ("appeal") system
- categories of medical fitness
- **medical and eyesight standards**, including assessment of physical fitness (*Annex B*)
- addresses of MCA Marine Offices where lantern tests are held (*Annex C*)

The requirements do not apply to seafarers on fishing vessels, pleasure vessels (not used commercially) and offshore installations whilst on their working stations.

Key Changes

With effect from 1 September 2002:

- *all* seafarers (including masters) employed or engaged in any capacity on board a seagoing ship covered by the Regulations will be required to hold a valid medical certificate
- seafarer medical certificates will be valid for a *maximum of 2 years*
- medical standards will be more flexible and relate more closely to occupational requirements
- categories of medical fitness will be simplified
- equivalent certificates are those issued by administrations assessed by the UK as being of an equivalent standard

1.0 Introduction

1.1 The Merchant Shipping (Medical Examination) Regulations 2002, (referred to in this Notice as “the Regulations”) which come into force on 1 September 2002, implement the requirements of clause 13 of the Social Partners’ Agreement set out in the Annex to Council Directive 1999/63/EC of 21 June 1999 (The Seafarers’ Working Time Directive). The requirements of the remaining clauses of the Agreement, relating to hours of work, are implemented separately in the new Merchant Shipping (Hours of Work) Regulations 2002.

1.2 The Regulations also enable the UK to comply with the Medical Examination (Seafarers) Convention 1946 (ILO 73) with regard to the maximum validity of certificates.

2.0 Application

2.1 The requirements of the Seafarers’ Working Time Directive apply to:

seafarers employed or engaged in any capacity on board every seagoing ship, whether publicly or privately owned, which is registered in the territory of any Member State and is ordinarily engaged in commercial maritime operations.

For the purpose of the Regulations, the terms a) “seafarer”, b) “seagoing ship” and c) “commercial maritime operations” are considered below in paragraphs 2.2-2.4.

2.1.1 The requirements of these Regulations do not apply to seafarers employed or engaged on fishing vessels, pleasure vessels or offshore installations whilst on their working stations.

2.2 Seafarer

2.2.1 A seafarer is a person employed or engaged in any capacity on board a seagoing ship on the business of the ship. This is taken to mean a person employed either directly by a shipping company or through a manning agency, whose **usual** place of work is on board a seagoing ship, and includes any master, crew member, resident entertainer and franchise employee on passenger ships.

Boatmaster’s licence holders operating on seagoing passenger ships (carrying more than 12 passengers) are also covered.

2.2.2 The Regulations will **not** be taken to apply to those whose usual place of work is ashore but who are working on a seagoing ship on a temporary or short-term basis eg fitters, guest lecturers and entertainers, research scientists, and riding crews. Trainees and volunteers on sail training ships who are not carrying out safety-critical roles (see para 2.4.3 below) are also not covered by the Regulations.

2.3 Seagoing Ship

2.3.1 For the purpose of these Regulations, a seagoing ship is one which is **certificated under Merchant Shipping legislation for navigation at sea**.

2.3.2 Vessels certificated under MCA Codes of Practice in terms of the Merchant Shipping (Vessels in Commercial Use for Sport or Pleasure) Regulations 1998² are covered by the separate provisions of those Regulations and the Codes they refer to (being reviewed during 2002).

2.4 Commercial Maritime Operations

2.4.1 Commercial operations will normally be taken to include all vessels engaged in trade, carrying cargo or fare-paying passengers.

2.4.2 Government ships such as those operated by the Royal Fleet Auxiliary, which are not ordinarily engaged in commercial maritime operations, are not covered by the Regulations, although it is expected that they will generally comply with the standards.

2.4.3 **Sail Training Vessels** – Sail training vessels are covered by the Regulations, and for these purposes, “seafarer” in relation to sail training vessels includes all contracted crew (or those listed on the Safe Manning Document, if applicable) and any person in charge of a navigational or engineering watch. These seafarers will sign on the crew agreement. Volunteers and trainees who have no safety-critical responsibilities are **not** considered to be covered by the Regulations.

²SI 1998/2771

Seafarer Medical Examination System

3.0 Requirement for Medical Fitness Certificates (Reg 4)

3.1 The Regulations make it a legal requirement for any seafarer (as defined above) employed or engaged in any capacity aboard a seagoing ship (as defined above), to hold a valid certificate attesting to their medical fitness for the work for which they are employed.

4.0 Acceptable Medical Fitness Certificates

4.1 These are:

- (i) a certificate (known as form ENG 1) issued by an approved medical practitioner (referred to in this Notice as approved doctor) in accordance with the provisions of the Regulations (Reg 7); or
- (ii) a certificate issued by the Maritime Authority of any country, which is recognised as equivalent to the UK, listed in Annex A. (Reg 6)

5.0 Application for a Medical Fitness Certificate

5.1 Applications for a seafarer medical certificate should be made directly to one of the MCA approved doctors, published annually in a Merchant Shipping Notice and listed on the MCA's webpage (www.mcga.gov.uk/publications/statutory-information). Some companies and organisations also have doctors who are approved by the MCA to carry out statutory medical examinations for their own employees.

5.2 A seafarer attending a medical examination must produce personal and photographic identification, which will be checked by the approved doctor. When it is not a first medical, the previous medical certificate should also be brought to the examination.

5.3 The approved doctor is entitled to require payment of the prescribed maximum fee, (currently £60), as listed in the Merchant Shipping (Fees) Regulations 2001³ but this

cost should be met by the seafarer's employer or company. (Reg 7(4))

5.4 Approved doctors are required to keep full clinical notes of any detailed medical examination, and records (including the completed report form (ENG 2)) must be retained for 10 years. Any records relating to health surveillance provided in terms of the Merchant Shipping and Fishing Vessels (Health and Safety at Work) Regulations 1997,⁴ should be retained for up to 40 years. Approved doctors will also be required to send statistical returns to the MCA on examinations carried out and, for record purposes, details of seafarers who have been issued with form ENG 3, following refusal or restriction of a certificate. (Reg 12)

5.5 It may be necessary, with the seafarer's consent, for the approved doctor to consult the seafarer's General Practitioner. When it is necessary to consult with other doctors, the usual ethical considerations apply, but the decision on fitness for seafaring, in accordance with the required standards, rests with the approved doctor, subject to the review procedure (described in paragraph 9 of this Notice).

6.0 Medical and Eyesight Standards (Reg 7)

6.1 Approved doctors are required to determine a seafarer's fitness by reference to the statutory medical and eyesight standards set out in Annex B to this Notice. (Copy available on the MCA web site www.mcga.gov.uk). The new standards provide for greater flexibility to reflect relative risk; this enables doctors to take greater account of particular circumstances, such as distance from medical care, and normal duties and requirements for crew members. In accordance with international guidelines, the approved doctor may also consider it appropriate to undertake additional tests such as audiometry and physical fitness, as well as giving lifestyle guidance, immunisations and tuberculosis screening. Additional charges may be incurred.

³ SI 2001/3628

⁴ SI 1997/2962

6.2 Medical standards

6.2.1 It is clearly not possible to cover every medical condition within the specified standards. As a general principle the approved doctor should be satisfied in each case that no disease or defect is present which could either be aggravated by working at sea, or represent an unacceptable health risk to the individual seafarer, other crew members or the safety of the ship.

6.2.2 Apart from the purely medical aspects, the occupational circumstances which apply at sea should be fully considered, especially in any borderline case. Particular factors which should be taken into account are:

- a) the potentially hazardous nature of seafaring, which calls for a high standard of health and continuing fitness;
- b) the restricted medical facilities likely to be available on board ship. Few ships carry doctors, medical supplies are limited and there will be delay before full medical treatment is available;
- c) the possible difficulty of providing/replacing required medication. As a rule, a seafarer should not be accepted for service if the loss of a necessary medicine could precipitate the rapid deterioration of a medical condition;
- d) the confined nature of life on board ship and the need to be able to live and work in a closed community;
- e) the limited crew complements which mean that illness of one crew member may place a burden on others or impair the safe and efficient working of the ship;
- f) the potential need for crew members to play a role in an emergency or emergency drill, which may involve strenuous activity in adverse conditions;
- g) since many seafarers will need to join and leave ships by air, they should be free from any condition which precludes air travel or could be seriously affected by it, such as pneumothorax or conditions which predispose to barotrauma.

6.2.3 The approved doctor should be satisfied that no condition is present which is likely to lead to problems during the voyage and no treatment is being followed which might

cause adverse side effects. It would be unsafe practice to allow a seafarer to go to sea with any known medical condition where there was the possibility of serious exacerbation requiring expert treatment. Where medication is acceptable for seafarers, the individual seafarer should arrange for a reserve stock of the prescribed drugs to be held in a safe place, with the agreement of the ship's master.

6.3 Eyesight Standards

6.3.1 The approved doctor must also ensure that the seafarer meets the visual acuity and colour vision standards and will include testing during the medical examination. This includes screening for colour vision, using Ishihara plates. It is essential that seafarers applying for certificates of competency as **deck or dual career (merchant/fishing)** officers have full colour vision. A deck applicant who fails the Ishihara test may arrange for their colour vision to be re-tested free of charge, using the Holmes Wright B Lantern, at one of the MCA Marine Offices that offer lantern tests (listed at Annex C). Failure in this test will mean that a medical certificate may only be issued with a restriction precluding navigational watch/lookout duties.

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

6.3.3 In view of the importance of meeting the eyesight standards, anyone considering a seagoing career is strongly advised to have a full sight test by an optometrist before beginning training to ensure that they meet the standards.

6.4 Categories of Medical Fitness

6.4.1 The following new categories are applied in assessing whether or not a seafarer is fit in terms of the medical and eyesight standards

Category 1 : *Fit* for sea service, with no restrictions

Category 2 : *Fit* for sea service but **with restrictions** (eg near-coastal waters only)

Category 3 : *Temporarily unfit* for sea service

Category 4 : *Permanently unfit* for sea service (this category may only be changed at a later date if an approved doctor is presented with medical evidence of the reversal of the original medical condition. Review by a medical referee may also be required.)

7.0 Issue of Medical Certificate

7.1 If the approved doctor considers the seafarer is fit for sea service and meets the medical and eyesight standards, he will issue a medical fitness certificate (form ENG 1) under Category 1 or 2. Under Category 2, the certificate may also be restricted to such capacity of sea service (eg catering department), duties (eg not fit for lookout duties) or geographical area (eg excluding service in tropical areas) as the approved doctor considers appropriate.

7.2 If the approved doctor considers the seafarer is temporarily (Category 3) or permanently unfit (Category 4) or issues any certificate subject to a restriction (Category 2), he must issue the seafarer with a Notice of Failure/Restriction (form ENG 3). It is helpful to the seafarer in deciding whether or not to appeal, if the approved doctor discloses to the seafarer the medical reasons for the refusal of a certificate or the inclusion of a restriction, unless the approved doctor considers that such disclosure would be harmful to the seafarer's health. Seafarers considered temporarily unfit for a period of 3 months or less, under Category 3, do not have a right of appeal.

7.3 **It is the responsibility of the employer, or those authorised to act on his behalf, to ensure that the category recommended by the approved doctor is taken fully into account when the engagement or the continued employment of a seafarer is under consideration.**

8.0 Validity of Medical Fitness Certificates (Regs 8 and 9)

8.1 The medical fitness certificate must specify the period of validity from the date of the medical examination. Under the Regulations, the maximum validity period for all seafarers over 18, (including those working on chemical carriers) is now **2 years**, and **1 year** for seafarers under 18 years old. If the seafarer's health demands it, an approved doctor may issue a certificate valid for a period of less than 2 years.

8.2 A seafarer whose certificate expires while he is in a location where medical examination in accordance with the Regulations is impracticable, may continue to be employed for a period of no more than 3 months from the date of expiry of the certificate.

8.3 If an **approved doctor** has reasonable grounds for believing that:

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

he/she may either:

- suspend the certificate until the seafarer has undergone a further medical examination; or
- suspend it for such period as he considers the seafarer will remain unfit to go to sea; or
- cancel the certificate if he considers that the seafarer will remain permanently unfit to go to sea.

and should notify the seafarer accordingly.

8.4 In the event of a decision to cancel or suspend the medical certificate, the approved doctor should exercise his right under the Regulations to require the surrender of the medical certificate.

- 8.5 If, for any reason, the certificate is not returned, the approved doctor should inform the MCA's Seafarer Health and Safety Branch at the address at paragraph 12 below, who will take appropriate action.
- 8.6 If a **seafarer** holding a valid medical fitness certificate, suffers a condition or has been incapacitated by injury or illness covered by the medical standards, or has been discharged or evacuated from a ship for health reasons, the seafarer should not use his or her medical certificate until an approved doctor has re-examined the seafarer and is satisfied that the seafarer meets the standards for the category of certificate held. It is also the seafarer's responsibility to reveal to the approved doctor if he or she has previously failed a seafarer medical examination.
- 8.7 **A seafarer who is the holder of a valid medical certificate may at any time be required by the employer or owner or master of a ship to obtain a new certificate where, as a result of illness, injury or reasonable cause it is believed the seafarer may no longer meet appropriate minimum standards.**
- 8.8 A seafarer required to hold a valid medical fitness certificate is required to produce it to a proper authority on demand.
- 9.0 Review Procedure (Reg 10)**
- 9.1 Any seafarer (including new entrants) found permanently unfit (Category 4), or fit only for restricted service (Category 2), or whose certificate is cancelled or suspended for more than 3 months by an approved doctor, has a right of review (appeal) by an independent medical referee appointed by the Secretary of State for the Department for Transport.
- 9.2 Before exercising the right of appeal, the seafarer may wish to seek independent medical advice from his General Practitioner (GP), or perhaps from his trade union or employer. A seafarer who wishes to appeal should complete the application form which forms part of the Notice of Failure/Restriction (form ENG 3) which will be issued by the approved doctor, and forward it to the MCA's Seafarer Health and Safety Branch at the address at paragraph 12 below.
- The application must be made within **one month** of the date on which the seafarer is given notice by the approved doctor of refusal, restriction or suspension of a certificate. The MCA will then arrange for the appeal to be considered by a medical referee.
- 9.3 The Notice of Failure/Restriction includes an authority to the approved doctor to release his or her report to the medical referee. If the applicant wishes to submit additional medical evidence in support of his application he should arrange for this to be sent to the medical referee before the appointment date.
- 9.4 Medical referees are empowered, while working to the same medical and eyesight standards:
- to ensure that the diagnosis has been established beyond reasonable doubt, in accordance with the medical evidence on which the approved doctor reached his decision and normally, with the assistance of a report from a Consultant in the appropriate speciality;
 - to determine whether the medical and eyesight standards, especially those with a discretionary element, have been properly interpreted; and
 - to consider the possibility of a seafarer, previously declared permanently unfit, returning to sea in some capacity.
- 9.5 In cases not covered by the medical and eyesight standards or in "permanently unfit" cases where exceptional medical considerations apply, the medical referee should decide an appropriate fitness category after consultation with the approved doctor involved and consideration of all the evidence presented to him.
- 9.6 The medical referee must reach a decision within **2 months** of the date on which the appeal was lodged with the MCA, or longer where necessary, subject to agreement with the MCA.
- 10.0 Transfer of Night Workers to Day Work (Reg 11)**
- 10.1 Under the Regulations, "night" is defined as a period of 9 consecutive hours including the

period between midnight and 5 am. Although the Regulations are expressed in “local” time, it is recognised that “ship’s time” may be different when a vessel is at sea. A night seafarer is one who works on a regular basis during those hours.

- 10.2 In assessing the medical fitness of a seafarer with watchkeeping responsibilities, the approved doctor will consider whether any health problems are due to the fact that he performs night work. If so, he should so certify and the seafarer’s employer should, where possible, transfer him to a suitable job not involving night work.

11.0 Transitional Arrangements (Reg 5)

- 11.1 Any valid seafarer medical certificate issued in respect of an examination conducted before 1 September 2002 will continue to be acceptable under the Regulations until the expiry date of the certificate.

12.0 Further Information

- 12.1 Further information, if required, is available from the MCA at the address below.

Seafarer Health and Safety Branch
Maritime and Coastguard Agency
Bay 2/1 Spring Place
105 Commercial Road
Southampton SO15 1EG

Tel : 02380 329249
Fax : 02380 320251
e-mail: seafarer_h&s@mcga.gov.uk

MC 18/3/107
September 2002

Safer Lives, Safer Ships, Cleaner Seas

Department for
Transport

*An executive agency of the
Department for Transport*

**COUNTRIES WHOSE MEDICAL CERTIFICATES ARE ACCEPTED AS EQUIVALENT TO
THE UK MEDICAL CERTIFICATE**

Australia	Italy*
Austria*	Jamaica
Belgium*	Luxembourg*
Bulgaria	Netherlands*
Canada	New Zealand
Denmark*	Norway**
Finland*	Pakistan
France*	Poland
Germany*	Portugal*
Greece*	Roumania
Hong Kong	Spain*
Iceland**	Sweden*
India	South Africa
Republic of Ireland*	

* EU Member States

** EEA (European Economic Area) States

This list is effective from 1 September 2002. Medical certificates issued by countries previously recognised as equivalent (listed in MSN 1745(M+F)) will be acceptable until the date of expiry.

Further countries will be added to this list as and when the medical standards and systems have been assessed for equivalency. A "live" list , which is regularly updated may be viewed on the MCA's web page at:

[www.mcga.gov.uk/publications/statutory information](http://www.mcga.gov.uk/publications/statutory%20information)

MEDICAL AND EYESIGHT STANDARDS FOR SEAFARERS

The following standards are those to be used by MCA approved doctors in assessing the fitness of seafarers. They take effect from 1 September 2002, the date of implementation of the Merchant Shipping (Medical Examination) Regulations 2002, and should be used in conjunction with the guidance laid down in this MSN and the Approved Doctors' manual.

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

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

Appendix 1 – Eyesight standards**Appendix 2 – Guidance on assessment of minimum entry-level and in-service physical abilities for seafarers**Notes

1. Numbers 1–4 in the last 3 columns of the table refer to fitness categorisations to be used on seafarer medical certificates. (See para 6.4 above) These are:

- 1- FIT with no restrictions;
- 2 - FIT with restrictions;
- 3 - Temporarily UNFIT;
- 4 - PERMANENTLY UNFIT.

2. For some conditions, continuity of follow up is essential. **Such conditions are identified by “C”.** Where this is indicated, the seafarer should attend the same approved doctor for all medicals subsequent to diagnosis. If this proves impossible, any new approved doctor should only perform an examination when they have received a full report, records of previous examinations and details of the criteria being used by the previous approved doctor, to determine the adequacy of control of

the condition.

3. Complex conditions will often require a specialist assessment of fitness for return to seafaring. **Such conditions are identified by 'S'**. Approved doctors who are not registered specialists in occupational medicine should, if they are in any doubt about fitness;
 - either refer the seafarer to an approved doctor who is a registered specialist; or
 - obtain a report from a specialist in the relevant clinical speciality which specifically addresses fitness for the duties proposed, prior to issuing a certificate.
4. Examples of standard restrictions are given in paragraph 3.7.4 of the Approved Doctor's Manual.

In accordance with the requirements of the revised International Convention on Standards of Training, Certification and Watchkeeping (STCW 95), sea areas are defined as:

Near-coastal: within 150 miles from a safe haven in the UK or 30 miles from a safe haven in Eire; or

Unlimited: worldwide (referred to as "distant waters" in the table below) .
5. **Eyesight Testing** – (item 14.4 in the table) - detailed standards are attached as Appendix 1 to the table.
6. **Physical fitness testing** (item 16 in the Table) - guidance on assessment of minimum entry-level and in-service physical abilities for seafarers has recently been agreed and issued as an amendment to the STCW Code at Table B-I/9-2. A copy of this is attached as Appendix 2 to the table.
7. **Cognitive impairment** – approved doctors should be alert to the possibility of cognitive impairment and recognise that assessment by a neuropsychologist may be appropriate, for instance in those who have had head injuries.
8. It is expected that approved doctors will be complying in all cases with best clinical guidelines .
9. **Discretion** – approved doctors may exercise reasonable discretion when certain conditions are newly diagnosed in a seafarer who only works on vessels operating close to shore and who can be put ashore readily without recourse to emergency services. The condition should neither pose a safety-critical risk in the job performed, nor lead to serious complications within the time taken to return to shore and obtain medical care. The basis for applying any such discretion should be fully explained to the seafarer and normally a certificate, suitably restricted (both medically and geographically) of not more than 3 months duration should be issued, so that progress towards resolution of the condition can be monitored.

Table of Standards

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
1.0	INFECTIONS					
1.1	Gastro intestinal infection (seafarers should be familiar with procedures in Chapter 14 of the MCA Code of Safe Working Practices for Merchant Seamen).	Infection risk to others, risk of recurrence.	Awareness of risks. Pre- voyage questionnaire and requirement to report symptoms: especially catering staff.	3 - if on shore. Withdraw from food handling and increase hygiene standards if case occurs on voyage.	1- non-catering, when satisfactorily treated.	Fitness for catering duties to be based on medical advice. May require bacteriological clearance of faecal specimens.
1.2	Other infection.	Infection risk to others, risk of recurrence.	Inoculation, malaria prophylaxis.	3 - until resolved		Clinical decision based on nature of infection
1.3	Pulmonary TB.	Infection risk to others, risk of recurrence.	Screening : X-ray, skin test. Early recognition of cases and contact tracing.	3 - assessment based on clinical history in residents of countries with incidence rates below 50 per 100,000. Chest X-ray in new seafarers and every four years in those from countries with higher rates. (Check categorisation of countries with MCA)	1 - when treatment has been completed and disease resolved. 2 - UK near- coastal- when no longer infectious but still on treatment and under specialist supervision.	Relapse or severe residual damage, consider - 4 .
1.4	Sexually transmissible diseases.	Acute disability, recurrence.	Supply of condoms and advice.	3 - (consider 2 , UK near-coastal, when treatment started).	1 - on successful completion of treatment with confirmed tests of cure.	
1.5	HIV+	Progression to AIDS.	Advice on safe sex and, if infected, on risks to sexual partners.	1 - HIV if no reasonably foreseeable risk from side effects of treatment or requirements for frequent surveillance.	4 - AIDS-related complex and AIDS. S - Obtain specialist opinion if uncertain.	HIV - 3 if treatment is likely to cause severe side effects. S - Obtain specialist opinion if uncertain.

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
2.0	CANCERS					
2.1	Malignant neoplasms – including lymphoma, leukaemia and related conditions	Recurrence - especially acute complications eg risk to self from bleeding and to others from fits.	Advice on smoking and sun. Control of asbestos exposure. Screening of breast and cervix.	3		Case by case assessment with specialist advice. Progression through categories and restrictions on duties or distance from care should be dependent on assessment of progress, prognosis, measures of disability and the need for surveillance following treatment. No unrestricted (1) certificates should normally be issued within 5 years of completion of treatment, except for cases of skin cancer. Re-assessments required - C.
3.0	ENDOCRINE AND METABOLIC					
3.1	Endocrine disease (thyroid, adrenal, pituitary, ovaries, testes)	Risk of disability, recurrence or complications		Distant waters – 3 until treatment in hand. UK near-coastal - case by case		Case by case - with specialist advice if any uncertainty about prognosis or side-effects of treatment
3.2	Diabetes – non insulin (treated by diet or oral medication)	Progression to insulin use, increased risk of visual, neurological and cardiac problems	Screening at medical. Six monthly medical review if on oral medication. Check treatment and progress with GP at each medical if controlled by diet	Distant waters and watch-keeping 3 until stabilised - up to 6 months	1 when stabilised – in the absence of complications. Surveillance may need to be at less than 2 year intervals	Re-assessments C Consider obtaining specialist advice on hypoglycaemia risks from sulphanyl urea medication in watchkeepers
3.3	Diabetes – insulin using	Safety-critical risk from hypoglycaemia. Risk to self from loss of control		3 from start of treatment until stabilised	4 distant waters and watchkeeping	2 Case by case assessment of non-watchkeeping coastal crew. Re-assessments C

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
3.4	Obesity/abnormal body mass	Accident to self, reduced mobility and exercise tolerance in routine and emergency duties	Dietary and health advice at medical	Distant waters - consider 3 if body mass index over 30 until reduced. Near-coastal - assess based on job requirements.	4 if unable to meet general fitness requirements If refractory or relapsing, 4 distant waters	2 Case by case assessment for near-coastal (consider also as IHD risk factor) Re-assessments C
4.0	BLOOD DISORDERS					
4.1	Blood-forming organs	Varied - recurrence of abnormal bleeding and also possibly reduced exercise tolerance or low resistance to infections		3 Distant waters. Near-coastal- assess by symptoms	4 Coagulation disorders	Case by case judgement for other conditions
4.2	Anaemia	Reduced exercise tolerance		3 Distant waters. Near-coastal-assess by symptoms	Distant waters - 3 until haemoglobin normal and stable	2 Near-coastal- case by case judgement
4.3	Splenectomy (history of surgery)	Increased susceptibility to certain infections	Advice on prophylaxis for infections			Case by case - likely to be fit for coastal and temperate work but may need restriction on service in tropics
5.0	MENTAL DISORDERS					
5.1	Psychosis (acute) – whether organic, schizophrenic, manic depressive or other cause listed in the International Classification of Diseases	Recurrence, accidents, erratic behaviour / safety performance		3 until investigated and stabilised	4 (if confirmed) for minimum of 5 years	Assessment of fitness to return to seafaring S
5.2	Alcohol abuse (dependency)	Recurrence, accidents, erratic behaviour / safety performance	Advice and policies on alcohol use	3 until investigated and stabilised	4 if persistent and affecting health	Assessment of fitness to return to seafaring S
5.3	Drug dependence/ persistent substance abuse	Recurrence, accidents, erratic behaviour / safety performance	Advice and policies on drug use	3 until investigated and stabilised	4 if history in last 5 years	Assessment of fitness to return to seafaring S

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
5.4	Neurosis eg. anxiety state, depression, or any other mental disorder likely to impair performance	Recurrence, decrement in performance, especially in emergencies	Personal and organisational advice on stress management	3 while acute or under investigation	4 if recurrent or persistent	Case by case assessment - consider effects of medication
6.0	DISEASES OF THE NERVOUS SYSTEM					
6.1	Organic nervous disease e.g. multiple sclerosis, Parkinson's disease	Recurrence /exacerbation. Limitations on muscular power, balance, co-ordination and mobility		3 until diagnosed and stable	4 if limitations affect safe working or unable to meet general fitness requirements	Case by case assessment informed by specialist advice based on job and emergency requirements Re-assessment C
6.2	Epilepsy	Risk to ship, others and self from seizures		3 while under investigation	1 if free from all epileptic attacks for at least the last ten years, has not taken anti-epileptic drugs during that ten year period and does not have a continuing liability to seizures. Otherwise 4 distant waters or watchkeeping Single fit - 3 for one year after fit or one year after end of treatment	2 Case by case assessment of non-watchkeeping UK near-coastal crew
6.3	Cranial surgery (including treatment of vascular anomalies) or significant traumatic brain damage	Increased risk of epileptic seizures. Defects in sensory, cognitive or motor function		3 for one year		Case by case assessment S
6.4	Migraine (frequent attacks causing incapacity)	Risk of disabling recurrences				Consider 4 if frequent attacks lead to incapacity

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
6.5	Syncope and other disturbances of consciousness	Recurrence causing injury or loss of control		3 until investigated and specific neurological and cardiological causes excluded		Consider 4 if frequent attacks lead to incapacity Assessment of fitness to return to seafaring - S
6.6	Meniere's disease (disabling).	Inability to balance causing loss of mobility and nausea		3 during acute phase		Consider 4 if frequent attacks lead to incapacity
7.0	CARDIO-VASCULAR SYSTEM					
7.1	Heart - congenital and valve disease	Risk of progression, limitations on exercise. Bacterial endocarditis risk	Advice on prophylaxis for infections	3 until investigated or treated	4 if exercise tolerance limited or episodes of incapacity occur	Case by case assessment based on specialist reports in other cases. Surveillance may be needed. Assessment S
7.2	Hypertension	Risk factor for ischaemic heart disease, eye and kidney damage and stroke Risk of acute hypertensive episodes	Screening at medical Early treatment of raised blood pressure	3 or 2 depending on duties until investigated and treated in accordance with British Hypertension Society (or other appropriate) Guidelines	4 distant waters or watchkeeping if >170/100mm Hg with or without treatment	Case by case assessment to include side effects of condition and treatment. Surveillance required C.
7.3	'Cardiac event' i.e. myocardial infarction, ECG evidence of past myocardial infarction or newly recognised left bundle branch block, angina, cardiac arrest, coronary artery bypass grafting, coronary angioplasty	Risk of recurrence, sudden loss of capability, exercise limitation	Risk factor screening at medical - dietary and lifestyle advice. Advise against smoking. Seafarers returning post 'cardiac event' to be made aware of limited treatment facilities at sea and hence increased risk in the event of recurrence. Compliance with risk reduction (e.g. weight control, smoking cessation) measures may be made a condition of re-certification	3 until investigated/treated and for three months thereafter	4 if deck officer; boatmaster/ yacht master single manned with passengers; or seafarer distant waters on ship without doctor. 2 after successful completion of Bruce protocol exercise test ¹ , without ischaemic changes on ECG. Time to review to be specified	Consider 2 limited to near-coastal, non watchkeeping duties without emergency duties requiring physical exertion in those who are symptom free. Assessment and follow-up C

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
7.4	Cardiac arrhythmias and conduction defects (including those with pacemakers)	Risk of recurrence, sudden loss of capability, exercise limitation Pacemaker activity may be affected by strong electric fields		3 until investigated, treated and adequacy of treatment confirmed	4 if disabling residual symptoms or excess risk of disabling recurrence	Consider 1 with surveillance or 2 with surveillance for all other cases, based on specialist report, with limits on solo duties or for distant waters if appropriate. Surveillance and treatment regime to be specified. Assessment and follow up C
7.5	Other heart disease eg. cardiomyopathies, pericarditis, heart failure	Risk of recurrence, sudden loss of capability, exercise limitation		3 until investigated, treated and adequacy of treatment confirmed	4 if disabling residual symptoms or risk of disabling recurrence	Assessment S and Follow up C
7.6	Ischaemic cerebrovascular disease (including any cerebrovascular accident or transient ischaemic attack)	Risk of recurrence, sudden loss of capability, mobility limitation. Risk of other circulatory disease causing sudden loss of capability.	Risk factor screening at medical - dietary and lifestyle advice	3 until treated and any residual disability stabilised and for 3 months after event	4 if residual symptoms interfere with duties or there is significant excess risk of recurrence 4 distant waters	2 Assess fitness for duties in coastal waters on case by case basis (exclude from solo watchkeeping) provided general standards of physical fitness are met. Assessment and follow-up C
7.7	Arterial – claudication	Risk of other circulatory disease causing sudden loss of capability. Limits to exercise capacity	Risk factor screening at medical - dietary and lifestyle advice	3 until assessed	4 distant waters, watchkeeping or duties requiring exercise	2 Consider limited fitness for non-watchkeeping duties in coastal waters if symptoms resolved by surgery or other treatment and general standard of fitness can be met. Assessment and follow-up C

¹ Exercise evaluation shall be performed on a bicycle or treadmill. Seafarers should be able to complete 3 stages of the Bruce protocol or equivalent safely, without anti-anginal medication for 48 hours and should remain free from signs of cardiovascular dysfunction, ie angina pectoris, syncope, hypotension, sustained ventricular tachycardia, and/or electrocardiographic ST segment shift which accredited medical opinion interprets as being indicative of myocardial ischaemia (usually >2mm horizontal or down-sloping). In the presence of established coronary heart disease, exercise evaluation shall be required at regular intervals not exceeding 3 years. If the cause of the chest pain is in doubt, an exercise test should be carried out as above. Those with a locomotor disorder who cannot comply will require specialist cardiologist opinion.

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
7.8	Varicose veins	Risk of bleeding if injured, skin changes and ulceration		1 unless symptoms or complications - then 3 until treated	1 following successful treatment. 2 or 4 if ulceration or vulnerable skin	
7.9	Deep vein thrombosis/pulmonary embolus	Risk of pulmonary embolus from deep vein thrombosis - causing sudden loss of capability, recurrence and temporary limitations on mobility. Risk of recurrence of embolus. Risk of bleeding from anti-coagulant treatment		3 until investigated and treated	4 if recurrent or persistent or on anticoagulants	Case by case assessment on return to duties after treatment completed
7.10	Piles	Risk of exacerbation causing pain and disability		1 if not prolapsed, bleeding or causing symptoms. 3 otherwise	1 when satisfactorily treated	2-Less stringency for near-coastal duties
8.0	RESPIRATORY SYSTEM	(Consider fitness to wear breathing apparatus if this forms part of emergency duties)				
8.1	Sinusitis /nasal obstruction.	Disabling for individual		3 until acute problems resolved	4 if disabling and frequent	2-Less stringency for near-coastal duties
8.2	Throat infections (frequent or severe with unhealthy tonsils and adenitis)	Disabling for individual may recur. Some risk of infection to food/other crew		3 until resolved or treated		
8.3	Chronic bronchitis and/or emphysema	Reduced exercise tolerance and disabling symptoms	Advice on smoking cessation	Depends on severity and frequency of exacerbations		2 Case by case. More stringency for distant water duties. Consider fitness for emergencies and ability to meet general standards of fitness

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
8.4	Asthma (Detailed assessment with information from GP/Specialist in all new entrants)	Unpredictable episodes of severe breathlessness. Also may be occupational disease	Early detection of occupational and other remediable causes	3 until episode resolved and effective treatment regime in place. Possibility of occupational cause should be investigated	Disregard asthma only present in childhood when assessing fitness. 4 if history of multiple hospital admissions or oral steroid use for more than one month.	May sometimes be considered fit if well controlled, no severe exacerbations, never used oral steroids. Apply more stringent standards if distant water duties 2. 2 If asthma is occupational should not work with agent causing it
8.5	Pneumothorax – spontaneous traumatic	Acute disability from recurrence		3 for 12 months after initial episode 3 until resolved	4 after recurrent episodes unless pleurectomy performed	Based on advice of treating specialist - 5
9.0	DIGESTIVE SYSTEM					
9.1	Diseases of the mouth and teeth	Acute pain and disability from toothache. Disability and recurrence of mouth and gum infections	Regular dental checks and treatment	3 if visual evidence of untreated dental defects or oral disease	1 when dental and oral treatment completed	2 Discretion to apply less stringent standard for UK near-coastal duties.
9.2	Peptic ulcer	Recurrence with pain, bleeding or perforation		3 until proven healing or cure by surgery or control of helicobacteria. And on normal diet for three months	1 on return to duty 4 if ulcer persists despite surgery and medication	2 Discretion to apply less stringent standard for UK near-coastal duties
9.3	Recurrent attacks of appendicitis	Pain and complications		3 until removed		
9.4	Non infectious enteritis, colitis, diverticulitis etc.	Disability and pain			4 if severe or recurrent	Case by case assessment if non-disabling C. 2 Less stringency for UK near-coastal duties

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
9.5	Stoma	Disability if control is lost - need for bags etc. Potential problems in long term emergencies				2 Case by case assessment, likely to be less of a problem in coastal duties. Private facilities required for bag changing and stoma hygiene
9.6	Cirrhosis of liver	Liver failure. Bleeding oesophageal varices	Advice and policies on alcohol use	3 until fully investigated	4 if severe or complicated by ascites or oesophageal varices	Case by case assessment if at early stage C
9.7	Biliary tract disease	Biliary colic from gall stones, jaundice, liver failure		3 if biliary colic until surgically treated		Case by case assessment
9.8	Pancreatitis	Recurrence	Advice and policies on alcohol use	3 until resolved	4 if recurrent or alcohol related	
10.0	GENITO-URINARY CONDITIONS					
10.1	Proteinuria. Glycosuria, or other urinary abnormality	Indicator of kidney or other diseases		3 until fully investigated and causes resolved		Case by case assessment or see section on underlying cause
10.2	Acute nephritis	Renal failure, hypertension		3 until resolved		Case by case assessment
10.3	Sub acute or chronic nephritis or nephrosis	Renal failure, hypertension		3 until investigated		Case by case assessment. 2 for near-coastal duties
10.4	Acute urinary infection	Pain and disability from relapse or recurrence		3 until satisfactorily investigated and treated	4 if recurrent or with untreatable underlying cause	

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
10.5	Renal or ureteric calculus	Pain and disability from renal colic	Advice on fluid intake	3 until investigated and treated	4 if recurrent stone formation 1 if period of > five year's observation and normal urine and renal function indicate isolated attack or renal colic	Consider 2 if concern about ability to work in tropics or under high temperature conditions
10.6	Prostatic enlargement/Urinary obstruction	Acute retention of urine		3 until investigated and treated	4 if not remediable	
10.7	Removal of kidney	Limits on fluid regulation under extreme conditions		4 in new entrants for distant water/tropical duties	1 in serving seafarer if remaining kidney is healthy with normal function	Consider 2 if concern about ability to work in tropics or under high temperature conditions
10.8	Incontinence of urine	Smell, social problems		3 until investigated and treated		Consider 4 if severe and irremediable
10.9	Heavy vaginal bleeding, severe menstrual pain, endometriosis, prolapse of genital organs or other gynaecological conditions	Disability from pain or bleeding				Case by case assessment. Consider restriction if condition is likely to cause trouble on voyage or affect working capacity
11.0	PREGNANCY					
11.1	Pregnancy	Complications, late limitations on mobility	Advice on risks and limitations in advance and during early stages of pregnancy	Normal - (See Marine Guidance Note MGN 112) Abnormal – 3 on diagnosis		
12.0	SKIN	Consider special difficulties with most skin problems in hot conditions				
12.1	Skin infections	Exacerbation, risk to others	Hygiene advice especially for catering staff	3 until satisfactorily treated		Consider 4 for catering staff with recurrent problems

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
12.2	Other skin diseases eg eczema, dermatitis, psoriasis	Exacerbation, sometimes occupational cause	Advice to individual and employer on occupational allergens and irritants. Advice on skin care	Case by case decision. Dermatological opinion if in doubt	Restrict as appropriate if aggravated by heat, or substances at work	Case by case assessment
13.0	MUSCULO-SKELETAL					
13.1	Osteo arthritis , other joint diseases and subsequent joint replacement	Pain and mobility limitation affecting normal or emergency duties. Risk of dislocation of replacement joints		Case by case decision based on job requirements and history of condition.	4 for advanced and severe cases and following hip and knee replacements.	Case by case - consider emergency duties and evacuation from ship – should meet general fitness requirements
13.2	Recurrent instability of shoulder or knee joints	Sudden disabling limitation of mobility, with pain		3 until satisfactorily treated		Case by case assessment of occasional instability
13.3	Limb prosthesis	Mobility limitation affecting normal or emergency duties.				4 normally but may be assessed fit with restrictions if general fitness requirements are met. Arrangements for fitting prosthesis in emergency must be confirmed.
13.4	Back pain	Pain and mobility limitation affecting normal or emergency duties. Risk of exacerbation	Manual handling advice. Early intervention and rehabilitation to reduce risk of chronicity	3 in acute stage	4 if recurrent and incapacitating	
13.5	Hernia	Risk of strangulation		3 until repaired (except diaphragmatic)		Case by case assessment of diaphragmatic hernia
14.0	SENSORY					
14.1	Speech defect	Limits to communications - may be safety- critical			4 if effective communication interfered with	

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
14.2	Otitis - externa and media	Recurrence. Infection source in food handlers		3 until treated	Chronic discharge in food handler - 4	If chronic case by case - consider risk from heat and humidity
14.3	Deafness	Limits to routine communication and in emergencies- may be safety -critical. May indicate noise damage	Advice to individual and employer on noise reduction	Audiometric assessment - see criteria	4 if effective communication interfered with. Reduce noise exposure if noise induced	Use of hearing aid may be acceptable in catering staff. Not acceptable where sound communication is safety critical – watchkeeping staff - or when emergency signals arouse from sleep
14.4	EYESIGHT (See Appendix 1 for details of standards required)	Safety critical loss of visual information	Provision of appropriate correction Discourage laser refractive surgery	Visual assessment - see criteria 3 for six months after laser surgery then confirm acuity. 1 with surveillance until stability confirmed Specific eye diseases e.g. glaucoma, where visual standards are still met	4 if standards not met	<i>Note: employer should be informed of their special duty of care for eyesight if a monocular serving seafarer meets visual standards</i> S - Obtain specialist opinion on prognosis and on other defects eg. visual field defects, night vision. Unfit for watchkeeping and/or lookout duties if significant perceptual defect
15.0	GENERAL					
15.1	Prescribed medication	Varied - performance decrement, other side effects, insufficient for voyage.	Policy for reporting medication use, advice on any restrictions required and on continuity of supply	3 for duration of medication if package notes indicate driving/moving machinery risk or other relevant side effect		Case by case assessment
15.2	Transplants – kidney, heart, lung, liver	Risk of rejection. Side effects of medication			4 normally	2 –near- coastal only, may be appropriate for fully functioning transplant on stable medication, provided general fitness standards are met

Ref No	Condition	Rationale, risk basis	Clinical aspects of prevention	Fitness category on identification of condition (see note 9 above)	Absolute fitness category after investigation and resolution	Discretionary fitness category after investigation and resolution
15.3	Conditions not specifically listed			Use analogy with related conditions as a guide. Consider excess risk of sudden incapacity, excess risk of recurrence or progression and limitations on performing normal and emergency duties. If in doubt obtain advice or consider restriction and referral to referee		Assess recovery in terms of residual excess risk. Seek advice on prognosis and complications if in doubt.
15.4	Progressive conditions which are currently within standards	Varied - e.g. Huntington's chorea - including family history, keratoconus	Vocational advice on diagnosis or at pre-sea medical			Case by case, with specialist advice. Such conditions do not bar if harmful progression before next medical is judged unlikely.
16.0	PHYSICAL FITNESS					
	See Note 5 at the beginning of this Table and Appendix 2					

EYESIGHT STANDARDS FOR SEAFARERS

GENERAL

Eyesight testing is carried out at every seafarer medical examination.

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

Binocular vision is normally necessary for all categories of seafarers. However, monocular *seving* seafarers and those who *become monocular in service* and meet the required standard should be allowed to continue at sea.

In all cases where visual aids (spectacles or contact lenses) are required for the efficient performance of duties, a spare pair must be carried when seafaring. Where different visual aids are used for distant and near vision, a spare pair of each must be carried.

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

COLOUR VISION

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

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

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

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

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

Table - SUMMARY OF STANDARDS REQUIRED

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

Notes

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

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

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

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

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

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

SHIPBOARD TASK, FUNCTION, EVENT OR CONDITION	RELATED PHYSICAL ABILITY	A MEDICAL EXAMINER should be satisfied that the candidate
Routine movement on slippery, uneven and unstable surfaces; risk of injury	Maintain balance (equilibrium)	Has no disturbance in sense of balance
Routine access between levels; emergency response procedures	Climb up and down vertical ladders and stairways	Is able without assistance, to climb up and down vertical ladders and stairways (inclined ladders).
Routine movement between spaces and compartments; emergency response procedures	Step over coamings (e.g., to 60cm in height)	Is able without assistance, to step over a high door sill (coaming)
Open and close watertight doors; hand cranking systems, open and close valve wheels; handle lines, use hand tools(i.e., spanners, fire axes, valve wrenches, hammers, screwdriver, pliers)	Manipulate mechanical devices (manual and digital dexterity, and strength)	Is able to grasp, lift and manipulate various common shipboard tools; move hands/arms to open and close valve wheels in vertical and horizontal directions; rotate wrists to turn handles.
Access throughout ship; use tools and equipment; emergency response procedures must be followed promptly, including donning of life jackets or exposure suit	Move with agility	Does not have any impairment or disease which could prevent his/her normal movement and physical activities
Handle ship's stores; use tools and equipment; handle lines; follow emergency response procedures	Lift, pull, push and carry a load	Does not have any impairment or disease which could prevent his/her normal movement and physical activities
Overhead storage; opening and closing valves	Reach above shoulder height	Does not have any impairment or disease which could prevent his/her normal movement and physical activities
General ship's maintenance; emergency response procedures, including damage control	Crouch (lowering height by bending knees) Kneel (placing knees on ground) Stoop (lowering height by bending at the waist).	Does not have any impairment or disease which could prevent him/her normal movement and physical activities
Emergency response procedures, including escape from smoke-filled spaces	Crawl (the ability to move the body with hands and knees). Feel (the ability to handle or touch to examine or determine differences in temperature)	Does not have any impairment or disease which could prevent him/her normal movement and physical activities
Stand a watch for a minimum of 4 hours	Stand and walk for extended periods	Is able to stand and walk for extended periods
Access between spaces; follow emergency response procedures	Work in constricted spaces and move through restricted openings (e.g. 60cm x 60cm)	Does not have any impairment or disease which could prevent him/her normal movement and physical activities
React to visual alarms, warnings, and instructions; emergency response procedures	Distinguish an object or shape at a certain distance	Fulfil the eyesight standards specified by the competent authority.
React to audible alarms and instructions; emergency response procedures	Hear a specified dB sound at a specified frequency,	Fulfil the hearing capacity standards specified by the competent authority.
Make verbal reports or call attention to suspicious or emergency conditions	Describe immediate surroundings and activities, and pronounce words clearly	Is capable of normal conversation

Notes:

1. *The above table describes (a) ordinary shipboard tasks, functions, events and conditions, (b) a corresponding physical ability which is considered necessary for the safety of a seafarer who is living and working on board a ship at sea, and (c) a guideline for measuring the corresponding physical ability.*
2. *This table is not intended to address all possible shipboard conditions or potentially disqualifying medical conditions; and it should, therefore, be used only as general guidance. Approved doctors may determine whether a seafarer should be subject to an assessment of physical ability for service on sea-going ships, taking into account the nature of shipboard work for which they will be employed. For example, full application of these guidelines may not be appropriate in the case of entertainers who are not assigned duties on the muster list. Also, special circumstances surrounding individual cases as well as any known risks of permitting the individual to be employed on board ship, and the extent to which a limited ability might be accommodated in a given situation, should be given full consideration.*
3. *The term 'emergency response procedures' as used in this table is intended to cover all standard emergency response evolutions such as abandon ship and fire-fighting, as well as basic procedures to be followed by each seafarer to enhance his/her personal survival to avoid creating situations where special assistance from other crew members would be required.*
4. *The term 'assistance' means the use of another person to accomplish the task.*
5. *If in doubt, the medical examiner should quantify the degree of severity of any disqualifying impairment by means of objective tests, whenever appropriate tests are available, or by referring the candidate for further assessment.*

MCA MARINE OFFICES WHERE LANTERN TESTS ARE HELD

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|--|--|
| 1. Aberdeen Marine Office
Marine House
Blaikies Quay
Aberdeen AB11 5EZ | Tel: 01224 597900
Fax: 01224 571920 |
| 2. Hull Marine Office
Crosskill House
Mill Lane, Beverley
North Humberside HU17 9JB | Tel: 01482 866 606
Fax: 01482 869 989 |
| 3. Southampton Marine Office
Spring Place
105 Commercial Road
Southampton
SO15 1EG | Tel: 023 80329329
Fax: 023 80329351 |

Note: Glasgow Marine Office no longer conducts lantern tests

