Regulations of 5 June 2014 No. 805 on medical examination of employees on Norwegian ships and mobile offshore units

Legal basis: Laid down by the Norwegian Maritime Authority on 5 June 2014 under the Act of 16 February 2007 No. 9 relating to ship safety and security (Ship Safety and Security Act) sections 2, 6, 17, 43 and 45, cf. Formal Delegation of 16 February 2007 No. 171 and Formal Delegation of 31 May 2007 No. 590.
EEA references: EEA Agreement Annex VII point 1 (Directive 2005/36/EC), Annex XIII (Directive (EU) 2019/1159), Annex XIII point 56j (Directive (EU) 2022/993) and Annex XVIII point 32j (Directive 2009/13/EC).
Amendments: Amended by Regulations of 10 November 2017 No. 1778, 20 December 2017 No. 2379, 3 February 2020 No. 102, 30 July 2021 No. 2465, 24 January 2022 No. 118, 2 June 2023 No. 971, 7 November 2023 No. 1800 (EEA reference), 26 June 2025 No. 1372.

Chapter I
Introductory provisions

Section 1
Purpose

These Regulations shall ensure that any person working on board a Norwegian ship or mobile offshore unit is medically fit for service on board, is not suffering from one or more medical conditions likely to be aggravated by service at sea or to endanger the health and safety of other persons on board.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 20 December 2017 No. 2379 (in force on 1 January 2018).

Section 2
Scope of application

These Regulations shall apply to persons working on board Norwegian ships or mobile offshore units, with the exception of those who only:

a) work on board while the vessel is in port;
b) carry out inspections on board.

The Regulations do not apply to persons who have turned 18 years old and who are working on board the following vessels, when the vessel is at sea for continuous periods of no more than three days:

a) fishing vessels of up to 15 metres in overall length or of less than 100 gross tonnage when the vessels is less than 24 metres in length (L);
b) fishing vessels of less than 24 metres in length (L) certified for Bank fishing I or lesser trade areas;
c) cargo ships of less than 15 metres in length (L) engaged on domestic voyages.

The Regulations apply to seafarer's doctors.

Amended by Regulation of 10 November 2017 No. 1778 (in force on 16 November 2017).

Section 3
Definitions

For the purposes of these Regulations, the following definitions shall apply:

a) *"Seafarer's doctor"*: A medical practitioner approved for the purpose of conducting medical examinations and making decisions in accordance with the provisions of these Regulations.
b) *"Medical certificate"*: A declaration by a seafarer's doctor that a person has been examined in accordance with these Regulations and found to be medically fit for service on board.
c) *"Permanent declaration of unfitness"*: A declaration by a seafarer's doctor that a person has been examined in accordance with these Regulations and found not to be medically fit for service on board, and that it is unlikely that the person will be able to meet the conditions within two years.
d) *"Temporary declaration of unfitness"*: A declaration by a seafarer's doctor that a person has been examined in accordance with these Regulations and found not to be medically fit for service on board, but it is likely that the person will be able to meet the conditions within two years.
e) *"Provisional declaration of unfitness"*: A declaration by a seafarer's doctor, without preceding medical examination, that a person is deemed not to be medically fit for service on board.

Amended by Regulation of 26 June 2025 No. 1372.

Chapter II
The company and persons working on board

Section 4
Medical certificate requirement

Any person working on board shall have a valid medical certificate.

A medical certificate issued in accordance with the medical certificate requirements of any EEA country satisfies the requirement of the first paragraph when the medical certificate is issued in an EEA country.

Persons working on board may have a medical certificate issued by a flag State approved by the Norwegian Maritime Authority.

Persons working on board a mobile offshore unit in a capacity for which a certificate of competency is not required pursuant to the Regulations of 22 December 2011 No. 1523 on qualifications and certificates for seafarers, may as an alternative have a medical certificate issued in accordance with the Petroleum Safety Authority Norway's regulations.

If the medical certificate of a person working on board has expired no more than one month ago, the person may commence service on board when a new medical certificate cannot reasonably be obtained without delaying the vessel. A new medical certificate shall be presented at the ship's next port of call where the medical examination can be performed in accordance with the requirements of these Regulations, but not later than six weeks after the commencement of service of the person working on board. Where possible, a time limited medical certificate shall be produced to document that the health of the person working on board is satisfactory.

The medical certificates shall be kept by the master on board.

The company shall cover the cost of a medical examination under these Regulations.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 30 July 2021 No. 2465 (in force on 1 August 2021).

Section 5
Validity of medical certificates

A medical certificate shall be valid for two years. Medical certificates issued to persons under 18 years of age shall be valid for one year.

If the medical certificate expires while the ship is at sea, the medical certificate shall continue in force until the next port of call where a medical examination can be performed in accordance with the requirements of these Regulations.

The medical certificate will nevertheless no longer be valid if the period of validity expired more than three months earlier.

The medical certificate shall be renewed if the person working on board changes position on board to a capacity for which there are stricter health requirements.

Amended by Regulation of 10 November 2017 No. 1778 (in force on 16 November 2017).

Section 6
Requirement for new medical certificate

The company or master shall require a new medical certificate if it is likely that the person working on board no longer satisfies the requirements for medical certificate of these Regulations.

The demand for a new medical certificate shall be presented in writing and the grounds therefore shall be stated. The reason for the requirement for a new medical certificate may for instance be that the person working on board has been unfit for work for more than 30 days, has been admitted to hospital or is starting on new medication.

Any person working on board who has reason to believe that they no longer satisfies the health requirements of these Regulations shall, without unjustified delay, inform the master or the company and consult a seafarer’s doctor.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 26 June 2025 No. 1372.

Section 6a
Exemption when registering a vessel

When a new vessel is registered in a Norwegian ship register to fly the Norwegian flag, the Norwegian Maritime Authority (NMA) may upon written application from the company grant a time-limited exemption from the requirement of having a valid medical certificate pursuant to these Regulations, provided that the company can confirm that:

a) it is not reasonably possible to provide valid medical certificates pursuant to these Regulations for all persons working on board prior to the date of registration in a Norwegian ship register;

b) the persons working on board have valid medical certificates issued by a flag State which has ratified the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), and compliance with the STCW requirements is specified in the medical certificates;
c) copies of valid medical certificates pursuant to these Regulations will be submitted as soon as possible and no later than three months after the vessel has been registered in a Norwegian ship register.

Added by Regulation of 3 February 2020 No. 102.

Chapter III
Seafarer's doctors

Amended by Regulation of 26 June 2025 No. 1372.

Section 7
Requirements for approval as seafarer's doctor

The Norwegian Maritime Authority or a Norwegian foreign service mission may grant an approval as seafarer's doctor to a medical practitioner authorised in accordance with national provisions in the country where the practitioner has their practice, and who:

a) has completed a course in maritime medicine approved by the Norwegian Maritime Authority;
b) can perform medical examinations pursuant to these Regulations to such an extent that competence in maritime medicine is maintained;
c) participates in a refresher course in maritime medicine during the approval period;
d) has access to the equipment needed to complete medical examinations pursuant to these Regulations;
e) has normal colour vision or has made arrangements so that the colour vision of the person working on board can be properly examined;
f) has command of Norwegian or English;
g) has necessary knowledge of Norwegian legislation, particularly these Regulations and the Public Administration Act;
h) has a quality system in accordance with an internationally recognised standard.

Medical practitioners with practice in Norway shall be approved as seafarer's doctor by the Norwegian Maritime Authority.

Medical practitioners with practice outside of Norway shall be approved as seafarer's doctor by a foreign service mission on behalf of the Norwegian Maritime Authority.

Approval as seafarer's doctors shall be granted for a period of one to five years.

The approval certificate shall be visibly placed in the office of the seafarer's doctor.

Seafarer's doctors with practice in Norway shall submit application for renewal of the approval to the Norwegian Maritime Authority no later than one month before expiry of the approval.

Seafarer's doctors with practice outside of Norway shall submit application for renewal of the approval to the foreign service mission no later than one month before expiry of the approval.

The approval may be withdrawn if it is likely that the medical practitioner no longer satisfies the conditions for approval or that the medical practitioner's administrative procedure is not in compliance with the requirements of these Regulations or the Public Administration Act.

In exceptional cases, the Norwegian Maritime Authority may grant exemptions from the requirements for approval as seafarer's doctor.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 26 June 2025 No. 1372.

Section 8
Proof of identity and self-declaration

Before commencing the medical examination, the seafarer's doctor shall check the identity of the person working on board.

The person working on board shall submit a self-declaration on their health on the form prescribed by the Norwegian Maritime Authority and shall sign the self-declaration in the presence of the seafarer's doctor.

The seafarer's doctor shall keep the self-declaration.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 26 June 2025 No. 1372.

Section 9
The seafarer's doctor's competence and administrative procedure

Seafarer's doctors may perform medical examinations and issue:

a) medical certificate;
b) limited medical certificate
c) permanent, temporary or provisional declaration of unfitness.

The decision of the seafarer's doctor pursuant to the first paragraph is an individual decision in accordance with the Public Administration Act.

The medical examination shall be performed based on section 1 and the appendix to these Regulations. When the person working on board has a medical condition not mentioned specifically in the appendix, the seafarer's doctor shall use analogy to ensure that the purpose of section 1 is achieved.

The seafarer's doctor who has access to electronic registration of medical certificates and declarations of unfitness shall check the medical certificate or declaration of unfitness most recently issued to the person working on board in the Norwegian Maritime Authority's database.

The seafarer's doctor shall require that the person working on board present the paper version of their most recently issued medical certificate. The seafarer's doctor shall shred this medical certificate upon completed examination.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 2 June 2023 No. 971, 26 June 2025 No. 1372.

Section 10

Issue of medical certificate

When the person working on board satisfies the requirements of these Regulations, the seafarer's doctor shall issue a medical certificate on the form prescribed by the Norwegian Maritime Authority.

If the seafarer's doctor on the basis of section 1 considers it justifiable in terms of health and safety, a medical certificate may be issued to the person working on board even if examination results are not available before the commencement of service.

The seafarer's doctor shall notify the company and the person working on board if the overall examination results show that the person working on board does not satisfy the requirements for a medical certificate pursuant to these Regulations.

The seafarer's doctor who has access to electronic registration of medical certificates and declarations of unfitness shall register the medical certificate in the Norwegian Maritime Authority's database.

The seafarer's doctor shall sign the medical certificate and stamp it with a stamp that includes the seafarer's doctor's name and title. The medical certificate shall also be signed by the person working on board.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 2 June 2023 No. 971, 26 June 2025 No. 1372.

Section 11

Issue of limited medical certificate

A medical certificate may be limited to a particular trade area, period of time, or service on board.

In considering whether a limited medical certificate should be issued, the seafarer's doctor shall, *inter alia*, take into consideration:

a) the health of the person working on board;
b) the tasks that follow the capacity of the person working on board;
c) whether the person working on board, can function effectively in an emergency or casualty situation;
d) whether the person working on board constitutes a risk to the health or safety of other persons working on board.

The seafarer's doctor who has access to electronic registration of medical certificates and declarations of unfitness shall register the limited medical certificate in the Norwegian Maritime Authority's database. The seafarer's doctor who does not have access to electronic registration shall send a copy of the limited medical certificate to the Norwegian Maritime Authority.

The seafarer's doctor shall sign the limited medical certificate and stamp it with a stamp that includes the name and title of the seafarer's doctor. The medical certificate shall also be signed by the person working on board.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 2 June 2023 No. 971, 26 June 2025 No. 1372.

Section 12

Issue of permanent, temporary and provisional declaration of unfitness

Where the person working on board fails to satisfy the requirements for a medical certificate set forth in these Regulations, and it is unlikely that their health will improve within two years, the seafarer's doctor shall issue a permanent declaration of unfitness.

When the person working on board fails to satisfy the requirements for a medical certificate set forth in these Regulations, but may be able to satisfy the requirements within two years, the seafarer's doctor shall issue a temporary declaration of unfitness.

A seafarer's doctor who, without performing a medical examination, is made aware that there is every probability that the person working on board no longer satisfies the requirements for a medical certificate set forth in these Regulations,

shall issue a provisional declaration of unfitness. The seafarer's doctor shall notify the company and the person who is the subject of the decision, of the decision. A decision relating to provisional unfitness shall stand until the person working on board has been examined by a seafarer's doctor and a new decision regarding medical certificate, limited medical certificate, permanent declaration of unfitness or temporary declaration of unfitness has been made.

The seafarer's doctor who has access to electronic registration of medical certificates and declarations of unfitness shall register the declaration of unfitness in the Norwegian Maritime Authority's database. The seafarer's doctor who does not have access to electronic registration shall send a copy of the declaration of unfitness to the Norwegian Maritime Authority.

The seafarer's doctor shall sign the medical certificate and stamp it with a stamp that includes the name and title of the seafarer's doctor.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 2 June 2023 No. 971, 26 June 2025 No. 1372.

Section 13

Appellate body for health cases

Appeals against decisions made by seafarer's doctors and applications for exemption from any health requirements of these Regulations shall be considered by the appellate body for health cases. The appellate body shall base its decisions on section 1 and the appendix to these Regulations.

The appellate body shall have three members and shall consist of a medical practitioner who shall act as the head of the appellate body, a trade union representative and a representative from the Norwegian Maritime Authority. The trade union representative shall have knowledge of the type of work carried out by the person who is the subject of the appeal or application.

The members of the appellate body have a duty of confidentiality regarding any information about personal matters that might emerge in connection with the appellate body's administrative procedure.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 26 June 2025 No. 1372.

Section 14

The competence of the appellate body for health cases

The appellate body for health cases can consider appeals against decisions made by seafarer's doctors and applications for exemption from one or more of the health requirements of these Regulations.

A decision made by the appellate body is an administrative decision pursuant to the Public Administration Act, and shall follow the rules of procedure set forth in the Act.

The appellate body may impose specific limitations and conditions on the issuance of medical certificates; the limitations shall be entered on the medical certificate.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 26 June 2025 No. 1372.

Section 15

Appeals against decisions made by a seafarer's doctor

The person working on board may appeal decisions made by seafarer's doctors in accordance with the provisions of the Public Administration Act.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 26 June 2025 No. 1372.

Section 16

Exemptions

The appellate body for health cases may grant a person working on board an exemption from one or more of the health requirements of these Regulations when the person applies for an exemption in writing and one of the following conditions is met:

a) it is established that the requirement is not a minimum requirement from a binding international standard, is not essential and that the exemption is considered justifiable in terms of safety, cf. section 1 of these Regulations;

b) it is established that the requirement is not a minimum requirement from a binding international standard and that compensating measures will maintain the same level of safety as required by these Regulations.

The application for exemption shall be made to the seafarer's doctor who made the decision to issue of a limited medical certificate or declaration of unfitness.

The seafarer's doctor shall perform the examinations necessitated by the application. A seafarer's doctor with practice in Norway shall forward the application with supporting documentation to the Norwegian Maritime Authority, while a seafarer's doctor with practice outside Norway shall forward the application for exemption to the Norwegian Maritime Authority by way of a foreign service mission.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 26 June 2025 No. 1372.

Section 17

Postponed execution of decision

In the case of appeals or applications for exemption, the seafarer's doctor may permit the person working on board to continue in the same or a less demanding capacity on board until the appeal or application is decided, if:

a) the company or master has provided the seafarer's doctor with a written consent;
b) the seafarer's doctor finds that a postponed execution of the decision will not be in contravention of section 1.

A permission pursuant to the first paragraph may be granted for a period not exceeding six months, and cannot be extended by a new decision on postponed execution.

The seafarer's doctor shall fill out a form for unfitness stating the duration of the postponement. At the same time, a medical certificate shall be issued for the equivalent period.

Amended by Regulations of 10 November 2017 No. 1778 (in force on 16 November 2017), 26 June 2025 No. 1372.

Chapter IV
Concluding provisions

Section 18

Entry into force

These Regulations enter into force on 1 July 2014.

As from the same date, the Regulations of 19 October 2001 No. 1309 concerning the medical examination of employees on ships are repealed.

Section 19

Transitional provisions for seafarer's doctors

A person who is already approved as a seafarer's doctor must complete an approved course in maritime medicine as mentioned in section 7 first paragraph (a) and implement a quality system as mentioned in section 7 first paragraph (h) within five years from the date of entry into force of these Regulations.

Amended by Regulation of 26 June 2025 No. 1372.

Section 20

Repealed by Regulation of 10 November 2017 No. 1778 (in force on 16 November 2017).

Appendix to Regulations of 5 June 2014 No. 805 on medical examination of employees on Norwegian ships and mobile offshore units

Amended by Regulation of 26 June 2025 No. 1372.

A – Eyesight requirements

Eyesight examination

Distance vision shall be tested using Snellen test type or equivalent. The requirements are set out in the STCW Code, Table A-I/9, see below.

Near vision shall be tested using reading test type.

Colour vision shall be tested using Ishihara pseudoisochromatic plates or equivalent.

Employees who do not pass the Ishihara test may be referred to examination by way of lantern tests.

Lantern testing follows the International Recommendations for Colour Vision Requirements for Transport from the International Commission on Illumination (CIE-143-2001), or subsequent editions.

Contact lenses or glasses may not be worn if their purpose is to improve colour vision, including visual aids with red-tinted glass that enhances the contrast between green, yellow and brown tones in such a way that an employee with impaired colour vision may pass the Ishihara test.

Visual fields shall initially be tested using Donders' method. Any indication of limited field of vision shall lead to referral to a clinical vision specialist for more detailed mapping of the visual field defect.

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

Following refractive eye surgery and other ophthalmological procedures which may potentially impair eyesight, an examination by a specialist shall be carried out when the eyesight is presumed to have stabilised in order to map any occurrence of reduced contrast vision, reduced night vision, halo, stardust or similar effects. This is of the largest importance for employees that perform navigational watch functions.

The eyesight requirements are built on the STCW Code, Table A-I/9: Minimum in-service eyesight requirements for seafarers on board ship.

STCW Convention regulation	Category of employee	Distance vision aided1		Near/inter-mediate vision	Colour vision3	Visual fields4	Night blind-ness4	Diplopia (double vision)4
		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	0.52	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/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	0.45	0.45	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 systems/components as necessary		Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

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 Based on the STCW Convention section A-1/9, No. 5, the requirement for colour vision for engineers, electro-technical ratings etc. forming part of an engine-room watch is that their combined vision fulfils the requirements set out in table A-1/9.

Seafarer's doctors should advice employees required to use spectacles or contact lenses to perform duties that they should bring spare spectacles or contact lenses and to keep these conveniently available on board the ship.

Refractive eye surgery

If laser refractive surgery has been undertaken, eyesight must have stabilised 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.

Employees not covered by the STCW Convention

All employees on board ships 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.

Employees not covered by the STCW Convention's eyesight standards should have vision sufficient to perform their routine and emergency duties safely and effectively.

B – Hearing

Hearing requirements for employees covered by the STCW Convention

Frequency	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz
Best ear	Average hearing capacity at least 30 dB			
Weakest ear	Average hearing capacity at least 40 dB			

The hearing requirements are equivalent to hearing whispered speech at distances of 3 metres and 2 metres, respectively.

Hearing requirements for employees not covered by the STCW Convention

Employees performing duties not covered by the STCW Convention shall have satisfactory social hearing.

Testing methods

Hearing shall be tested on each medical examination with a view to issuing a medical certificate.

Hearing examinations shall be made by a pure tone audiometer at each medical examination.

Speech and whisper testing is not recommended as only form of testing.

"Satisfactory social hearing" is defined as being able to understand normal speech correctly at a distance of two metres, without the opportunity to lip read.

Use of hearing aid

This is only acceptable in serving employees where it has been confirmed that the employee will be capable of safely and effectively performing the specific routine and emergency duties required of them.

For employees who do not meet the hearing requirements for navigational watch or safety functions, a hearing aid may be used if it gives the individual a hearing at all the frequencies indicated herein showing a hearing capacity which is at least 10 dB higher (better) than the limit values stipulated for navigational watch function and safety functions.

Other employees may use a hearing aid if it gives the individual concerned satisfactory social hearing.

Employees using a hearing aid must be examined at a hearing centre or by an ear, nose and throat specialist using the speech audiometry test for background noise. Before drawing a final conclusion in the case of an employee who performs navigational watch or safety functions, a statement from the employer on the noise level of the workplace must be solicited and considered. It must be shown to be probable that the hearing will remain at this level throughout the period of validity of the medical certificate. If necessary a time-limited medical certificate shall be issued.

If necessary, hearing arrangements must be installed to ensure that the employee will be reliably aroused from sleep in the event of an emergency.

C – 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. This requires sufficient physical abilities in the following areas:

a) strength;
b) stamina;
c) flexibility;
d) balance and coordination;
e) size – compatible with work in confined areas and moving through restricted openings;
f) exercise capacity – heart and respiratory reserve; and
g) fitness for specific tasks, such as being able to carry breathing apparatus for smoke divers.

Medical conditions and physical capability

Limitations in physical capability may arise from some medical conditions, such as:

a) high or low body mass / obesity;
b) severely reduced muscle mass;
c) musculoskeletal disease, pain or limitations to movement;
d) a condition following an injury or surgery;
e) pulmonary diseases;
f) cardiovascular diseases;
g) neurological diseases.

Physical capability assessment

Physical capability testing shall 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 an employee's physical abilities.

The aspects that are tested will depend on the reasons for doing it.

Table B-I/9 in the STCW Convention gives recommendations for physical abilities to be assessed for the various functions.

The below recommendation shows approaches that may be used to assess whether the requirements are met.

- Observed ability to perform routine and emergency duties safely and effectively.
- Tasks that simulate routine and emergency duties.
- Assessment of cardiorespiratory reserve, including spirometry and ergometric tests. This will predict maximum exercise capacity and hence indirectly 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 throughout the period of validity of the medical certificate. The benchmark test is measurement of maximum oxygen uptake (VO2 max), but this requires dedicated equipment. Step tests such as the Chester or the Harvard are simpler alternatives that may be used for screening. If step tests are abnormal, they should be further validated by VO2 max or treadmill stress tests.
- Non-standardised testing of cardiorespiratory reserve, for instance climbing stairs (three to six flights of stairs) and assessing any distress, shortness of breath and similar, plus the speed of pulse rate decline on stopping. This is not readily reproducible but can be used for repeat assessment by the same medical practitioner.
- Clinical assessment of strength, mobility, coordination, etc.

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

- physically demanding duties on the vessel (carrying heavy items, handling mooring equipment, etc.);

- attendance at a physically demanding course, e.g. smoke diving, helicopter escape, STCW basic training or similar; and
- a confirmed personal pattern of regular exercise.

Interpretation of results

- Is there any evidence that the employee is not able to perform their routine and emergency duties safely and effectively?
- Are there any observed limitations to strength, flexibility, stamina or coordination?
- What is the outcome of any test for cardiorespiratory reserve?
  - Test performance limited by shortness of breath, musculoskeletal or other pain, or exhaustion. Causes need to be investigated and taken into account in determining physical capability.
  - Unable to complete test.
  - Completed but stressed or with poor recovery after stopping.
  - Completed to good or average standard.

Discuss subjective feelings during the test with the employee and review their experiences of fitness and capability when performing normal tasks and emergency drills (e.g. person-overboard drills or lifeboat drills). If performance at work is uncertain, obtain corroboration from others.

Decision-making

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

- Is there any indication that physical capability may be limited? (stiffness, obesity, history of heart disease, etc.)
  - If NO – no test necessary.
  - If YES – consider which tests or observations that have to be carried out in order to determine the employee's capability to perform their duties.
- Do the test results indicate that capabilities may be limited?
  - NO – provided there are no underlying conditions that affect conduct of assessment. → Unlimited medical certificate
  - YES – but duties can be modified so that the employee can work in a safe and effective way, without putting excess responsibilities on others. → Limited medical certificate
  - YES – but cause of limitation can be remedied. Incompatible with reliable performance of essential duties safely and effectively. → Temporary declaration of unfitness
  - YES – and cause of limitation cannot be remedied. Incompatible with reliable performance of essential duties safely and effectively. → Permanent declaration of unfitness

D – Use of medication

Introduction

Medication can play an important part in enabling employees 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 may increase the likelihood of illness at sea.

The paragraph on use of medication is only concerned with continuing prescribed medication use.

The use of oral medication at sea may be prevented by nausea and vomiting, and illness may arise if the medication is no longer taken and therefore does not provide protection (epilepsy, hormones, etc.).

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

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

Issue of declaration regarding use of prescribed medication

The seafarer's doctor shall ensure that employees 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 medications on board. This is particularly important for those medications that are legally prescribed controlled drugs (prescription group A and B in Norway) or those drugs which may be abused.

All employees who pass the medical examination, and who use prescribed medication, shall be provided with a declaration from the seafarer's doctor, including:

a) a specification of the name of the medication;
b) dosage; and
c) a confirmation that permission has been granted for using the medication when on duty on board ship.

Short-term treatment with medication

Medicinal treatment of non-chronic illnesses shall as a rule be completed before a medical certificate can be issued.

Use of such medication is not included in the requirement for declaration regarding use of prescribed medication.

It is the company's and the master's responsibility to have routines in place that cover short-term treatment and use of over-the-counter drugs.

Medications that can impair routine and emergency duties

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

Medications that can have serious adverse consequences

- 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 does not carry an increased likelihood of injury and that is within reach of a helicopter with evacuation capacity may be considered.
- Dangers from cessation of medication use (hormones, insulin, anti-epileptics, anti-hypertensives, oral anti-diabetics, etc.)
- Antibiotics and other anti-infection agents
- Anti-metabolites and cancer treatments
- Medications supplied for use at individual discretion (asthma treatments or 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 replacement therapy (hormones) may require close follow-up by a medical practitioner / specialist, and may therefore be incompatible with work at sea.

Issue of medical certificate

The seafarer's doctor must base their decision on reliable information regarding use of medication, the side effects of the medication, the underlying condition and the need for treatment, and must make their assessment of the use of medication following a personal examination of the employee.

- UNFITNESS
  - The use of medication is incompatible with the reliable performance of routine and emergency duties safely or effectively if:
    - there is a risk of life-threatening consequences if medication is not taken as prescribed;
    - there is a risk of cognitive impairment when the medication is taken as prescribed;
    - there is a risk of severe adverse effects likely to be dangerous at sea, e.g. risk of bleeding when using anticoagulants.
- LIMITED MEDICAL CERTIFICATE
  - There is a risk of adverse effects, but these only develop over time, hence work in near-coastal waters may be acceptable.
- TIME-LIMITED MEDICAL CERTIFICATE
  - Surveillance of medication effectiveness or side effects is needed more frequently than the full duration of a medical certificate.
- UNLIMITED MEDICAL CERTIFICATE
  - No impairing side effects, no requirements for regular surveillance and no risk of life-threatening consequences if the medication is not taken.

E – Health requirements for common medical conditions

Introduction

It is not possible to develop a comprehensive list of fitness criteria covering all possible conditions and the variations in their severity, symptomatology, prognosis and treatment.

The principles underlying the approach adopted in the table below may often be extrapolated to conditions not covered by it. Analog assessment should be used. The seafarer's doctors must in any case assess whether the employee is medically and physically fit to reliably perform their routine and emergency duties safely and effectively.

Medical conditions

The table of medical conditions is laid out as follows:

Column 1: WHO International Classification of Diseases, 10th edition (ICD-10). Codes are listed as an aid to collection and comparison of data for statistics and research purposes.

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: Description of conditions that are incompatible with work at sea. This column should be consulted first.
Column 4: Description of conditions that should entail a limited medical certificate. This column should be consulted if the employee does not fit the criteria in column 3.
Column 5: Description of conditions that are compatible with a medical certificate without limitations. This column should be consulted only when the seafarer does not fit the criteria in columns 3 or 4.

For some conditions, one or more columns have been given the description "Not applicable". This is used where this type of medical certificate is either not relevant or not appropriate.

ICD-10	**Medical condition**	**Incompatible with reliable performance of routine and emergency duties safely or effectively**	**Fit for duty with limitation or time limitation in the medical certificate**	**Fit for duty without limitations**
		T: Temporary unfitness	**R: Able to perform some but not all duties or to work in some but not all trade areas**	
		P: Permanent unfitness	**L: Increased frequency of surveillance of medical condition or effect of medication needed**	
A00–B99	Certain infectious and parasitic diseases			
A00–09	Gastrointestinal infection Transmission to others – recurrence	T– If detected while onshore. (current symptoms or awaiting test results on carrier status); or confirmed carrier status until elimination demonstrated	Not applicable	Non-catering personnel: When satisfactorily treated or resolved Catering personnel: Medical certificate depends on individual medical assessment. Bacteriological clearance may be required.
A15–16	Pulmonary TB Transmission to others, recurrence (testing according to Regulations on tuberculosis control)	T – Positive screening test or clinical history – until investigated. If infected – until treatment stabilised and lack of infectivity confirmed. P – Relapse or severe residual damage	Not applicable	Completion of a course of treatment in accordance with the Regulations on tuberculosis control[1] (and WHO Treatment of Tuberculosis guidelines).
A50–64	Sexually transmissible infections Acute impairment, recurrence	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 resolved	On successful completion of treatment
B15	Hepatitis A Transmissible by food or water contamination	T – Until jaundice resolved and liver function tests returned to normal.	Not applicable	On full recovery

[1]FOR-2009-02-13-205 Regulations on tuberculosis control.

B16–19	Hepatitis B, C, etc. Transmissible by contact with blood or other bodily fluids. Possibility of permanent liver impairment and liver cancer.	T – Until jaundice resolved and liver function tests returned to normal. P – Persistent liver impairment with symptoms affecting reliable, safe and effective performance of duties	R, L – Uncertainty about total recovery or lack of infectivity. Case-by-case assessment based on duties on board and trade area	On full recovery and confirmation of low[2] level of infectivity
B20–24	HIV+ Transmissible by contact with blood or other bodily fluids. Progression to HIV-associated diseases or AIDS	T – Until stabilised on treatment with CD4 level of >350 or when treatment changed and tolerance of new medication uncertain P – Non-reversible impairing HIV-associated disease. 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[2] likelihood of disease progression. No side effects of treatment or need for frequent monitoring.
A00–B99	Other infections Personal impairment, infection of others	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 assessment based on nature of infection	Full recovery and confirmation of low[2] level of infectivity
C00–D48	Neoplasms			
C00–D48	Malignant neoplasms – including lymphoma, leukaemia and related conditions Recurrence, especially acute complications, e.g. acute spontaneous bleeding and seizures	T – Until investigated, treated and prognosis assessed P – Continuing impairment with symptoms affecting work at sea and with high[2] likelihood of recurrence	L – Limited to interval between specialist reviews if: – cancer diagnosed <5 years ago; and – there is no current impairment of ability to perform normal or emergency duties or to live at sea; and – there is a low[2] likelihood of recurrence and minimal risk of requirement for urgent medical treatment / hospitalisation R – If any continuing impairment does not interfere with essential duties and any recurrence is unlikely to require emergency medical treatment / hospitalisation	Cancer diagnosed more than 5 years ago, or specialist reviews no longer required and no current impairment with low[2] continuing likelihood of impairment from recurrence. To be confirmed by specialist report with evidence for opinion stated

[2]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 5–10 per cent per year.
- High: recurrence rate > 10 per cent

D50–89	Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism			
D50–59	Anaemia/Haemoglobinopathies Reduced exercise tolerance. Episodic red cell breakdown	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	Splenectomy (history of surgery) Increased susceptibility to certain infections	T – Post surgery until fully recovered	R – Case-by-case assessment. Likely to be fit for near-coastal and temperate work but may need restriction on service in tropics	Case-by-case assessment
D50–89	Other diseases of the blood and blood-forming organs Spontaneous bleeding, reduced exercise tolerance, low resistance to infections	T – While under investigation P – Chronic coagulation disorders	Case-by-case assessment for other conditions	Case-by-case assessment
E00–90	Endocrine, nutritional and metabolic diseases			
E10	Diabetes – Insulin-dependent Acute impairment from hypoglycaemia. Complications from loss of blood glucose control. Increased likelihood of visual, neurological and cardiac problems	T – From start of treatment until stabilised 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 and 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	Diabetes – Non-insulin treated, on other medication Progression to insulin use, increased likelihood of visual, neurological and cardiac problems	T – Distant waters and watchkeeping until stabilised P – Impairing complications of diabetes	R – Near-coastal waters. Non-watchkeeping duties until stabilised R – Near-coastal waters, non-watchkeeping duties if minor side effects from medication or when using sulphonylureas L – Time limited if compliance with treatment and advice poor or medication needs frequent review. Check diet, weight and vascular risk factor control	When stabilised, in the absence of impairing complications
E11–14	Diabetes – Non-insulin treated, on diet Progression to insulin use, increased likelihood of visual, neurological and cardiac problems	T – Distant waters and watchkeeping until stabilised	R –Near-coastal waters, non-watchkeeping duties until stabilised L – Time limited if compliance with treatment and advice poor or there is need of frequent controls. Check diet, weight and vascular risk factor control	When stabilised, in the absence of impairing complications

E65–68	Obesity/abnormal body mass – high or low Accident to self, reduced mobility, reduced exercise tolerance. Increased likelihood of diabetes, cardiovascular diseases and arthritis	T – If safety-critical duties cannot be performed, physical capability or exercise tolerance is poor P – If safety-critical duties cannot be performed, physical capability or exercise tolerance is poor. Attempts to improve the situations have failed Note: Body mass index (BMI) is a useful indicator of when additional assessment of physical assessment is needed. BMI should not form the sole basis for decisions on unfitness. In the event of BMI over 35, testing is mandatory, but testing should be considered already at BMI over 30	R, L – Time limited and restricted to near-coastal waters or to restricted duties if the employee is unable to perform certain tasks but able to meet routine and emergency capabilities for assigned safety-critical duties	Physical capability and exercise tolerance performance (C – Physical capability requirements) is average or better, weight steady or reducing and no co-morbidity
E00–90	Other endocrine and metabolic diseases (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes) Likelihood of recurrence or complications	T – Until treatment established and stabilised without adverse effects P – If continuing impairment, need for frequent adjustment of medication or increased likelihood of major complications	R, L – Case-by-case assessment with specialist advice if any uncertainty about prognosis or side effects of treatment. Need to consider likelihood of impairing complications from condition and/or its treatment, including problems taking medication, and consequences of infection or injury while at sea	If medication stable with no problems in taking at sea and surveillance of conditions infrequent, no impairment and very low[2] likelihood of complications. Specifically for Addison's disease: The risks will usually be such that an unrestricted certificate should not be issued
F00–99	Mental and behavioural disorders			
F10	Alcohol abuse (dependency) Recurrence, accidents, erratic behaviour/safety performance	T – Until investigated and stabilised and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse P – If persistent and there is co-morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that – treating physician reports successful participation in rehabilitation programme; and – there is an improving trend in liver function tests	After three years from end of last episode without relapse and without co-morbidity

F11–19	Drug dependence/persistent substance abuse. Includes both illicit drug use and dependence on prescribed medications. Recurrence, accidents, erratic behaviour/safety performance	T – Until investigated and stabilised and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse. P – If persistent and there is co-morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that – treating physician reports successful participation in rehabilitation programme; – that there is evidence of completion of unannounced/random programme of drug screening for the relevant drug for at least three months with no positives and at least three negatives; and – continuing participation in screening programme for drugs and other substances that may be abused	After three years from end of last episode without relapse and without co-morbidity
F20–31	Psychosis (acute) – whether organic, schizophrenic or other category listed in the ICD. Bipolar (manic depressive disorders). Recurrence leading to changes to perception/cognition, accidents, erratic and unsafe behaviour	Following single episode with known provoking factors: T – Until investigated and stabilised and criteria for fitness met. At least three months after episode	R, L – Time limited, restricted to near-coastal waters; not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that – the employee has insight; – is compliant with treatment and the advice given; and – has no impairing adverse effects from medication	Case-by-case assessment at least one year after the episode, provided that provoking factors can and will always be avoided
		Following single episode without known provoking factors or more than one episode with or without provoking factors: T – Until investigated and stabilised and criteria for fitness met. At least two years since last episode. P – More than three episodes or continuing likelihood of recurrence. Criteria for fitness with or without restrictions are not met	R, L – Time limited, restricted to near-coastal waters; not to work as master in charge of vessel; not without close supervision and continuing medical monitoring, provided that – the employee has insight; – is compliant with treatment and the advice given; and – has no impairing adverse effects from medication	Case-by-case assessment to exclude likelihood of recurrence at least five years since end of episode if no further episodes; no residual symptoms; and no medication needed during last two years

F32–38	Mood/affective disorders Severe anxiety state, depression, or any other mental disorder likely to impair performance Recurrence, reduced performance, especially in emergencies	T – While acute, under investigation or if impairing symptoms or side effects of medication present. At least three months on stable medication P – Persistent or recurrent impairing symptoms	R, L – Restrict to near-coastal waters; not to work as master in charge of ship; only when employee: – has good functional recovery; – has insight; – is fully compliant with treatment and the advice given; – has no adverse effects; and – has a low[2] likelihood of recurrence	Case-by-case assessment to exclude likelihood of recurrence after at least two years with no further episodes and with no medication or on medication with no impairing adverse effects
F32–38	Mood/affective disorders Minor or reactive symptoms of anxiety/depression Recurrence, reduced performance, especially in emergencies	T – Until symptom free. If employee is on medication, the medication must 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	Other disorders, e.g. disorders of personality, attention (e.g. ADHD), development (e.g. autism). Impairment of performance and reliability and impact on relationships	T – While under investigation or trial of medication, until final functional level is established P – If considered to have safety-critical consequences	R – As appropriate if capable of only limited duties. Case-by-case risk assessment necessary	No anticipated symptoms or adverse effects while at sea. No incidents during previous periods of sea service
G00–99	Diseases of the nervous system			
G40–41	Single seizure Harm to ship, others and self from seizures	Single seizure T – While under investigation and for one year after seizure	R – One year after seizure and on stable medication. Non-watchkeeping duties; in near-coastal waters.	One year after seizure and one year after end of treatment. If provoked, there should be no continuing exposure to the provoking agent.
	Epilepsy – No provoking factors (multiple seizures) Harm to ship, others and self from seizures	T – While under investigation and for two years after last seizure P – Recurrent seizures, not controlled by medication	R – Off medication or on stable medication with good compliance: case-by-case assessment of fitness, restricted to non-watchkeeping duties in near-coastal waters	Seizure-free for at least the last ten years, has not taken anti-epilepsy drugs during that ten-year period and does not have a continuing likelihood of seizures
	Epilepsy provoked by alcohol, medication, head injury (multiple seizures) Harm to ship, others and self from seizures	T – While under investigation and for two years after last seizure P – Recurrent seizures, 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	Migraine (frequent attacks causing incapacity) Likelihood of disabling recurrences	P – Frequent attacks leading to impairment	R – As appropriate if capable of only limited duties	No incapacitating adverse effects while at sea. No incidents during previous periods of sea service

G47	Sleep apnoea Fatigue and episodes of sleep while working	T – Until treatment started and successful for three months P – Treatment unsuccessful or not being complied with (poor compliance)	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
G47	Narcolepsy Fatigue and episodes of sleep while working	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
G00–99	Other organic nervous disease, e.g. multiple sclerosis, Parkinson's disease. Recurrence/progression. Limitations on muscular power, balance, coordination and mobility	T – Until diagnosed and stable P – If limitations affect ability to reliably perform work safely and effectively or unable to meet physical capability requirements (C – Physical capability requirements)	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	Syncope and other disturbances of consciousness Recurrence causing injury or loss of control	T – Until investigated to determine cause and to demonstrate control of any underlying condition		
	a) simple faint;	P – If recurrent incidents persist despite full investigation and appropriate treatment		Simple faint; if no new events
	b) not a simple faint, unexplained disturbance; not recurrent and without any detected underlying cardiac, metabolic or neurological cause	T – Four weeks P – If recurrent incidents persist despite full investigation and appropriate treatment	R, L – Case-by-case decision, near-coastal waters with no lone watchkeeping	Three months after event if no recurrences
	c) syncope with recurrent or with possible underlying cardiac, metabolic or neurological cause	T – With possible underlying cause that is not identified or treatable; for six months after event if no recurrences T – With possible underlying cause or cause found and successfully treated; for one month after successful treatment P – For all of above if recurrent incidents persist despite full investigation and appropriate treatment	R, L – Case-by-case assessment, near-coastal waters with no lone watchkeeping	With possible underlying cause but no treatable cause found; one year after event if no recurrences With possible underlying cause found and treated; three months after successful treatment
	d) disturbance of consciousness with features indicating an epileptic seizure. Go to G40–41	P – For all of above if recurrent incidents persist despite full investigation and		With seizure markers – not applicable

		appropriate treatment		
T90	Intracranial surgery/injury, including treatment of vascular anomalies or serious head injury with brain damage. Harm to ship, others and self from epileptic seizures. Defects in cognitive, sensory or motor function. Recurrence or complication of underlying condition	T – For one year or longer until seizure likelihood low[2], based on advice from specialist P – Continuing impairment from underlying condition or injury or recurrent epileptic seizures	R – After at least one year, near-coastal, no lone watchkeeping if likelihood of new epileptic seizures low[2] and no impairment from underlying condition or injury. Conditional on continued compliance with any treatment and advice and on periodic review, as recommended by specialist	No impairment from underlying condition or injury, not on anti-epilepsy medications, likelihood of new seizures very low[2]. Conditional on continued compliance with any treatment and advice and on periodic review, as recommended by specialist
H00–99	Diseases of the eye and adnexa. Diseases of the ear and mastoid process.			
H00–59	Eye disorders: Progressive or recurrent (e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration and retinal detachment) Risk of recurrence and future inability to meet vision standards	T – Temporary inability to meet relevant vision standards (A – Eyesight requirements) and low[2] likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant vision standards (A – Eyesight requirements) or, if treated, increased likelihood of subsequent deterioration or impairing recurrence	R – Near-coastal waters if recurrence unlikely but foreseeable and treatable with early medical intervention L – If recurrence foreseeable but unlikely and can be detected by regular monitoring	Very low[2] likelihood of recurrence. Progression to a level where hearing requirements are not met during period of validity of medical certificate is very unlikely.
H65–67	Otitis external; otitis media Recurrence, risk as infection source in food handlers, problems using hearing protection	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	Ear disorders: Progressive (e.g. otosclerosis)	T – Temporary inability to meet relevant hearing standards (B – Hearing requirements) and low[2] likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant hearing standards (B – Hearing requirements) or, if treated, increased likelihood or subsequent deterioration or impairing recurrence	L – If recurrence foreseeable but unlikely and it can be detected by regular monitoring	Very low[2] likelihood of recurrence. Progression to a level where hearing standards (B – Hearing requirement) are not met during period of certificate is very unlikely.

H81	Ménière's disease and other forms of chronic or recurrent impairing vertigo. Inability to balance, causing loss of mobility and nausea (C – Physical capability requirements)	T – During acute phase P – Frequent attacks leading to impairment	R – If not capable of performing all tasks, but can perform safety-critical duties or compensating measures have been implemented R, L – If frequent specialist surveillance required	Low[2] likelihood of impairing effects while at sea
I00–99	Diseases of the circulatory system			
I05–08 I34–39	Congenital and valve disease of heart (including surgery for these conditions) Heart murmurs not previously investigated Likelihood of progression, limitations on exercise capacity	T – Until investigated and, if required, treated P – If exercise tolerance reduced 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 required	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 cardiologist advice
I10–15	Hypertension Increased likelihood of ischaemic heart disease, eye and kidney damage and stroke. Possibility of acute hypertensive episode.	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 guideline limits	If satisfactorily treated in accordance with national or international guidelines and free from impairing effects from condition or medication

I20–25	Cardiac event, e.g. myocardial infarction, ECG evidence of past myocardial infarction or newly recognised left bundle-branch block, angina, cardiac arrest, coronary artery bypass grafting, coronary angioplasty. Acute impairment or exercise limitation. Problems of managing repeat cardiac event at sea.	T – For three months after initial investigation and treatment, longer if symptoms not resolved P – If criteria for issue of medical certificate not met and further reduction of likelihood of recurrence improbable	L – If excess likelihood of recurrence is very low[2] and fully compliant with risk reduction recommendations and no relevant co-morbidity: Issue six-month medical certificate initially and then annual medical certificate R, L – If likelihood of recurrence is low[2], restricted to: – no lone working or solo watchkeeping; and – operations in near-coastal waters, unless working on vessel with ship's doctor: issue six-month medical certificate initially and then annual medical certificate. R, L – If likelihood of recurrence is moderate[2] and asymptomatic. Able to meet the physical requirements of their normal and emergency duties: – no lone working or solo watchkeeping; and – operating within one hour of port, unless working on vessel with ship's doctor. Case-by-case assessment Annual review.	Not applicable
I44–49	Cardiac arrhythmias and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD)). Likelihood of impairment from recurrence, exercise limitation. Pacemaker/ICD activity may be affected by strong electric fields.	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 – If surveillance needed at shorter intervals and no impairing symptoms present and very low[2] excess likelihood of impairment from recurrence, based on specialist report R – Restrictions on solo duties or for distant waters if low[2] likelihood of acute impairment from recurrence or foreseeable requirement for access to specialist care Surveillance and treatment regime to be specified. If pacemaker fitted, duration of medical certificate to coincide with pacemaker surveillance.	Surveillance not needed or needed at intervals of more than two years; no impairing symptoms present; and very low[2] likelihood of impairment from recurrence, based on specialist report

I61–69 G46	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.	T – Until treated and any residual impairment stabilised 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 (C – Physical capability requirements). Annual assessment	Not applicable
I73	Arterial claudication Likelihood of other circulatory disease causing sudden loss of capability. Limits to exercise capacity.	T – Until assessed P – If incapable of performing duties	R, L – Consider restriction to non-watchkeeping duties in near-coastal waters, provided symptoms are minor and do not impair essential duties or if they are resolved by surgery or other treatment and general standard of fitness (C – Physical capability requirements) can be met. Assess likelihood of future cardiac events (follow criteria in I20–25). Review at least annually.	Not applicable
I83	Varicose veins Possibility of bleeding if injured, skin changes and ulceration	T – Until treated if impairing symptoms. Post-surgery for up to one month.	Not applicable	No impairing symptoms or complications
I80.2–3	Deep vein thrombosis/pulmonary embolus Likelihood of recurrence and of serious pulmonary embolus. Likelihood of bleeding from anticoagulant treatment.	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 near-coastal waters; once stabilised on anticoagulants with regular monitoring of level of coagulation	Full recovery with no anticoagulant use
I00–99	Other heart disease, e.g. cardiomyopathy, pericarditis, heart failure. Likelihood of recurrence, sudden loss of capability, exercise limitation	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[2] likelihood of recurrence.
J00–99	Diseases of the respiratory system			
J02–04 J30–39	Nose, throat and sinus conditions Impairing for individual. May recur. Transmission of infection to food/other crew in some conditions.	T – Until satisfactorily treated P – If impairing and recurrent	Case-by-case assessment	When treatment complete. If no factors predisposing to recurrence.
J40–44	Chronic bronchitis and/or emphysema Reduced exercise tolerance and impairing symptoms	T – If acute episode P – If repeated severe recurrences or if general fitness requirements 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 requirements for physical fitness (C – Physical capability requirements). Annual review.	Not applicable

J45–46	Asthma (detailed assessment with information from specialist in all new entrants) Unpredictable episodes of severe breathlessness	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, e.g. history of multiple hospital admissions	R, L – Near-coastal waters only or on ship with doctor if history of moderate[3] adult asthma, with good control with inhalers and no episodes requiring hospital admission or oral steroid use in last two years, or history of mild or exercise-induced asthma that requires regular treatment	Under age 20: If history of mild or moderate[3] childhood asthma, but with no hospital admissions or oral steroid treatment in last three years and no requirements for continuing regular treatment Over age 20: If history of mild or exercise-induced[3] asthma and no requirements for continuing regular treatment
J93	Pneumothorax (spontaneous or traumatic) Acute impairment from recurrence	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 for 12 months after initial episode or shorter duration as advised by specialist Post surgery – based on advice of treating specialist
K00–93	Diseases of the digestive system			
K01–06	Oral health Acute pain from toothache. Recurrent mouth and gum infections.	T – If visual evidence of untreated dental defects or oral disease P – If excess likelihood of dental emergency remains after treatment completed or employee is non-compliant with dental recommendations	R – Limited to near-coastal waters, if criteria for full fitness not met, and type of operation will allow for access to dental care without safety-critical manning issues for vessel	If teeth and gums appear to be in good condition. (Gums alone if edentulous and with well-fitting dentures in good repair.) No complex prosthesis; or if dental check in last year, with follow-up completed and no problems since

[3]Asthma severity definitions:

Childhood asthma:

- Mild: Onset age > ten, few or no hospitalisations, normal activities between episodes, controlled by inhaler therapy alone, remission by age 16, normal lung function.
- Moderate: Few hospitalisations, 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 hospitalisation, 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 hospitalisation, frequent use of oral steroid treatment.

K25–28	Peptic ulcer Recurrence with pain, bleeding or perforation	T – Until healed or cured by surgery or by control of helicobacter and on normal diet for at least 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 at least three months
K40–41	Hernias – inguinal and femoral Likelihood of strangulation	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	Hernias – umbilical, ventral Instability of abdominal wall on bending and lifting	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	Hernias – diaphragmatic (hiatus) Reflux of stomach contents and acid causing heartburn, pain, triggered by bending and lifting	Case-by-case assessment based on severity of symptoms when lying down, sleeping, bending and lifting, and the impairment caused thereby	Case-by-case assessment based on severity of symptoms when lying down, sleeping, bending and lifting, and the impairment caused thereby	Case-by-case assessment based on severity of symptoms when lying down, sleeping, bending and lifting, and the impairment caused thereby
K50, 51, 57, 58, 90	Non-infectious enteritis, colitis, Crohn's disease, diverticulitis, etc. Impairment and pain	T – Until investigated and treated P – If severe or recurrent	R – Does not meet the requirements for unlimited medical certificate but rapidly developing recurrence unlikely. Near-coastal waters.	Case-by-case specialist assessment. Fully controlled with low likelihood of recurrence.
K60, I84	Anal conditions: Piles (haemorrhoids), fissures, fistulae Likelihood of episode causing pain and limiting activity	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	Cirrhosis of liver Liver failure. Bleeding oesophageal varices.	T – Until satisfactorily investigated P – If severe or complicated with ascites or oesophageal varices	R, L – Case-by-case specialist assessment	Not applicable
K80–83	Biliary tract disease Likelihood of biliary colic from gallstones, cirrhosis of liver, liver failure	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 medical certificate. Sudden onset of biliary colic unlikely.	Case-by-case specialist assessment. Very low[2] likelihood of recurrence or worsening in next two years.

K85–86	Pancreatitis Risk of recurrence	T – Until resolved P – If recurrent or alcohol related, unless confirmed abstention. See Alcohol abuse.	Case-by-case assessment based on specialist reports.	Case-by-case assessment based on specialist reports. Very low[2] likelihood of recurrence.
Y83	Stoma (ileostomy, colostomy) Impairment if control is lost – need for bags, etc. Potential problems during prolonged emergency.	T – Until stabilised P – Poorly controlled	R – Case-by-case assessment	Case-by-case specialist assessment.
L00–99	Diseases of the skin and subcutaneous tissue			
L00–08	Skin infections Recurrence, transmission to others	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	Other skin diseases, e.g. eczema, dermatitis, psoriasis. Recurrence, sometimes occupational cause	T – Until investigated and satisfactorily treated	Case-by-case decision R – If aggravated by heat, or substances at work	Stable, not impairing
M00–99	Musculoskeletal			
M10–23	Osteoarthritis, other joint diseases and subsequent joint replacement. Pain and mobility limitation affecting normal or emergency duties. Replacement joint: Possibility of infection or dislocation. Limited life of replacement joints.	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.	Case-by-case assessment if able to fully meet routine and emergency duty requirements. Very low[2] likelihood of worsening such that duties could not be undertaken.
M24.4	Recurrent instability of shoulder or knee joints Sudden limitation of mobility, with pain	T – Until satisfactorily treated	R – Case-by-case assessment of occasional instability	Treated; very low[2] risk of recurrence
M54.5	Back pain Pain and mobility limitation. Likelihood of acute exacerbation.	T – In acute stage P – If recurrent or incapacitating	Case-by-case assessment	Case-by-case assessment
Y83.4 Z97.1	Limb prosthesis Mobility limitation affecting normal or emergency duties	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 (C – Physical capability requirements) are fully met. Arrangements for fitting prosthesis in emergency must be confirmed.
N00–99	Diseases of the genitourinary system			
N00, N17	Acute nephritis Renal failure, hypertension	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	Sub-acute or chronic nephritis or nephrosis Renal failure, hypertension	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	Renal or ureteric calculus Pain from renal colic	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 waters.	Case-by-case assessment by specialist with normal urine and renal function without recurrence
N33, N40	Prostatic enlargement/urinary obstruction Acute retention of urine	T – Until investigated and treated P – If not remediable	R – Case-by-case assessment for near-coastal duties	Successfully treated. Low[2] likelihood of recurrence.
N70–98	Gynaecological conditions – heavy vaginal bleeding, severe menstrual pain, endometriosis, prolapse of genital organs or other Impairment from pain or bleeding	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[2] likelihood of recurrence
R31, 80, 81, 82	Proteinuria, haematuria, glycosuria or other urinary abnormality Indicator of kidney or other diseases	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[2] likelihood of serious underlying condition
Z90.5	Removal of kidney or one non-functioning kidney Limits to fluid regulation under extreme conditions if remaining kidney not fully functional	P – Any reduction of function in remaining kidney in new employee. Significant dysfunction in remaining kidney of serving employee.	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.
O00–99	Pregnancy, childbirth and the puerperium			
O00–99	Pregnancy Complications, late limitations on mobility. Potential for harm to mother and child in the event of premature delivery at sea.	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 in near-coastal waters.	Uncomplicated pregnancy with no impairing effects. Normally until 24th week. Pregnancy should be declared at an early stage so that necessary assessments can be made.
	General			
R47, F80	Speech disorders Limitations to communication ability	P – If incompatible with reliable performance of routine and emergency duties	R – If assistance with communication/aids is needed to ensure reliable performance of routine and emergency duties. Specify assistance/aid	Disorder does not impair reliable performance of routine and emergency duties
T78 Z88	Allergies (other than allergic dermatitis and asthma) Likelihood of recurrence and increasing severity of response. Reduced ability to reliably perform routine and emergency duties.	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	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.	T – Until effects of surgery and anti-rejection medication stable P – Case-by-case assessment, with specialist advice	R, L – Case-by-case assessment, with specialist advice	Not applicable
Classify by condition	Progressive conditions, which are currently within criteria, e.g. Huntington's chorea (including family history) and keratoconus	T – Until investigated and satisfactorily treated if indicated P – Consider at pre-sea medical if other choice of profession is more appropriate	Case-by-case specialist assessment. Such conditions are acceptable if, within validity period of medical certificate, progression to a degree that impairs ability to perform routine and emergency duties is judged unlikely.	Case-by-case assessment, with specialist advice. Such conditions are acceptable if, within validity period of medical certificate, progression to a degree that impairs ability to perform routine and emergency duties is judged unlikely.
Classify by condition	Conditions not specifically listed	T – Until investigated and satisfactorily treated if indicated P – If permanently impaired ability to reliably perform routine and emergency duties	Use analogy with related conditions as a guide. Consider likelihood of sudden incapacity, of recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice and consider restriction.	Use analogy with related conditions as a guide. Consider likelihood of sudden incapacity, of recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction.