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## **Ordinance on Maritime Medicine Requirements on Merchant Vessels\*** **(Maritime Medicine Ordinance – MariMedV)**

Maritime Medicine Ordinance of 14 August 2014 (Federal Law Gazette I, p. 1383) as most recently amended by Article 3 of the Ordinance of 12 May 2022 (Federal Law Gazette I, p. 777)

**Footnote \*:** This Ordinance transposes Council Directive 92/29/EEC of 31 March 1992 on the minimum safety and health requirements for improved medical treatment on board vessels (OJ L 113, 30 April 1992, p. 19) and Council Directive 2009/13/EC of 16 February 2009 implementing the Agreement concluded by the European Community Shipowners' Associations (ECSA) and the European Transport Workers' Federation (ETF) on the Maritime Labour Convention, 2006, and amending Directive 1999/63/EC (OJ L 124, 20 May 2009, p. 30).

This Ordinance has been adopted as Article 1 of the Ordinance of 14 August 2014 (Federal Law Gazette I, p. 1383) by the Federal Government, the Federal Ministry of Health, the Federal Ministry of Transport and Digital Infrastructure and the Federal Foreign Office after consulting the Federal Ministry of Labour and Social Affairs, the Federal Ministry of Food and Agriculture, the Federal Ministry of Finance, the Federal Ministry for Economic Affairs and Energy and the Federal Ministry of the Interior with the approval of the Bundesrat. In accordance with Article 4 of this Ordinance, it entered into force on 21 August 2014.

### **Chapter 1** **General provisions**

#### **Section 1** **Scope**

This Ordinance governs:

1. the determination of fitness for service at sea;
2. the authorization of physicians to conduct examinations of fitness for service at sea as well as the assurance of the quality of these examinations;
3. medical care on board of ships;
4. the accreditation of medical refresher courses; and
5. the registration of ships' doctors.

The scope of the Ordinance includes onshore matters where these are directly related to the areas referred to in paras. 1 to 5 of the first sentence.

#### **Section 2** **Definitions**

For the purposes of this Ordinance:

1. the Maritime Labour Convention is the 2006 Maritime Labour Convention of the International Labour Organization of 23 February 2006 (Federal Law Gazette 2013 II, p.763, 765), as amended;

2. the STCW Convention is the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers of 7 July 1978 (Federal Law Gazette 1982 II, p. 297, 298), as amended;
3. the Occupational Accident Insurance Fund is the Occupational Accident Insurance Fund for Transport and Traffic;
4. the Maritime Medical Service is a working unit of the Occupational Accident Insurance Fund that is staffed with physicians carrying out maritime medical tasks.

## **Chapter 2 Fitness for service at sea**

### **Subchapter 1 Requirements to be fulfilled by persons on board**

#### **Section 3 Fitness for service at sea requirements**

The fitness for service at sea requirement in accordance with Section 11, also in conjunction with sentences 2 to 4 of Section 3(4) of the Maritime Labour Act, shall be considered satisfied if the person to be examined meets the health requirements laid down in Annex 1 for the department he or she wishes to work in.

#### **Section 4 Conduct of the examination of fitness for service at sea**

- (1) The authorized physician shall conduct the examination of fitness for service at sea in his examination rooms, examining every person separately in accordance with the requirements of Annex 2. The person to be examined shall be asked about his or her state of health and previous diseases.
- (2) The authorized physician or the physician of the Maritime Medical Service may consult another physician when conducting an examination or arrange for an additional examination if required for the assessment of the fitness for service at sea. The final assessment shall be made by the authorized physician or the physician of the Maritime Medical Service.

#### **Section 5 Certificate of fitness for service at sea**

- (1) If the authorized physician or the physician of the Maritime Medical Service finds that a person is fit for service at sea, he or she shall:
  1. fill in the form of the certificate of fitness for service at sea completely and sign it;
  2. stamp the form with a stamp in accordance with the model provided in Annex 3; and
  3. give or transmit the certificate of fitness for service at sea to the examined person.

The examined person shall sign the certificate of fitness for service at sea.

- (2) The holder of the certificate of fitness for service at sea shall keep the original of the certificate on board in accordance with the second and third sentences. The holder of the certificate of fitness for service at sea shall give it to the master for safekeeping when reporting for duty on board. The master shall hold the certificate of fitness for service at sea in safekeeping for the duration of the holder's service on the ship and shall return it to him or her upon the end of his or her service.

#### **Section 6 Limitations of fitness for service at sea**

The authorized physician or the physician of the Maritime Medical Service shall indicate limitations of fitness for service at sea, in particular regarding specific types of activity or specific trading areas or the duration of service on board, in the certificate of fitness for service at sea where required in the light of the examination results. Moreover, if the prerequisites of the first sentence are met, conditions for the service on board may be indicated in the certificate of fitness for service at sea, in particular regarding:

1. the performance of activities in the presence of one or several other crew members; or
2. the wearing or use of glasses, contact lenses, hearing aids or other aids and the carrying of replacements for the aids.

#### **Section 7 Denial of fitness for service at sea**

If the examined person is not fit for service at sea, the authorized physician shall issue a confirmation indicating that no certificate of fitness for service at sea was issued and give or transmit this confirmation to the examined person.

### **Section 8 Board of Appeal**

(1) Regarding the Board of Appeal that is to be established in accordance with Section 15(2) of the Maritime Labour Act, the shipowners' and seafarers' organisations are to submit to the Occupational Accident Insurance Fund lists of proposals with the names of experts for the appointment as assessors from the occupational groups specified in the first sentence of subsection 2. The Occupational Accident Insurance Fund shall select, in accordance with the first sentence of subsection 2, suitable persons from the lists and appoint them as members of the Board of Appeal for a period of four years. Assessors shall have reached the age of 25 at the time of the proposal and shall have worked in a department of their occupational group for a total of at least three years.

(2) At the beginning of the term of office of the Board, the Occupational Accident Insurance Fund shall prepare a list for each of the occupational groups below:

1. masters and ships' officers of the deck department;
2. ratings of the deck department;
3. ships' officers of the technical department;
4. ratings of the technical department;
5. personnel of the other departments.

The Chair shall consult the assessor from the occupational group of the appellant in accordance with the order of the list.

(3) The Chair shall head the Board of Appeal proceedings. He or she shall set the date for an oral hearing.

(4) The medical assessor shall not have conducted the examination on whose result the appeal is based him- or herself.

(5) The assessors from the occupational group of the appellant shall receive compensation by application, *mutatis mutandis*, of the Judicial Remuneration and Compensation Act.

(6) The members of the Board of Appeal shall be obliged to maintain confidentiality with respect to the information about the personal situation of the appellant that comes to their knowledge in the performance of their duties.

### **Section 9 Authorization of physicians**

(1) The physician shall be considered to have the professional knowledge required for the authorization in accordance with Section 16 of the Maritime Labour Act if he or she:

1. is recognized as general medical practitioner, anaesthesiologist, occupational physician, surgeon or internist;
2. is able to assess the colour vision of the person to be examined;
3. provides evidence of at least four weeks of practical experience on a seagoing ship and comprehensive knowledge of the health-related requirements of service on a ship;
4. provides evidence of having worked for at least four years in an in-patient or out-patient setting with a focus on the detection and treatment of diseases associated with service on board a ship;
5. has attended a seminar of the Maritime Medical Service providing an introduction to the basics of the examination of fitness for service at sea; and
6. ensures that he or she is able to access the fitness for service at sea register for the purpose of examinations of fitness for service at sea.

(2) A physician shall be considered to lack the personal suitability in particular if he or she does not have at his or her disposal the equipment necessary to conduct the examination.

(3) A physician shall be considered to lack the required reliability in particular if he or she has grossly or repeatedly violated the provisions on the determination of the fitness for service at sea or professional regulations.

(4) The Occupational Accident Insurance Fund shall provide every authorized physician with a stamp of authorization in accordance with the model in Annex 3.

(5) The Occupational Accident Insurance Fund shall publish on its website a list of the physicians it has authorized that contains the information specified in the fourth sentence of Section 16(1) of the Maritime Labour Act.

### **Section 10** **Extension of authorization**

(1) On request, the authorization shall be extended for additional periods of three years if the prerequisites of Section 9(1) para. 1, 2, 6 and (2) are still fulfilled and the authorized physician provides evidence of having, after his or her authorization or the last extension of the authorization:

1. attended at least one training seminar of the Maritime Medical Service; and
2. regularly conducted examinations of fitness for service at sea.

The requirement of regular examinations of fitness for service at sea within the meaning of para. 2 of the first sentence shall, as a rule, be considered met if the authorized physician has conducted 300 examinations of fitness for service at sea within the three-year validity period of the authorization.

(2) For a physician authorized for the first time in accordance with the first sentence of Section 16(2) of the Maritime Labour Act who applies for an extension of the authorization, subsection 1 shall apply with the requirement that 100 examinations of fitness for service at sea must have been conducted within one year after the granting of the authorization.

### **Section 11** **Documentation obligations**

(1) The authorized physician or the physician of the Maritime Medical Service shall record those findings of the examination of fitness for service at sea that are relevant to the determination of the fitness for service at sea and transmit the information specified in the second and third sentences of Section 19(6) of the Maritime Labour Act to the fitness for service at sea register without delay. The provisions of Section 630f of the German Civil Code shall remain unaffected.

(2) At the request of the examined person, the authorized physician shall, in accordance with Section 630g of the German Civil Code, give the person access, without delay, to the examination documents that concern him or her and provide copies of the documents against reimbursement of the costs.

(3) Medical records on examinations of fitness for service at sea shall be kept for a period of ten years after completion of the examination, unless other regulations provide for longer retention periods for parts of the records. After expiry of the authorization, the physician shall keep the medical records and examination results or ensure that they are placed in proper safekeeping and that the Maritime Medical Service can access the documents for the purposes of Section 13(1) of the Maritime Labour Act; the first sentence shall apply mutatis mutandis.

### **Section 12** **Access to fitness for service at sea register**

(1) The data stored in accordance with Section 19(3) of the Maritime Labour Act may be made available, by way of an automated retrieval procedure, for the transmission of data from the fitness for service at sea register.

(2) The retrieval of data may only be performed using the personal details or the number of the certificate of fitness for service at sea.

(3) The transmitting agency may only allow the retrieval of data by way of an automated retrieval procedure from the fitness for service at sea register in accordance with Section 19 of the Maritime Labour Act if such retrieval is performed using:

1. the username of a user who is authorized to retrieve data; and
2. a password.

A user within the meaning of para. 1 of the first sentence can be a natural or a legal person. If the user within the meaning of para. 1 of the first sentence is not a natural person, the user shall ensure that the natural person retrieving the data can be identified for every retrieval performed. The user or the person retrieving the data shall choose a personal password prior to the first retrieval and change this password at the latest after expiry of the periods specified by the transmitting agency.

(4) The transmitting agency shall ensure, by means of an automated procedure, that no further retrievals are possible once the username in accordance with para. 1 of the first sentence of subsection 3 or the password has been transmitted incorrectly more than three consecutive times. The retrieving agency shall take measures to prevent the unauthorized use of the retrieval system.

(5) Insofar as it is permissible in accordance with data protection legislation to compare data of the fitness for service at sea register with data of the fitness for sea pilotage register for the purpose of avoiding multiple examinations by different physicians, the Occupational Accident Insurance Fund will, whenever data is retrieved from the fitness for service at sea register, compare the following data with the respective person's corresponding data in the fitness for sea pilotage register:

1. surname, forename, date and place of birth of the person examined in accordance with paras. 1 to 3 of section 19(3) of the Sea Pilotage Act (SeeLG);<sup>1</sup>
2. blocking notices of the Occupational Accident Insurance Fund in accordance with para. 17 of section 19(3) of the Maritime Labour Act (SeeArbG).

Incorrect data in the fitness for service at sea register shall be corrected by the Occupational Accident Insurance Fund and brought in line with that person's corresponding data in the fitness for sea pilotage register. If the comparison in accordance with the first sentence above shows that data in the fitness for sea pilotage register are incorrect, a correction of the fitness for sea pilotage register by the body keeping the register shall be effected. If there is a correction notice in accordance with the third sentence of section 8(3) of the Fitness for Sea Pilotage Ordinance, the fitness for service at sea register shall be corrected.

**Footnote 1:** Note by the Federal Ministry for Digital and Transport: The correct reference is "paras. 1 to 3 of section 19(3) of the Maritime Labour Act (SeeArbG).

## **Subchapter 2 Requirements to be fulfilled by specific groups of persons**

### **Section 13**

#### **Fitness for service at sea requirements to be fulfilled by canal helmsmen**

(1) A helmsmen on the Kiel Canal shall be considered to be fit for service at sea as required in accordance with Section 11 in conjunction with the third sentence of Section 3(4) of the Maritime Labour Act if he or she fulfils:

1. the health requirements for the deck department specified in Annex 1; and
2. the visual acuity requirements in accordance with subsection 2.

(2) With a view to ruling out night blindness, the mesopic vision shall, as a minimum, fulfil the contrast setting 1:2 and, in the case of glare, the contrast setting 1:2.7. Evidence of compliance with this requirement shall be provided to the physician conducting the examination of fitness for service at sea by presenting a medical certificate issued by an eye specialist.

(3) By derogation from Section 6 and Annex 1, no. 6.2, the fitness for service at sea of a canal helmsman may only be limited in terms of duration and trading area.

## **Chapter 3 Medical care**

### **Subchapter 1 Implementation of medical care**

#### **Section 14 Internal inspections**

(1) The shipowner shall ensure, within the framework of the internal inspections of the medical equipment in accordance with the second sentence of Section 109(3) of the Maritime Labour Act, that the participating public pharmacy carries out the necessary replenishing of the medical equipment with medicines, medical devices and aids, as well as their sorting, on board the ship. This shall not apply if the ship is in a foreign port or if a medicine cabinet is not mandatory.

(2) If medicines are procured abroad, this shall be done with the participation of the pharmacy mentioned in the second sentence of Section 109(3) of the Maritime Labour Act.

### **Subchapter 2 Medical refresher courses**

#### **Section 15 Obligation to attend medical refresher courses**

(1) Masters and ships' officers commissioned in accordance with the second sentence of Section 109(1) of the Maritime Labour Act working on board

1. ships engaged in worldwide trade,

2. ships in the trading area specified in Section 46(1) of the Maritime Labour Act (European trading area),

3. fishing vessels engaged in deep-sea fishing and in high-sea fishing

shall have to undergo further training every five years by attending a medical refresher course (training course) with a duration of 40 teaching hours (advanced training course) accredited by the Occupational Accident Insurance Fund.

(2) Masters and ships' officers commissioned in accordance with the second sentence of Section 109(1) of the Maritime Labour Act working on board ships that do not meet the requirements of subsection 1 shall have to undergo further training every five years by attending a training course with a duration of 16 teaching hours (basic training course).

## Section 16

### Accreditation of training courses

(1) A training course shall be accredited by the Occupational Accident Insurance Fund on application if:

1. it covers the contents specified in Annex 4;
2. the provider of the training course (provider) has at its disposal an adequate number of persons with professional expertise for the practical and theoretical conduct of the training course;
3. the provider is independent and reliable and thus ensures the proper execution of its tasks;  
and
4. the provider has at its disposal suitable course rooms and medical equipment for the conduct of the training course in accordance with Annex 5.

(2) For the accreditation, the provider shall have to present the licences to practise and evidence of the completed training as nurses<sup>1</sup> or paramedics<sup>2</sup> for the persons conducting the training course.

(3) The accreditation period for a training course shall be limited to five years. Ancillary requirements may, also subsequently, be attached to the accreditation.

(4) On application, the accreditation of a training course shall be extended by additional five-year periods if the prerequisites of subsection 1 are still fulfilled.

(5) The accreditation shall be withdrawn if the provider has obtained it:

1. by way of intentional deception, threat or bribery; or
2. intentionally or with gross negligence by providing information that was, in substantial respects, incorrect or incomplete.

The accreditation shall be revoked if the provider no longer possesses the necessary professional knowledge, the required independence or reliability. Sections 48 and 49 of the Administrative Procedures Act shall remain unaffected.

**Footnote 1:** "Nurses" refers to the German occupations "Gesundheits- und Krankenpflegerinnen / Gesundheits- und Krankenpfleger" and "Pflegefachfrauen / Pflegefachmänner".

**Footnote 2:** "Paramedics" refers to the German occupations "Rettungsassistentinnen / Rettungsassistenten" and "Notfallsanitäterinnen / Notfallsanitäter".

## Section 17

### Monitoring of providers

(1) Providers are subject to monitoring by the Occupational Accident Insurance Fund. For this purpose, the staff of the Occupational Accident Insurance Fund shall be authorized, in particular, to:

1. enter the premises and the training rooms during the regular working hours of the provider and inspect its equipment, in particular its medical equipment;
2. verify the qualification of the teaching staff on the basis of appropriate evidence;
3. inspect and review the teaching materials and the curriculum of the training courses;
4. request information on the conducted training courses;
5. be present when training courses are conducted.

(2) The provider shall be obliged to accept the measures in accordance with subsection 1.

(3) Every training course shall, at its end, be evaluated in writing and anonymously by the participants with regard to the way it was conducted and the quality of the transfer of knowledge. The provider shall ensure

that the completed evaluation forms are transmitted to the Occupational Accident Insurance Fund at the latter's request within no more than four weeks after the end of the training course.

(4) For purposes of verifying that the required teaching contents are transferred by the provider, the Occupational Accident Insurance Fund shall be authorized to make inquiries with course participants, on a random basis, by way of anonymised questionnaires at the end of a training course.

### **Section 18**

#### **Contents and conduct of training courses**

(1) The theoretical part of the training course shall be conducted by a physician. By derogation from the first sentence, it shall also be permitted that nurses<sup>1</sup> or paramedics<sup>2</sup> conduct the practical part of the training course in accordance with Annex 4. The practical part of the training course encompasses practical exercises in groups, the demonstration of medical equipment and case examples.

(2) The transfer of the training course contents shall be based on the latest medical knowledge within the meaning of the fourth sentence of Section 107(2) of the Maritime Labour Act.

(3) The training courses may be conducted in English.

(4) The maximum number of participants per training courses shall be 18.

(5) Upon completion of the training course, the provider shall provide every participant with a certificate of attendance.

**Footnote 1:** "Nurses" refers to the German occupations "Gesundheits- und Krankenpflegerinnen / Gesundheits- und Krankenpfleger" and "Pflegefachfrauen / Pflegefachmänner".

**Footnote 2:** "Paramedics" refers to the German occupations "Rettungsassistentinnen / Rettungsassistenten" and "Notfallsanitäterinnen / Notfallsanitäter".

### **Subchapter 3 Ships' doctors**

#### **Section 19**

##### **Registration of ships' doctors**

(1) The shipowner shall ensure that only crew members who have been registered by the Occupational Accident Insurance Fund for this purpose work as ships' doctors on board its ship.

(2) The Occupational Accident Insurance Fund shall, on application, register a person as ship's doctor if he or she provides it with the following evidence:

1. presentation of the licence to practise medicine;
2. evidence of the recognition as general medical practitioner, anaesthesiologist, surgeon or internist;
3. evidence of additional qualification in "emergency medicine" or certificate of competence in "rescue medicine";
4. evidence of a minimum of four weeks of practical experience on board a seagoing ship and of comprehensive knowledge of the health requirements for service on board a ship;
5. evidence that the person will be or is working on a merchant vessel flying the German flag as a ship's doctor, in particular in the form of a seafarers' employment agreement in accordance with Section 28 of the Maritime Labour Act.

(3) The Occupational Accident Insurance Fund shall issue a certificate confirming the registration as a ship's doctor.

(4) The registration shall be withdrawn if the physician obtained the registration:

1. by way of intentional deception, threat or bribery; or
2. intentionally or with gross negligence by providing information that was, in substantial respects, incorrect or incomplete.

The registration shall be revoked if the prerequisites of subsection 2 are no longer fulfilled.

### **Chapter 4 Transitional and final provisions**

#### **Section 20**

##### **Models**

The Occupational Accident Insurance Fund shall publish models of the certificates, confirmations and forms provided for in this Ordinance in the Federal Ministry of Transport Gazette or the Federal Gazette.

## **Section 21**

### **Transitional arrangement for provisionally authorized physicians**

A physician who is provisionally authorized in accordance with the first sentence of Section 153 of the Maritime Labour Act shall, by derogation from para. 1 of the first sentence of Section 9(1) not have to be recognized as a specialist provided he or she has conducted a minimum of 300 examinations of fitness for service at sea since 1 January 2010 and has attended a minimum of one training seminar of the Maritime Medical Service while working as a physician.

## **Section 22**

### **Transitional arrangement for training courses**

Training courses recognized under previous legislation on 21 August 2014 shall be deemed provisionally accredited in accordance with Section 16(1). The provisional accreditation shall become invalid:

1. unless an application for accreditation is submitted by 1 August 2015; or
2. in the event that the application was submitted in time, once the decision on the application has become non-appealable.

## **Annex 1**

### **(re Section 3 and Section 13(1)(1) and subsection 3) Fitness for service at sea requirements**

#### Contents

1. General principle
2. Vision standards
  - 2.1 Vision standards by department
  - 2.2 Visual correction
  - 2.3 Vision standards following laser treatment
3. Hearing standards
  - 3.1 Deck department
  - 3.2 Technical department and electro-technical department
  - 3.3 Catering department and other services
  - 3.4 Hearing aids
4. Physical capacity requirements
  - 4.1 Criteria for physical capabilities assessment
  - 4.2 Required physical capabilities
5. Fitness criteria for medication use
  - 5.1 General principle
  - 5.2 Medications that can affect the performance of routine and emergency duties
  - 5.3 Medications that can have severe or serious consequences if taken at sea
  - 5.4 Medications that lead to a limitation of fitness for service at sea
  - 5.5 Medications that lead to a lack of fitness for service at sea
6. Fitness standards for health disorders
  - 6.1 Concretization of the amount of discretion
  - 6.2 Table providing an overview of conditions
7. Exclusion criteria for fitness for service at sea
  - 7.1 Excessive BMI

- 7.2 Gastrointestinal infection for catering department
- 7.3 Physical, mental and emotional disorders leading to impaired performance
- 7.4 Acute coronary syndrome (e.g. myocardial infarction), aortocoronary bypass grafting, heart valve surgery

## 1. General principle

A person shall be fit for service at sea within the meaning of Section 11 of the Maritime Labour Act if:

1. the person's vision is adequate;
2. the person's hearing is adequate;
3. the person's physical capabilities are adequate;
4. the person's physical and mental capabilities are not significantly impaired despite regular use of medication;
5. the person's physical and mental capabilities are not significantly impaired despite existing health disorders;
6. none of the exclusion criteria for the person's fitness for service at sea applies.

## 2. Vision standards

### 2.1 Vision standards by department

STCW Convention regulation	Department	Distance vision unaided or aided <sup>1</sup>		Near/intermediate vision <sup>2</sup>	Colour vision <sup>3</sup>	Visual fields <sup>4</sup>	Night blindness <sup>4</sup>	Diplopia (double vision) <sup>4</sup>
		One eye	Other eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Deck department: masters, deck officers and ranks required to undertake bridge duties	0.7	0.5	Vision required for ship's navigation (e.g. reading of chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See note <sup>5</sup>	Normal visual fields	Vision must be sufficient to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	Technical department: all engineer officers and crew or others forming part of an engine-room watch	0.4 <sup>6</sup>	0.4	Vision required to read instruments in close proximity, to operate equipment, and to reliably recognize and identify systems/components	Not required	Sufficient visual fields	Vision must be sufficient to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 III/6 III/7	Electro-technical department: all electro-technical officers and	0.4 <sup>6</sup>	0.4	Vision required to read instruments in close proximity, to operate equipment, and to reliably recognize and identify	See note <sup>7</sup>	Sufficient visual fields	Vision must be sufficient to perform all necessary functions in darkness without compromise	No significant condition evident

	electro-technical crew members			systems/components				
-	Catering department	0.4 <sup>6</sup>	0.4	-	Not required	Sufficient visual fields	Vision must be sufficient to perform all necessary functions in darkness without compromise	No significant condition evident
-	Other services	0.4 <sup>6</sup>	0.4	-	Not required	Sufficient visual fields	Vision must be sufficient to perform all necessary functions in darkness without compromise	No significant condition evident

Notes:

- 1 Values given in Snellen or an equivalent system in decimal notation.
- 2 Determination of values using the reading test procedure. A hyperopia shall neither exceed plus 5.0 dioptres spherical nor plus 3.0 dioptres cylindrical.
- 3 As defined in the International Recommendations for Colour Vision Requirements for Transport by the International Commission on Illumination (CIE 143-2010, including any subsequent versions).
- 4 Where initial examination findings indicate limitations, the person to be examined shall be additionally examined by an eye specialist.
- 5 CIE colour vision standard 1.
- 6 Personnel of the categories “technical department”, “electro-technical department”, “catering department” and “other services” shall be required to have a combined eyesight vision of at least 0.4.
- 7 CIE colour vision standard 1, 2 or 3.

All crew members shall be required to achieve a minimum eyesight standard of 0.1 unaided in each eye (STCW Code, section B-I/9, paragraph 10).

## 2.2 Visual correction

If the required eyesight standard in accordance with no. 1.1 is achieved only with glasses or contact lenses, the requirement to wear the glasses or contact lenses at all times during service and to carry replacement glasses or replacement lenses on board the ship shall be imposed on the examined person.

## 2.3 Vision standards following laser treatment

If laser refractive surgery has been undertaken, recovery should have been completed and the quality of visual performance, including contrast, glare sensitivity and the quality of night vision, should have been checked by an eye specialist.

## 3. Hearing standards

### 3.1 Deck department

Crew members in the deck department shall be required to understand, with each ear, whispered speech without hearing aid at a distance of 3 metres with the ear facing in the

direction of the examiner or, at a distance of 1 metre, with the worse ear and, at a distance of 5 metres, with the better ear. Speech at normal volume shall have to be understood at a distance of 5 metres with each ear with the ear facing in the direction of the examiner.

### **3.2 Technical department and electro-technical department**

Crew members of the technical service and the electro-technical service shall be required to understand, without hearing aid, speech at normal volume with both ears at the same time at a distance of 3 metres with the face turned away from the examiner.

If it becomes clear during an examination of fitness for service at sea that the hearing of a serving crew member of the technical department or the electro-technical department has deteriorated compared with the previous examination of fitness for service at sea, the crew member shall remain fit for service at sea only if, based on the results of the audiometry, it is not to be expected that the machine noise will pose an increased risk to the ears.

### **3.3 Catering department and other services**

Crew members in the catering department and in other services shall be required to understand speech at normal volume with both ears at the same time at a distance of 3 metres with the face turned away from the examiner.

### **3.4 Hearing aids**

Crew members of the deck department, the technical department and the electro-technical department shall not be allowed to use hearing aids. Crew members of the catering department and other services shall be allowed to use hearing aids if they:

1. can safely and efficiently carry out their duties on board during the validity period of the certificate of fitness for service at sea;
2. are capable of reliably hearing an emergency alarm at any time (day and night).

If a hearing aid is used, a replacement hearing aid and batteries in sufficient quantity as well as other needed consumables shall be kept on board the ship.

## **4. Physical capacity requirements**

### **4.1 Criteria for physical capabilities assessment**

The authorized physician or the physician of the Maritime Medical Service shall take into account the following criteria when assessing the physical capabilities of the person to be examined:

- strength;
- stamina;
- flexibility;
- balance and coordination;
- compatibility of body measurements with entering and staying in confined spaces;
- ability to cope with stress (cardiac and respiratory reserve); and
- fitness for specific tasks, e.g. wearing of a breathing apparatus.

### **4.2 Required physical capabilities**

The examined person shall be considered to have the physical capacity required for the fitness for service at sea if he or she possesses the following physical capabilities:

<b>Shipboard task, function, event or condition</b>	<b>Related physical capability</b>	<b>A medical examiner should be satisfied that the candidate:</b>
Routine movement around vessel: – on moving deck – between levels – between compartments	Maintain balance and move with agility Climb up and down vertical ladders and stairways Step over coamings (e.g. Load Line Convention requires coamings to be 600 mm high) Open and close watertight doors	has no disturbance in sense of balance does not have any impairment or disease that prevents relevant movements and physical activities is, without assistance (without the use of another person), able to: – climb vertical ladders and stairways – step over high sills – manipulate door closing systems
Routine tasks on board: – use of hand tools – movement of ship's stores – overhead work – valve operation – standing during a four-hour watch – working in confined spaces – responding to alarms, warnings and instructions – verbal communication	Strength, dexterity and stamina to manipulate mechanical devices Lift, pull and carry a load (e.g. 18 kg) Reach upwards Stand, walk and remain alert for an extended period Work in confined spaces and move through restricted openings (e.g. SOLAS regulation 11-I/3-6.5.1 requires openings in cargo spaces and emergency escapes to have the minimum dimensions of 600 mm x 600 mm) Visually distinguish objects, shapes and signals Hear warnings and instructions Ability to express him- or herself orally in a clear manner	does not have a defined impairment or diagnosed medical condition that reduces ability to perform routine duties essential to the safety of the vessel: – can work with arms raised – can stand and walk for an extended period – can enter confined spaces – fulfils the eyesight standards (table A-I/9) – fulfils hearing standards set by a competent authority or the corresponding international guidelines in this regard – can hold normal conversation
Emergency duties on board: – escape – fire-fighting – evacuation	Don a lifejacket or immersion suit Escape from smoke-filled spaces Take part in fire-fighting duties, including use of breathing apparatus Take part in vessel evacuation procedures	does not have a defined impairment or diagnosed medical condition that reduces ability to perform emergency duties essential to the safety of the vessel: – can don a lifejacket or immersion suit – can crawl – can feel for differences in temperature – can handle fire-fighting equipment – can wear breathing apparatus (where required as part of duties)

## 5. Fitness criteria for medication use

### 5.1. General principle

Certain types of medication can limit the fitness for service at sea or even lead to a lack of fitness for service at sea. The following statements refer exclusively to the use of medication by the person to be examined that has been prescribed for an extended period of time or permanently.

### 5.2 Medications that can affect the performance of routine and emergency duties

For the following medications, the authorized physician shall decide on a case-by-case basis whether the person to be examined is fit for service at sea or only fit for service at sea with limitations:

1. Medications affecting the central nervous system functions, e.g. sleeping tablets, antipsychotics, some analgesics, some anxiolytics and antidepressants and some antihistamines.
2. Agents that increase the likelihood of sudden debility or even unconsciousness, e.g. insulin, some of the older anti-hypertensives and medications predisposing to seizures.
3. Medication impairing vision, e.g. hyoscine and atropine.

### **5.3 Medications that can have severe or serious consequences if taken at sea**

For the following medications, the authorized physician shall decide on a case-by-case basis whether the person to be examined is fit for service at sea or only fit for service at sea with limitations:

1. Bleeding from injury or spontaneously, e.g. under warfarin. In this case, a case-by-case assessment of the probability of occurrence (risk of bleeding) shall be required. Anticoagulants, such as warfarin or dicoumarin, normally have a likelihood of complications that is incompatible with service at sea. However, if coagulation values are stable and closely monitored, work that does not carry an increased likelihood of injury and that takes place near onshore medical facilities may be permitted.
2. Dangers resulting from cessation of medication use, e.g. metabolic replacement hormones including insulin, anti-epileptics, anti-hypertensives and oral anti-diabetics.
3. Antibiotics and other anti-infective agents.
4. Anti-metabolites and medication for the treatment of malignant tumours.
5. Medications supplied for use at individual discretion (asthma treatments and antibiotics for recurrent infections).

### **5.4 Medications that lead to a limitation of fitness for service at sea**

- a) Limitation of the period of validity of the certificate of fitness for service at sea

By derogation from the second sentence of Section 12(5) of the Maritime Labour Act, the authorized physician or the physician of the Maritime Medical Service shall specify a shorter validity period in the certificate of fitness for service at sea if the monitoring of the effectiveness of the medication or of its adverse effects has to take place at shorter intervals than the regular validity period (cf. information provided for the relevant conditions in the table in no. 6).

- b) Geographical restriction of the activities of crew members on board

The authorized physician or the physician of the Maritime Medical Service shall restrict, in the certificate of fitness for service at sea, the activities of a crew member on board to a certain trading area if the adverse effects of a relevant medication only develop slowly, thus ensuring access to adequate medical care if the ship only operates near coastal waters.

- c) Limitation of deployment duration of crew members on board

The authorized physician or the physician of the Maritime Medical Service shall limit, in the certificate of fitness for service at sea, the deployment duration of a crew member on board if a medication, e.g. anti-diabetics, anti-hypertensives or hormone replacement therapies, requires frequent monitoring.

### **5.5 Medications that lead to a lack of fitness for service at sea**

The following medications lead to a lack of fitness for service at sea:

1. oral medication which, if not taken due to nausea or vomiting, can have life-threatening consequences;
2. evidence of risk that correct use can result in cognitive impairment;

3. reliable evidence of serious adverse effects that may be dangerous at sea, e.g. anticoagulants; and
4. any medication that, based on reliable scientific findings and in accordance with the assessment of the authorized physician, leads to severe and impairing adverse effects.

## 6. Fitness standards for health disorders

### 6.1 Concretization of the amount of discretion

The following table contains a list of typical conditions. The amount of discretion the authorized physician has when assessing the fitness for service at sea is concretized on the basis of this table. Here, it should be taken into account that fitness for service at sea with limitations is the exception. Crew members have to be fit to act in emergencies, not least to save themselves. Health impairments must not result in a risk to other crew members or the safety of the ship.

### 6.2 Table providing an overview of conditions

The table below is structured as follows:

- Column 1: WHO International Statistical Classification of Diseases and Related Health Problems, 10th revision (ICD-10). Codes are listed as an aid in the analysis and, in particular, for the international collection and compilation of data.
- Column 2: The common name of the condition or group of conditions, with a brief statement on its relevance to work at sea.
- Column 3: Lack of fitness for service at sea or limitation of the validity period of the certificate of fitness for service at sea.
- Column 4: Limitation of fitness for service at sea.  
This column shall be used in the assessment of the fitness for service at sea if the person to be examined does not fulfil the criteria of column 3.
- Column 5: Conditions under which the person to be examined is likely to meet the requirements for service on board in the intended department.  
This column shall be used for the assessment of the fitness for service at sea if the person to be examined does not meet the requirements of column 3 or 4.

For some conditions, one or more columns are either not relevant or not a suitable assessment category. Such cases are marked with the words “not applicable”.

**Limitations** regarding fitness for service at sea:

T = “temporary”: condition is expected to be temporary (less than two years)

crew member is normally unfit for service at sea.

P = “permanent”: condition is expected to be permanent (more than two years)

crew member is normally unfit for service at sea.

R = “restricted”: restrictions are as follows:

1. type of activity: able to perform some but not all routine and emergency duties on board without causing others to have additional duties or more responsibilities;

or

2. trading area: the crew member is at an increased risk of suffering serious harm if working under certain climatic conditions or at a great distance from onshore medical care.

The crew member's fitness for service at sea is subject to restrictions with respect to the type of activity or the trading area.

L = “limited”: due to his or her health condition, the crew member has to be examined more often than every two years.

A time limit is imposed on the validity period of the certificate of fitness for service at sea.

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
<b>A00–B99</b>	<b>Infections</b>			
A00–09	<b>Gastrointestinal infection</b> 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 department: When satisfactorily treated or resolved Catering department: Fitness decision to be based on medical advice – bacteriological clearance/eradication may be required
A15–16	<b>Pulmonary TB</b> Transmission to others, recurrence	T – Positive screening test or clinical history, until investigated If infected, until treatment stabilized and lack of infectivity confirmed P – Relapse or severe residual damage	Not applicable	Successful completion of a course of treatment in accordance with WHO Treatment of Tuberculosis guidelines
A50–64	<b>Sexually transmissible infections</b> 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 non-incapacitating	On successful completion of treatment
B15	<b>Hepatitis A</b> Transmissible by food or water contamination	T – Until jaundice resolved and liver function tests returned to normal	Not applicable	On full recovery
B16–19	<b>Hepatitis B, C, etc.</b> 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 safe work at sea or with likelihood of complications	R, L – Uncertainty about total recovery or lack of infectivity. Case-by-case decision-making based on duties and (planned) trading area/voyage pattern	On full recovery and confirmation of low level of infectivity
B20–24	<b>HIV+</b> Transmissible by contact with blood or other bodily fluids. Progression to HIV-associated diseases or AIDS	T – Until stabilized on treatment with CD4 level of >350 or when treatment changed and tolerance of new medication uncertain P – Non-reversible impairing HIV-associated diseases. Continuing impairing effects of medication	R, L – Time limited and/or near coastal: HIV+ and low likelihood of progression; on no treatment or on stable medication without side effects, but requiring regular specialist surveillance	HIV+, no current impairment and very low* likelihood of disease progression. No side effects of treatment or requirements for frequent surveillance

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
A00–B99 Not listed separately	<b>Other infections</b> 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 decision based on nature of infection	Full recovery and confirmation of low level of infectivity
<b>C00–48</b>	<b>Cancers</b>			
C00–48	Malignant neoplasms – including lymphoma, leukaemia and related conditions Recurrence – especially acute complications, e.g. harm to self from bleeding and to others from seizures	T – Until investigated, treated and prognosis assessed P – Continuing impairment with symptoms affecting safe work at sea or with high likelihood of recurrence	L – Time limited to interval between specialist reviews if: – cancer diagnosed <5 years ago; and – there is no current impairment of performance of normal or emergency duties or living at sea; and – there is a low likelihood of recurrence and minimal risk of requirement for urgent medical treatment R – Restricted to near coastal waters if any continuing impairment does not interfere with essential duties and any recurrence is unlikely to require emergency medical treatment	Cancer diagnosed more than 5 years ago, or specialist reviews no longer required and no current impairment or low continuing likelihood of impairment from recurrence. To be confirmed by specialist report with evidence for opinion stated
<b>D50–89</b>	<b>Blood disorders</b>			
D50–59	<b>Anaemia/Haemoglobinopathies</b> 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	<b>Splenectomy</b> (history of surgery) Increased susceptibility to certain infections	T – Post surgery until fully recovered	R – Case-by-case assessment. Likely to be fit for coastal and temperate work but may need restriction on service in tropics	Case-by-case assessment

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

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
E65–68	<b>Obesity/abnormal body mass</b> – high or low Accident to self, reduced mobility and exercise tolerance for routine and emergency duties. Increased likelihood of diabetes, arterial diseases and osteoarthritis	T – If safety-critical duties cannot be performed, capability or exercise test performance is poor P – Safety-critical duties cannot be performed; capability or exercise test performance is poor with failure to achieve improvements Note: Body mass index is a useful indicator of when additional assessment is needed (cf. Exclusion criteria for fitness for service at sea, no. 7.1 of this Annex)	R, L – Time limited and restricted to near coastal waters or to restricted duties if unable to perform certain tasks but able to meet routine and emergency capabilities for assigned safety-critical duties	Capability and exercise test performance (Annex 2, no. 5) average or better, weight steady or reducing and no co-morbidity
E00–90 Not listed separately	<b>Other endocrine and metabolic disease</b> (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes) Likelihood of recurrence or complications	T – Until treatment established and stabilized without adverse effects P – If continuing impairment, need for frequent adjustment of medication or increased likelihood of major complications	R, L – Case-by-case assessment with specialist advice if any uncertainty about prognosis or side effects of treatment. Need to consider likelihood of impairing complications from condition or its treatment, including problems taking medication, and consequences of infection or injury while at sea	If medication stable with no problems in taking at sea and surveillance of conditions infrequent, no impairment and very low likelihood of complications Addison's disease: The risks will usually be such that an unrestricted certificate should not be issued
<b>F00–99</b>	<b>Mental, cognitive and behavioural disorders</b>			
F10	<b>Alcohol abuse</b> (dependency) Recurrence, accidents, erratic behaviour, incorrect performance of safety measures, safety behaviour	T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse P – If persistent or there is co-morbidity likely to progress or recur while at sea	R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: treating physician reports successful participation in rehabilitation programme; and there is an improving trend in liver function tests	After three years from end of last episode without relapse and without co-morbidity

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F11–19	<p><b>Drug dependence/persistent substance abuse</b>, includes both illicit drug use and dependence on prescribed medications</p> <p>Erratic behaviour, incorrect performance of safety measures, safety behaviour</p>	<p>T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse</p> <p>P – If persistent or there is co-morbidity likely to progress or recur while at sea</p>	<p>R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that:</p> <ul style="list-style-type: none"> <li>– treating physician reports successful participation in rehabilitation programme; and</li> <li>– evidence of completion of unannounced/random programme of drug screening for at least three months with no positives and at least three negatives; and</li> <li>– continuing participation in drug screening programme</li> </ul>	<p>After three years from end of last episode without relapse and without co-morbidity</p>
F20–31	<p><b>Psychosis (acute)</b> –</p> <ul style="list-style-type: none"> <li>- Organic, schizophrenic or other category listed in the ICD.</li> <li>- Bipolar (manic depressive disorders)</li> <li>- - Recurrence leading to changes to perception/ cognition, accidents, erratic and unsafe behaviour</li> </ul>	<p>Following single episode with provoking factors:</p> <p>T – Until investigated and stabilized and conditions for fitness met. At least three months after episode</p> <p>Following single episode without provoking factors or more than one episode with or without provoking factors:</p> <p>T – Until investigated and stabilized and conditions for fitness met. At least two years since last episode</p> <p>P – More than three episodes or continuing likelihood of recurrence. Criteria for fitness with or without restrictions are not met</p>	<p>R, L – Time limited, restricted to near coastal waters and not to work as master in charge of vessel or without (adequate) supervision and continuing medical monitoring, provided that:</p> <ul style="list-style-type: none"> <li>– seafarer has insight;</li> <li>– is compliant with treatment; and</li> <li>– has no adverse effects from medication</li> </ul> <p>R, L – Time limited, restricted to near coastal waters and not to work as master in charge of vessel or without (adequate) supervision and continuing medical monitoring providing that:</p> <ul style="list-style-type: none"> <li>– the seafarer has insight;</li> <li>– is compliant with treatment; and</li> <li>– has no impairing adverse effects from medication</li> </ul>	<p>Case-by-case assessment at least one year after the episode, provided that provoking factors can and will always be avoided</p> <p>Case-by-case assessment to largely exclude likelihood of recurrence at least five years since end of episode if no further episodes; no residual symptoms; and no medication needed during last two years</p>

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
F32–38	<b>Mood/affective disorders</b> Severe anxiety state, depression, or any other mental disorder that can 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 and not to work as master in charge of ship, only when seafarers has: – good functional recovery; – insight; – is fully compliant with treatment, with no impairing side effects; and – a low* likelihood of recurrence	Case-by-case assessment to largely exclude likelihood of recurrence after at least two years with no further episodes and with no medication or on medication with no impairing effects
	<b>Mood/affective disorders</b> Minor or reactive symptoms of anxiety/depression Recurrence, reduced performance, especially in emergencies	T – Until symptom free. If on medication to be on a stable dose and free from impairing adverse effects P – Persistent or recurrent impairing symptoms	R, L – Time limited and consider geographical restriction/restriction of trading area if on stable dose of medication and free from impairing symptoms or impairing side effects from therapy	Case-by-case assessment at the earliest after one year from end of episode if symptom free and off medication or on medication with no impairing effects
F00–99 Not listed separately	<b>Other disorders</b> , e.g. disorders of personality, attention (e.g. ADHD), development (e.g. autism) Impairment of performance and reliability and impact on social behaviour	P – If considered to have safety-critical consequences	R – As appropriate if capable of only limited duties	No anticipated adverse effects while at sea. No incidents during previous periods of sea service
<b>G00–99</b>	<b>Diseases of the nervous system</b>			
G40–41	<b>Single epileptic seizure</b> Harm to ship, others and self from seizures	Single seizure T – While (condition) under investigation and for one year after seizure	R – At the earliest one year after seizure and on stable medication. Non-watchkeeping duties in near coastal waters	At the earliest one year after seizure and one year after end of treatment. If provoked, there should be no continuing exposure to the provoking agent
	<b>Epilepsy – No provoking factors</b> (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

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	<b>Epilepsy – provoked by alcohol, medication, head injury</b> (multiple seizures) Harm to ship, others and self from seizures	T – While under investigation and for two years after last seizure P – Recurrent fits, not controlled by medication	R – Case-by-case assessment. At the earliest after two years' abstention from any known provoking factors, seizure-free and either off medication or on stable medication with good compliance; restricted to non-watchkeeping duties in near coastal waters	Seizure-free for at least the last five years, has not taken anti-epilepsy drugs during that five-year period, provided there is not continuing exposure to the provoking agent
G43	<b>Migraine</b> (frequent attacks causing severe impairment of general condition) Likelihood of recurrences leading to restrictions	P – Frequent attacks leading to severe impairment of performance	R – With appropriate/adequate restrictions if only capable of limited duties	If no anticipated performance-impairing adverse effects (of the condition) while at sea. No incidents during previous periods of sea service
G47	<b>Sleep apnoea</b> Fatigue and episodes of sleep while working	T – Until treatment started and has been successful for at least three months P – Treatment unsuccessful or not being complied with	L – Once treatment demonstrably working effectively for three months, including compliance with CPAP (continuous positive airway pressure) machine use confirmed. Six-monthly assessments of compliance based on CPAP machine recording	Case-by-case assessment based on job and emergency requirements, informed by specialist advice
	<b>Narcolepsy</b> 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 Not listed separately	<b>Other organic nervous disease</b> , 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 safe working or unable to meet 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

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

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
T90	<b>Intracranial surgery/injury</b> , including treatment of vascular anomalies or serious head injury with brain damage Harm to ship, others and self from cerebral seizures. Defects in cognitive, sensory or motor function. Recurrence or complication of underlying condition	T – For one year or longer until seizure likelihood low*, based on advice from specialist P – Continuing impairment from underlying condition or injury or recurrent seizures	R – After at least one year, near coastal, no lone watchkeeping if seizure likelihoods low* and no impairment from underlying condition or injury Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist	No impairment from underlying condition or injury, not on anti-epilepsy medications. Seizure likelihood very low* Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist
<b>H00–99</b>	<b>Diseases of the eyes and ears</b>			
H00–59	<b>Eye disorders:</b> Progressive or recurrent (e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration and retinal detachment) Future inability to meet vision standards, risk of recurrence	T – Temporary inability to meet relevant vision standards and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant vision standards or, if treated, increased likelihood of subsequent deterioration or impairing recurrence	R – Near coastal waters if recurrence unlikely but foreseeable and treatable with early medical intervention L – If risk of progression foreseeable but unlikely and can be detected by regular monitoring	Very low likelihood of recurrence. Progression to a level where vision standards are not met during period of certificate is very unlikely
H65–67	<b>Otitis – External or media</b> Recurrence, risk as infection source in catering staff, 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	<b>Ear disorders:</b> Progressive (e.g. otosclerosis)	T – Temporary inability to meet relevant hearing standards and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered P – Inability to meet relevant hearing standards or, if treated, increased likelihood or	L – If risk of progression foreseeable but unlikely and can be detected by regular monitoring	Low likelihood of recurrence. Progression to a level where hearing standards are not met during period of certificate is very unlikely

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
		subsequent deterioration or impairing recurrence		
H81	<b>Ménière's disease</b> and other forms of chronic or recurrent severely impairing vertigo Inability to balance, causing loss of mobility and nausea See STCW	T – During acute phase P – Frequent attacks leading to severe impairment	R – As appropriate. If only capable of limited duties R, L – If frequent specialist surveillance required	Low* likelihood of impairing effects while at sea
<b>I00–99</b>	<b>Cardiovascular system</b>			
I05–08 I34–39	<b>Congenital and valve disease of heart</b> (including surgery for these conditions) Heart murmurs not previously investigated/ examined Likelihood of progression, limitations on exercise	T – Until investigated or adequately examined, and, if required, treated P – If exercise tolerance limited or episodes of severe impairment of performance occur or if on anticoagulants. If permanent high likelihood of impairing event/deterioration of condition	R – Near coastal waters if case-by-case assessment indicates either likelihood of acute complications or rapid progression of disease L – If frequent surveillance is recommended	Heart murmurs – Where unaccompanied by other heart abnormalities and considered benign by a specialist cardiologist following examination  Other conditions – assessment based on specialist advice
I10–15	<b>Hypertension</b> Increased likelihood of ischemic heart disease, eye and kidney damage and stroke. Possibility of hypertensive episode/crisis	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 levels remain within the limits	If levels within the limits and free from impairing effects from condition or medication
I20–25	<b>Cardiac event</b> , i.e. myocardial infarction, ECG evidence of past myocardial infarction or newly recognized left bundle-branch block, angina, cardiac arrest, coronary artery bypass grafting,	T – For twelve months after initial investigation and treatment, longer if symptoms not resolved P – If criteria for issue of certificate not met and further reduction of likelihood of recurrence improbable	L – If likelihood of recurrence is very low* and fully compliant with risk reduction recommendations and no relevant/significant comorbidity, issue six-month certificate initially and then annual certificate R, L – If likelihood of	Not applicable

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
	coronary angioplasty Sudden states of debility, exercise tolerance limited. Problems of managing repeat cardiac event at sea		recurrence is low.* Restricted to: – no lone working or solo watchkeeping; and – operations in near coastal waters, unless working on vessel with ship's doctor Issue six-month certificate initially and then annual certificate R, L – If likelihood of recurrence is moderate* and asymptomatic. Able to meet the physical requirements or their normal and emergency duties: – no lone working or watchkeeping/ lookout; and – operating within one hour of port, unless working on vessel with ship's doctor Case-by-case assessment to determine restrictions Annual review	
I44–49	<b>Cardiac arrhythmias</b> and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD)) Likelihood of impairment from recurrence, sudden severe impairment of performance/states of debility, exercise limitation. Pacemaker/ICD activity may be affected by strong electric fields	T – Until fully investigated, treated and adequacy of treatment confirmed P – If disabling symptoms present or excess likelihood of impairment from recurrence, including ICD implant	L – Surveillance needed at shorter intervals and no impairing symptoms present and very low* excess likelihood of impairment from recurrence, based on specialist report R – Restrictions on solo duties or for distant waters if low* likelihood of acute impairment from recurrence or foreseeable requirement for access to specialist care Surveillance and treatment regime to be specified in detail. If pacemaker implanted, duration of certificate to coincide with pacemaker surveillance	Surveillance not needed or needed at intervals of more than two years; no impairing symptoms present; and very low* likelihood of impairment from recurrence, based on specialist report

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
I61–69 G46	<b>Ischaemic cerebrovascular disease</b> (stroke or transient ischaemic attack) Increased likelihood of recurrence, sudden loss of capability, mobility limitation. Increased likelihood of developing other circulatory disease causing sudden loss of capability	T – Until treated and any residual impairment stabilized and for three months after event P – If residual symptoms interfere with duties or there is significant excess likelihood of recurrence	R, L – Case-by-case assessment of fitness for duties; exclude from lone watchkeeping. Assessment should include likelihood of future cardiac diseases. General standards of physical fitness should be met Annual assessment	Not applicable
I73	<b>Arterial-claudication</b> Likelihood of other circulatory disease causing sudden loss of capability. Limits to exercise capacity	T – Until assessed/examined P – If incapable of performing duties	R, L – Consider restriction to non- watchkeeping duties in coastal waters, provided symptoms are minor and do not impair essential duties or if they are resolved by surgery or other treatment; general standards of fitness are met or must be met. Assess likelihood of future cardiac diseases (follow criteria in I20–25). Review at least annually	Not applicable
I83	<b>Varicose veins</b> 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	<b>Deep vein thrombosis/pulmonary embolus</b> 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 national coastal waters, once stabilized on anticoagulants with regular monitoring of level of coagulation	Full recovery with no anticoagulant use
I00–99 Not listed separately	<b>Other heart disease</b> , e.g. cardio- myopathy, pericarditis, heart failure Likelihood of recurrence, sudden loss of capability, exercise limitation	T – Until fully investigated, treated and adequacy of treatment confirmed P – If impairing symptoms or likelihood of impairment from recurrence	Case-by-case assessment, based on specialist reports	Case-by-case assessment, very low* likelihood of recurrence

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
<b>J00–99</b>	<b>Respiratory system</b>			
J02–04 J30–39	<b>Nose, throat and sinus conditions</b> Impairing for individual. May recur. Transmission of infection to food/other crew	T – Until resolved P – If impairing and recurrent	Case-by-case assessment	When treatment complete, if no factors predisposing to recurrence
J40–44	<b>Chronic bronchitis and/or emphysema</b> Reduced exercise tolerance and impairing symptoms	T – If exacerbation P – If repeated severe recurrences or if general fitness standards cannot be met or if impairing shortness of breath	R, L – Case-by-case assessment More stringency for distant water duties. Consider fitness for emergencies and ability to meet general standards of physical fitness Annual review	Not applicable
J45–46	<b>Asthma</b> (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 (due to the asthma) or oral steroid use in last three years P – If foreseeable likelihood of rapid life-threatening asthma attack while at sea or history of uncontrolled asthma, i.e. history of multiple hospital admissions	R, L – Near coastal waters only or on ship with doctor if history of moderate** adult asthma, with good control with inhalers and no episodes requiring hospital admission or oral steroid use in last two years or history of mild or exercise-induced asthma that requires regular treatment	Under age 20: If history of mild or moderate** childhood asthma, but with no hospital admissions or oral steroid treatment in last three years and no requirements for continuing regular treatment Over age 20: If history of mild or exercise-induced asthma and no requirements for continuing regular treatment
J93	<b>Pneumothorax</b> (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 12 months after initial episode or shorter duration as advised by specialist Post surgery – based on advice of treating specialist
<b>K00–99</b>	<b>Digestive system</b>			

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
K01–06	<b>Oral cavity diseases</b> 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 seafarer non-compliant with dental recommendations	R – Limited to near coastal waters, if criteria for full fitness not met, and type of operation will allow for access to dental care without safety-critical manning issues for vessel	If teeth and gums (gums alone of edentulous and with well-fitting dentures in good repair) appear to be good. No complex prosthesis; or if dental check in last year, with follow-up completed and no problems since
K25–28	<b>Peptic ulcer</b> Recurrence with pain, bleeding or perforation	T – Until healing or cure by surgery or by eradication of helicobacter and on normal diet for three months P – If ulcer persists despite surgery and medication	R – Consider case-by-case assessment for earlier return to near coastal duties	When cured and on normal diet for (at least) three months
K40–41	<b>Hernias – Inguinal and femoral</b> Likelihood of strangulation	T – Until surgically investigated to confirm no likelihood of strangulation/herniation and, if required, treated	R – Untreated: Consider case-by-case assessment for near coastal waters	When satisfactorily or successfully treated or exceptionally when surgeon reports that there is no likelihood of strangulation
K42–43	<b>Hernias – Umbilical, ventral</b> Instability of abdominal wall on bending and lifting	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy physical effort	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy physical effort	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy physical effort
K44	<b>Hernias – Diaphragmatic (hiatus)</b> Reflux of stomach contents and acid causing heartburn, etc.	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them	Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them
K50, 51, 57, 58, 90	<b>Non-infectious enteritis, colitis, Crohn’s disease, diverticulitis, etc.</b> (Physical) impairment and pain	T – Until investigated and treated P – If severe or recurrent	R – Does not meet the requirements for unrestricted certificate but rapidly developing recurrence unlikely: near coastal duties	Case-by-case specialist assessment Fully controlled with low likelihood of recurrence.

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
K60 I84	<b>Anal conditions: Piles (haemorrhoids), fissures, fistulae</b> Increased 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 not fully treated cases for near coastal duties	When satisfactorily treated
K70, 72	<b>Cirrhosis of liver</b> Liver failure. Bleeding from oesophageal varices	T – Until fully investigated P – If severe or occurrence of ascites or oesophageal varices	R, L – Case-by-case specialist assessment	Not applicable
K80–83	<b>Diseases of biliary vesicle and biliary tract</b> Biliary colic from gallstones, jaundice, 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 certificate. Sudden onset of biliary colic unlikely	Case-by-case specialist assessment. Very low likelihood of recurrence or worsening in next two years
K85–86	<b>Pancreatitis</b> Likelihood of recurrence	T – Until resolved P – If recurrent or alcohol related, unless confirmed abstinence	Case-by-case assessment based on specialist reports	Case-by-case assessment based on specialist reports, very low* likelihood of recurrence
Y83	<b>Stoma (ileostomy, colostomy)</b> Impairment if control is lost – need for bags, etc. Potential problems during prolonged emergency	T – Until stabilized P – Poorly controlled	R – Case-by-case assessment	Case-by-case specialist assessment
<b>N00–99</b>	<b>Genito-urinary conditions</b>			
N00, N17	<b>Acute nephritis</b> 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	<b>Sub-acute or chronic nephritis or nephrosis</b> 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	<b>Renal or ureteric calculus</b> 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 duties	Case-by-case assessment by specialist with normal urine and renal function without recurrence

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
N33, N40	<b>Prostatic enlargement/urinary obstruction</b> Acute retention of urine	T – Until investigated and treated  P – If not remediable	R – Case-by-case assessment for near coastal duties	When successfully treated; low* likelihood of recurrence
N70–98	<b>Gynaecological conditions</b> – 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* likelihood of recurrence
R31, 80, 81, 82	<b>Proteinuria, haematuria, glycosuria</b> 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 likelihood of serious underlying condition
Z90.5	<b>Loss of kidney or one non-functioning kidney</b> Limits to fluid regulation under extreme conditions if remaining kidney not fully functional	P – Any reduction of function in remaining kidney in new seafarer. Significant dysfunction in remaining kidney of serving seafarer	R – No tropical or other exposure to extreme heat. Serving seafarer with minor dysfunction in remaining kidney	Remaining kidney must be fully functional and not liable to progressive disease, based on renal investigations and specialist report
<b>O00–99</b>	<b>Pregnancy</b>			
O00–99 <sup>1</sup>	<b>Pregnancy</b> 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 on near coastal vessel	Uncomplicated pregnancy with no impairing effects – normally until 24th week
<b>L00–99</b>	<b>Skin</b>			
L00–08	<b>Skin infections</b> 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

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
L10–99	<b>Other skin diseases</b> , e.g. eczema, dermatitis, psoriasis Recurrence, sometimes occupational cause	T – Until investigated and satisfactorily treated	Case-by-case decision R – As appropriate if aggravated by heat, or substances at work	Stable, not impairing
<b>M00–99</b>	<b>Musculoskeletal</b>			
M10–23	<b>Osteoarthritis</b> , other joint diseases and subsequent joint replacement Pain and mobility limitation affecting normal or emergency duties. Possibility of infection or dislocation and limited life of replacement joints	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 especially requirements in the event of the evacuation from ship. Should meet general fitness requirements	Case-by-case assessment. Able to fully meet routine and emergency duty requirements with very low likelihood of worsening such that duties could not be undertaken
M24.4	<b>Luxation or subluxation of shoulder or knee joints</b> Sudden limitation of mobility, with pain	T – Until satisfactorily treated	R – Case-by-case assessment of occasional or rare occurrence of luxation/subluxation	Treated; very low* likelihood of recurrence
M54.5	<b>Back pain</b> Pain and mobility limitation affecting normal or emergency duties. Exacerbation of impairment	T – In acute stage P – If recurrent or severely impairing	Case-by-case assessment	Case-by-case assessment
Y83.4 Z97.1	<b>Limb prosthesis</b> 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 are fully met. Arrangements for fitting prosthesis in emergency must be confirmed
	<b>General</b>			
R47, F80	<b>Speech disorders</b> Limitations to communication ability	P – Incompatible with reliable performance of routine and emergency duties safely or effectively	R – If assistance with communication is needed to ensure reliable performance of routine and emergency duties safely and effectively Specify assistance	No impairment to essential speech communication

ICD-10 (diagnostic codes)	Condition (justification for criteria)	Incompatible with reliable performance of routine and emergency duties safely or effectively - expected to be temporary (T) - expected to be permanent (P)	Able to perform some but not all duties or to work in some but not all waters (R) Increased frequency of surveillance needed (L)	Able to perform all duties worldwide within designated department
T78 Z88	<b>Allergies</b> (other than allergic dermatitis and asthma) Likelihood of recurrence and increasing severity of response. Reduced ability to perform 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 likely/rather likely to only be impairing rather than life-threatening, and effects can be fully controlled by long-term non-steroidal self-medication or by lifestyle modifications that are practicable at sea with no safety-critical adverse effects
Z94	<b>Transplants</b> – Kidney, heart, lung, liver (for prosthetics of joints, limbs, lenses, hearing aids, heart valves, etc. see condition-specific sections)  Possibility of rejection. Side effects of medication	T – Until condition stable after surgery and under anti-rejection medication P – Case-by-case assessment, with specialist advice	R, L – Case-by-case assessment, with consideration of specialist advice	Not applicable
Classify by condition	<b>Chronic-progressive conditions</b> , which are currently within criteria, e.g. Huntington's chorea (including family history) and keratoconus	T – Until investigated and treated if indicated P – Consider at pre-sea medical if likely to prevent completion or limit scope of training	Case-by-case assessment, with consideration of specialist advice. Fitness nevertheless possible if harmful progression before next medical is judged unlikely	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely
Classify by condition	<b>Conditions not specifically listed</b>	T – Until investigation and treated if indicated  P – If permanently impairing	Use analogy with related conditions as a guide. Consider likelihood of sudden incapacity, recurrence or progression and limitations on performing normal and emergency duties. If in doubt, specialist advice should be obtained or consider restriction or referral to experienced referee	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, specialist advice should be obtained or consider restriction or referral to experienced referee

**Notes:**

\* Recurrence rates: Where the terms very low, low and moderate are used for the 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 likelihood of a recurrence.

Quantitative recurrence levels approximate to:

- Very low: recurrence rate less than 2 per cent per year;
- Low: recurrence rate 2–5 per cent per year;
- Moderate: recurrence rate 5–20 per cent per year.

\*\* Asthma severity definitions:

#### **Childhood asthma:**

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

#### **Adult asthma:**

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

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

## **7. Exclusion criteria for fitness for service at sea**

### **7.1 Excessive BMI**

A person with a body mass index (BMI) of above 40 kg/m<sup>2</sup> is unfit for service at sea.

### **7.2 Gastrointestinal infection for catering department**

Crew members of the catering department shall be considered unfit for service at sea if they are banned from working in accordance with Section 42 of the Protection against Infection Act. Evidence shall have to be provided by way of stool testing that the person is not suffering from shigellosis or salmonellosis.

### **7.3 Physical, mental and emotional disorders leading to impaired performance**

A physical, mental or emotional disorder leading to impaired performance shall rule out the fitness for service at sea if the disorder, according to the current state of medical science, would entail a functional impairment that may render the candidate incapable of reliably performing or impair his or her ability to perform the tasks and duties, in particular rescue and self-rescue in emergencies, associated with the concerned department for which the fitness for service at sea is to be established.

**7.4 Acute coronary syndrome (e.g. myocardial infarction), aortocoronary bypass grafting, heart valve surgery**

Following these health conditions/surgeries, a person shall be considered unfit for service at sea for at least one year.

**Footnote 1:** Decisions shall be in conformity with national practice and legislation (e.g. in Germany, the Act on the Protection of Working Mothers). The pregnancy should be declared at an early stage so that national recommendations on antenatal care and screening can be followed.

**Annex 2  
(re Section 4(1))  
Conduct of examinations of fitness for service at sea**

**1. Questionnaire on state of health**

Prior to the examination of fitness for service at sea, the person to be examined shall complete a questionnaire regarding his or her state of health and previous diseases and sign it (second sentence of Section 4(1)). The authorized physician or the physician of the Maritime Medical Service shall take the knowledge gained through this questionnaire into account when assessing the fitness for service at sea.

If the person to be examined has not yet reached the age of 18 (adolescent), the questionnaire shall be:

1. completed by the adolescent's guardian<sup>1</sup>;
2. signed by the adolescent's guardian and the adolescent; and
3. presented to the authorized physician prior to the conduct of the examination of fitness for service at sea.

**2. Scope of examination**

The scope of the examination of fitness for service at sea is based on the following table.

In the case of a pregnancy that the woman is aware of, the physician conducting the examination shall inform her of the particular risks to her and her child arising from service on a seagoing ship.

<b>I. All departments</b>			
Medical service	Contents	Medical Fees Schedule (GOÄ) item no.	Incremental factor
Taking of medical history	Taking of comprehensive medical history, including questionnaire	1	3.5
Full body check up	Physical check up including RR, heart rate, height and body weight measurement and calculation of body mass index	8	2.3
Eyesight test	Assessment of visual acuity by determination of visual acuity according to Snellen or an equivalent test method; assessment of near vision with plates according to Niden	1200	2.3
Urine test	Urine test for glucose, protein and blood	3511	1.15

Communication of results	Informing the examined person about the contents of the certificate and his or her right to a review in accordance with section A-1/9, paragraph 6 of the STCW Code	Included in no. 1	N/A
Issue of certificate	Entering of the results of the examination into the fitness for service at sea register, issue of the certificate of fitness for service at sea	75	2.3
<b>II. Additional examinations</b>			
<b>a) Deck department, electro-technical department</b>			
Colour vision test	Assessment of colour vision using colour plates of two recognized systems	Included in no. 8	N/A
<b>b) Catering department</b>			
Stool test	Stool test for salmonellae and shigellae	4530 4538	1.1 5 1.1 5
<b>c) X-ray examination at the request of the Maritime Medical Service</b>			
Chest X-ray	X-ray of the chest, 1 view PA	5135	1.8
<b>d) Laboratory tests at the request of the Maritime Medical Service</b>			
Laboratory tests	Laboratory blood tests	In accordance with the Medical Fees Schedule (GOÄ) item nos. of the section on laboratory tests	1.1 5

### 3. Vision testing

#### 3.1 Vision test methods

The test of the vision of the person to be examined shall be conducted by the authorized physician or the physician of the Maritime Medical Service:

1. using the Snellen or an equivalent test method (distance vision); and
2. using a reading test method (near vision).

#### 3.2 Colour vision testing

Colour vision shall be tested using colour plates of two recognized systems (e.g. Ishihara colour plates, Stilling/Velhagen, Boström or equivalent plates). In cases of doubt, an examination by an eye specialist using an anomaloscope and a further colour vision test method shall have to indicate a normal trichromatic vision. The use of colour-correcting lenses leads to invalid test results and shall not be permitted.

#### 3.3 Visual field test

Visual fields shall initially be assessed using confrontation tests (Donders, etc.). Any indication of limitations of the visual field or the presence of a medical condition where visual field loss can occur shall lead to a more detailed investigation.

#### 3.4 Twilight and night vision test

Limitations to twilight and night vision may occur in specific eye diseases or may follow ophthalmological procedures. Such limitations can be detected when testing vision at low

contrast values/twilight vision or by way of other tests/testing methods. Specialist assessment should be undertaken if reduced twilight vision is suspected.

#### **4. Examination of hearing**

##### **4.1 Whispered speech test**

The authorized physician or the physician of the Maritime Medical Service shall examine hearing by whispering several sentences in the direction of the person to be examined from a certain distance and checking if the person to be examined has understood the contents of these sentences. Depending on the department, the person to be examined shall be required to understand the sentences with the ear that is facing in the direction of the physician or with both ears at the same time. Details are provided in Annex 1 of the Ordinance.

##### **4.2 Audiometry for follow-up examinations**

If it becomes clear in a follow-up examination that the hearing of a crew member of the technical or the electro-technical department has deteriorated, an examination by an ear specialist, including audiometry, shall be performed.

#### **5. Examination of physical capacity**

##### **5.1 Procedure for physical capabilities assessment**

If the authorized physician or the physician of the Maritime Medical Service finds that the physical capacity of the person to be examined is limited, further tests shall be performed.

##### **5.2 Assessment of the results**

The authorized physician or the physician of the Maritime Medical Service should assess the physical capacity results of the person to be examined based on the following criteria:

1. Is the crew member able to perform his or her routine and emergency duties efficiently?
2. Are there any limitations to his or her strength, flexibility, stamina or coordination?
3. Assessment of cardiopulmonary performance.

##### **5.3 Decision-making**

1. Are there any indications of limited physical and emotional fitness?

a) No – no further tests required.

Result:

Fit for service at sea: able to perform all duties within designated department.

b) Yes - conduct of further examinations, obtaining medical findings to verify the ability of the crew member to perform his or her routine and emergency duties.

Do the examination results indicate that capabilities may be limited?

i) No.

Result:

Fit for service at sea: able to perform all duties within designated department.

ii) Yes - due to his or her health condition, the crew member has to be examined more often than every two years.

Result:

Fit for service at sea for a limited period of time (L-“Limited”): a limit is imposed on the validity period of the certificate of fitness for service at sea. Able to perform all duties within designated department within this period of time.

iii) Yes - the health condition of the crew member results in the following limitations:

1. type of activity: able to perform some but not all routine and emergency duties on board without causing others to have additional duties or more responsibilities,

or

2. trading area: the crew member is at an increased risk of suffering serious harm if working under certain climatic conditions or at a great distance from onshore medical care.

Result:

Fit for service at sea with restrictions (R-“Restricted”): restrictions regarding the type of activity and the trading area shall be entered into the certificate of fitness for service at sea.

iv) Yes - however, the cause of the limitations can be eliminated.

Result:

Unfit for service at sea (T- “Temporary”): expected to be temporary, i.e. less than two years.

v) Yes - however, the cause of the limitations cannot be eliminated.

Result:

Unfit for service at sea (P- “Permanent”): expected to be permanent, i.e. more than two years.

**Footnote 1:** In accordance with Section 1626 of the German Civil Code, guardians are, among others, the parents of the adolescent.

**Annex 3**  
**(re Section 5(1)(2) and Section 9(4))**  
**Models of authorization stamps**

The authorization stamps shall have a diameter of 3 cm.

**a) Authorization stamps for certificates of fitness for service at sea issued by physicians of the Maritime Medical Service**

**For every physician, the authorization stamp shall be marked with a consecutive number assigned to him or her.**



**b) Authorization stamp for certificates of fitness for service at sea issued by authorized physicians**

**For every authorized physician, the authorization stamp shall be marked with a consecutive number assigned to him or her.**



**Annex 4**  
**(re Section 16(1)(1) and Section 18(1))**  
**Contents of medical refresher courses**

Contents	Theory (T) or Practice (P)*	Advanced training course in accordance with Section 15(1) (40 teaching hours)	Basic training course in accordance with Section 15(2) (16 teaching hours)
<b>Assessment of the danger situation</b>			
Learning objective: The master/officer recognizes - preventively and in emergency situations - dangers to life and limb, takes precautions and observes them in every phase to minimize risks to him- or herself and to the injured/ill person.			
Dangers to oneself/others	T	X	X
Precautions for:			
Infectious diseases	T	X	
Hazardous atmospheres (e.g. CO, CO <sub>2</sub> )	T	X	X
Lack of oxygen in enclosed spaces (e.g. tank)	T	X	X
Chemical and other accidents involving dangerous goods	T	X	X
Electrical accidents	T	X	X
Fire, smoke development	T	X	X
Person in the water	T	X	X
<b>Rescue</b>			
Learning objective: The master/officer prepares and carries out the rescue him- or herself in accordance with accepted procedures, keeping the strain on the patient to a minimum and taking into consideration his or her own protection.			
Rescue from immediate danger area	P	X	X
Rescue from hatches, access shafts	T	X	X
Water rescue	T	X	X
Helicopter rescue	T	X	X
<b>Immediate measures in the event of accidents and diseases</b>			
Learning objective: The master/officer recognizes emergencies and reliably and immediately initiates measures in accordance with recognized medical practice in the case of injuries and diseases that require immediate treatment. The following section contains the required basic anatomical and physiological knowledge as well as knowledge of the symptoms of injuries and diseases that is to be transferred.			
Verification, restoration and maintenance of vital functions			

Contents	Theory (T) or Practice (P)*	Advanced training course in accordance with Section 15(1) (40 teaching hours)	Basic training course in accordance with Section 15(2) (16 teaching hours)
Consciousness			
Stages of consciousness	T	X	X
Verification of consciousness	T	X	X
Recovery position	P	X	X
Circulatory arrest			
Cardiopulmonary resuscitation, with and without aids, using the one-person or two-person method	P	X	X
Use of a semi-automatic defibrillator (AED)	P	X	
Respiratory disorder			
Measures in the event of an obstruction of the airways			
Manual or mechanical (head-down position, Heimlich manoeuvre) removal of a foreign body	P	X	X
Use of the suction apparatus	P	X	X
Maintaining the airways			
Demonstration of the use of the aids in the ship's dispensary	P	X	X
Ventilation			
Practising the use of the aids in the ship's dispensary	P	X	X
Administration of oxygen	P	X	X
Positioning in the event of respiratory disorders			
Head tilt and chin lift when providing ventilation	P	X	X
Semi-sitting position/sitting position facilitating respiration	P	X	X
External/internal bleeding			
Sterile wound dressing, elevation	P	X	X
Compression bandage	P	X	X
Arterial pressure points	P	X	X
Tourniquet application	T	X	X
Shock treatment	T	X	X
Shock position	P	X	X
Cardiovascular monitoring, shock index	T	X	
Eye injuries (foreign bodies/chemical burns)			
Eye rinsing	T	X	X
Removal of foreign bodies (eyelid eversion)	T	X	
Administration of eye salve/drops	T	X	X
Eye bandage	P	X	X
Burns/scalds/electrical injuries/frostbites			
Degree classification based on depth and size of affected area	T	X	X
Determination of affected area (rule of thumb is that the palm including the fingers of the patient amount to approx. 1 % of the body surface)	P	X	
Assessment of the severity of the thermal injury	T	X	X
Treatment	T	X	X
Hypothermia			
Degree classification based on depth and size of affected area	T	X	X

Contents	Theory (T) or Practice (P)*	Advanced training course in accordance with Section 15(1) (40 teaching hours)	Basic training course in accordance with Section 15(2) (16 teaching hours)
Particularities within the framework of resuscitation	T	X	X
Treatment	T	X	X
<b>Chemical burns</b>			
Acid burn and alkali burn	T	X	X
Treatment	T	X	X
<b>Radio medical advice</b>			
Learning objective: The master/officer is familiar with the procedure for obtaining radio medical advice in accordance with generally accepted procedures and recommendations. He or she performs all the clinical examinations required for the consultation and transmits their results.			
Accessibility	T	X	X
Obtaining the necessary medical findings	T	X	X
Transmission of the necessary information	T	X	X
Form	T	X	X
<b>Transfer and transport</b>			
Learning objective: The master/officer prepares and carries out the transport operation him- or herself in accordance with accepted procedures, keeping the strain on the patient to a minimum and taking into consideration his or her own protection.			
Transfer to the stretcher	P	X	
Immobilization of vertebral injuries with the help of a vacuum mattress	P	X	
Immobilization of the cervical spine	P	X	
Stretcher transport	P	X	
<b>Examination techniques</b>			
Learning objective: The master/officer determines signs of disease by interviewing and examining the patient. He or she immediately recognizes and is able to assess the meaning of the findings and of changes in the patient's condition.			
Taking of medical history	T	X	X
Physical examination			
“Body check”	P	X	X
Check of peripheral blood circulation, sensitivity and motor coordination	P	X	X
Feeling the pulse	P	X	X
Measuring blood pressure	P	X	
Measuring body temperature	T	X	
Cardiac rhythm monitoring with the help of a semi-automatic defibrillator (AED)	P	X	
Urine test	P	X	
Assessment of excretions	T	X	
<b>Specific diseases</b>			

Contents	Theory (T) or Practice (P)*	Advanced training course in accordance with Section 15(1) (40 teaching hours)	Basic training course in accordance with Section 15(2) (16 teaching hours)
Learning objective: The master/officer treats the injury or disease appropriately. The treatment is in conformity with generally accepted medical practice as well as with the medical instructions (para. 3 of the second sentence of Section 107(2) of the Maritime Labour Act) published by the Occupational Accident Insurance Fund for Transport and Traffic (Maritime Medical Service) and the Medical First Aid Guide for Use in Accidents Involving Dangerous Goods (MFAG). Differentiation between minor health disorders and serious emergencies. Within the framework of the following section, the required basic anatomical and physiological knowledge as well as knowledge of the symptoms of injuries and diseases is to be transferred.			
Head injuries			
Concussion	T	X	X
Fractures (skull/upper jaw/lower jaw)	T	X	X
Cerebral haemorrhage	T	X	X
Positioning in the case of skull/brain injuries	T	X	X
Seizure	T	X	X
Monitoring	T	X	X
Bleeding from head laceration, ear, nose, tongue, tooth socket (loss of tooth)	T	X	X
Foreign body in ear and nose	T	X	
Treatment	T	X	X
Spinal injuries			
Paraplegic symptoms	T	X	X
Check of peripheral blood circulation, sensitivity and motor coordination	P	X	X
Urinary bladder paralysis	T	X	
Insertion of urinary catheter	P	X	
Immobilization in the case of cervical spine injuries	P	X	
Transfer, transport	P	X	
Positioning in the case of spinal injuries	P	X	X
Monitoring	T	X	
Treatment	T	X	
Bone fractures			
Open/closed fractures	T	X	X
Reliable and unreliable indications of a fracture	T	X	X
Fracture locations			
Rib and serial rib fracture with paradoxical respiration	T	X	
Shoulder/collarbone fracture	T	X	
Upper arm/forearm fracture	T	X	
Wrist/hand fracture	T	X	
Finger fracture	T	X	
Pelvic fracture	T	X	
Bladder puncture	T	X	
Thigh/lower leg fracture	T	X	
Ankle and foot fracture	T	X	

Contents	Theory (T) or Practice (P)*	Advanced training course in accordance with Section 15(1) (40 teaching hours)	Basic training course in accordance with Section 15(2) (16 teaching hours)
Toe fracture	T	X	
Complications			
Disorder of the peripheral blood circulation, sensitivity and motor coordination	T	X	
Blood loss (internal/external bleeding)	T	X	
Compartment syndrome	T	X	
Tension/pneumothorax	T	X	
Treatment of fractures			
Reduction of fractures	T	X	
Immobilization by splinting	P	X	X
Immobilization with the help of a vacuum mattress	P	X	
Thoracentesis	T	X	
Transfer, transport	P	X	X
Positioning, elevation, cooling	P	X	X
Monitoring	T	X	X
Dislocations			
Location			
Shoulder dislocations	T	X	
Finger dislocations	T	X	
Treatment			
Pain management	T	X	
Reduction of dislocations	T	X	
Immobilization	P	X	X
Muscle injuries, sprains, strains			
Types of injuries	T	X	X
Treatment			
Immobilization	P	X	
Positioning	P	X	
Wound treatment, minor surgical interventions			
Types of wounds	T	X	X
Working under sterile conditions	P	X	X
Wound cleansing and disinfection	P	X	X
Local anaesthesia	P	X	
Different methods of wound closure	P	X	
Leaving in place and fixation of foreign bodies	P	X	X
Removal of small foreign bodies	T	X	X
Wound healing complications, treatment			
Wound infection (lymphangitis)	T	X	
Gaping of wound edges	T	X	
Incision and drainage of abscesses	T	X	
Vaccinations			
Vaccines on board	T	X	
Indication	T	X	
Performance of vaccination and documentation	T	X	
Cardiovascular diseases			
Acute coronary syndrome and heart attack			

Contents	Theory (T) or Practice (P)*	Advanced training course in accordance with Section 15(1) (40 teaching hours)	Basic training course in accordance with Section 15(2) (16 teaching hours)
Hypertensive crisis	T	X	X
Cardiac arrhythmias	T	X	X
Arterial occlusion	T	X	X
Thrombosis	T	X	X
Treatment principles			
Neurological emergency			
Stroke			
Detection	T	X	X
Treatment	T	X	
Treatment of acute abdominal diseases			
Gastroenteritis	T	X	
Injury of the abdomen (blunt, perforating)	T	X	
Gastrointestinal bleeding	T	X	
Peritoneal irritation/peritonitis	T	X	
Cause and treatment of colics	T	X	
Intestinal obstruction	T	X	
Treatment principles	T	X	X
Positioning	P	X	X
Urinary tract			
Urinary tract infection/treatment	T	X	
Urinary retention/treatment	T	X	
Psychiatric emergencies			
Psychiatric disorders	T	X	
Suicidality	T	X	
Alcohol and drug abuse	T	X	X
Detection of alcohol, prescription drug and drug abuse	T	X	X
Infectious diseases			
Tropical, infectious, sexually transmitted diseases	T	X	
Disease transmission	T	X	
Hygiene practice (isolation, disinfection)	T	X	
Prevention (malaria prophylaxis, vaccinations, behaviour in ports with infection risks, protection against sexually transmitted diseases, delousing, rat control, pest control)	T	X	
National and international regulations	T	X	
Cooperation with port health services	T	X	
Poisoning, accidents involving dangerous goods			
Medication poisoning, food poisoning, alcohol poisoning, poisoning from chemical substances and warfare agents	T	X	X
Dangerous goods accidents: Systematics of the Medical First Aid Guide for Use in Accidents Involving Dangerous Goods: "MFAG – Medical First Aid Guide"	T	X	X
Treatment	T	X	
Treatment of dental conditions			
Inspection of the oral cavity	P	X	
Detection and assessment of acute dental conditions	T	X	
Sealing of a dental defect	T	X	
Incision and drainage of a tooth root abscess	T	X	

Contents	Theory (T) or Practice (P)*	Advanced training course in accordance with Section 15(1) (40 teaching hours)	Basic training course in accordance with Section 15(2) (16 teaching hours)
Gynaecology, pregnancy, childbirth	T	X	
Death on board			
Determination of death/reliable and unreliable signs of death	T	X	
Will drawn up at sea (Seetestament)	T	X	
Storage and transport of bodies	T	X	
Documentation of deaths	T	X	X
<b>Further treatment measures</b>			
Learning objective: The master/officer treats the injury or disease appropriately. The treatment is in conformity with generally accepted medical practice.			
Pain management			
Immobilization	P	X	X
Cooling	P	X	X
Medications	T	X	X
Administration of infusions	P	X	
Practising of various injection techniques required for the administration of medications from the ship's dispensary	P	X	X
Dressing materials, application of dressings (materials from the ship's dispensary)	P	X	X
Basic principles of nursing care	T	X	
<b>Ship's dispensary</b>			
Learning objective: The master/officer is familiar with the systematic structure of the ship's dispensary. Dosing and administration of medicines follow the manufacturer's recommendations and the instructions of the radio medical advice service.			
System of the ship's dispensary			
Structure of the medicine cabinet	T	X	
Packing order and numbering of the medications, aids and medical devices	T	X	X
Narcotics	T	X	
Storage	T	X	
Keeping of the controlled drugs register	T	X	
Medicines requiring refrigeration	T	X	
Dispensing and documentation of the dispensing of medications	T	X	X
<b>Medical instructions</b>			
Learning objective: The master/officer is to be put in a position that allows him or her to prevent health hazards as well as to detect and treat injuries and diseases based on knowledge of the contents, structure and organization of the medical instructions (para. 3 of the second sentence of Section 107(2) of the Maritime Labour Act) published by the Occupational Accident Insurance Fund for Transport and Traffic (Maritime Medical Service).			
System of the medical instructions	T	X	X
<b>Forms</b>			

Contents	Theory (T) or Practice (P)*	Advanced training course in accordance with Section 15(1) (40 teaching hours)	Basic training course in accordance with Section 15(2) (16 teaching hours)
Learning objective: The master/officer is familiar with the forms intended for medical care on board as well as their contents. He or she is able complete them in accordance with the requirements.			
Forms available on board	T	X	X
Documentation	T	X	X
<b>Legislation</b>			
Learning objective: The master/officer is aware of the laws, regulations and provisions on which his or her authorization to treat members of the crew is based.			
STCW Convention	T	X	
Section A VI/4, paragraphs 4 to 6, table A-VI/4-2	T	X	
Maritime Labour Convention (MLC), Regulation 4.1	T	X	
Maritime Medicine Ordinance	T	X	X

The teaching contents of different sections can be combined (e.g. immobilization in the case of fractures, dislocations, muscle injuries, sprains and strains).

**Footnote \*:** Practical lessons include practising on humans, models or teaching materials, including the transfer of the theoretical knowledge required for doing so.

**Annex 5  
(re Section 16(1)(4))**

**Requirements to be fulfilled by the course rooms and the medical equipment for the conduct of medical refresher courses**

Contents	Advanced training course in accordance with Section 15(1) (40 teaching hours)	Basic training course in accordance with Section 15(2) (16 teaching hours)
<b>1. Equipment of the rooms</b>		
The classrooms shall be suitable, based on their type, size and equipment, to ensure the transfer of the teaching contents in the form of theoretical and practical lessons for a maximum of 18 participants and group lessons with up to six participants.	X	X
<b>2. Anatomical models</b>		
Skeleton (life size)	X	
Skull model, 3 parts	X	
Lumbar vertebrae, at least three vertebrae	X	
Take-apart torso, at least twelve parts	X	
<b>3. Medical simulators</b>		
AED training system in the form of a semi-automatic defibrillator with ECG display	X	
Cardio-pulmonary resuscitation (reanimation) dummy	X	
Catheterization simulator, transurethral catheterization in male patients	X	
Suture practice arm or suture practice leg	X	
Practice arm for intravenous injections and infusion	X	

<b>4. Teaching and practice materials</b>		
The teaching and practice materials shall be in conformity with the contents of the ship's dispensary as prescribed by the "Committee for medical equipment in the marine sector".	Lists A and B	List C
<b>a) Articles for examination</b>		
Tongue blade	X	
Thermometer (32 - 43 degrees Celsius)	X	
Protective covers for thermometers	X	
Urine test strips to test for glucose, protein, blood	X	
Stethoscope	X	
Sphygmomanometer	X	
Test kit for the diagnosis of heart attacks	X	
Flashlight	X	
<b>b) Instruments and aids</b>		
Disposable syringes 2 ml, 5 ml, 10 ml	X	
Disposable hypodermic needle	X	
Sharps container	X	
Pledget for skin disinfection	X	
Hand and nail brush	X	
Disposable shaver	X	
All surgical instruments needed for the surgical treatment of wounds, minor surgical interventions as well as the application of dressings	X	
Surgical suture materials	X	
Disposable surgical gloves, packed sterile	X	X
Disposable aperture drape	X	
<b>c) Nursing care products</b>		
Disposable plastic catheter	X	
Urine collection bag	X	
Hypodermic needle for bladder puncture	X	
Disposable kidney dish	X	
<b>d) Disinfectants</b>		
Disinfectants for skin and hands	X	X
<b>e) Rescue equipment</b>		
Stretcher	X	
Vacuum mattress	X	
<b>f) Various items</b>		
O <sub>2</sub> oxygen apparatus	X	
Oropharyngeal airway	X	X
Nasopharyngeal airway	X	
Bag valve mask with oxygen reservoir	X	X
Mask for bag valve mask	X	X
Suction device	X	X
Tourniquet	X	
<b>g) Dressing materials, splints</b>		
Dressing materials and splints suitable for the conduct of the practical exercises	X	X
<b>h) Legislation, forms, instructions</b>		
The newest edition of the medical instructions published by the Occupational Accident Insurance Fund for Transport and Traffic (Maritime Medical Service)	X	X
"Medical First Aid Guide", MFAG, newest edition	X	X
Controlled drugs register	X	

Publication of the state of medical knowledge by the Federal Ministry of Transport and Digital Infrastructure in accordance with Section 108(2) of the Maritime Labour Act	X	X
Excerpts from the STCW Convention, as amended (Section A VI/4, paragraphs 4 to 6, table A-VI/4-2)	X	
Extract from the Maritime Labour Convention (Regulation 4.1)	X	
Maritime Medicine Ordinance	X	X
The medical report and documentation forms prescribed by the “Committee for medical equipment in the marine sector” (paras. 2 and 3 of the second sentence of Section 107(2) of the Maritime Labour Act)	X	X