

SHIPPING

THE SHIPPING ACT

REGULATIONS
(under section 167)

THE SHIPPING (MEDICAL EXAMINATION) REGULATIONS, 1998

(Made by the Minister on the 20th day of July, 1998, and having effect on the 2nd day of January, 1999, the date of operation of the Act)

L. N. 46A/98

1. These Regulations may be cited as the Shipping (Medical Examination) Regulations, 1998.

2.—(1) In these Regulations—

“appointed day” means the date on which these Regulations come into operation;

“approved” means approved for the purpose by the Minister;

“chemical” means any liquid chemical listed in Chapter VI of the publication of the Intergovernmental Maritime Consultative Organization entitled “Code for the Construction and Equipment of ships carrying Dangerous Chemicals in Bulk” and any relevant supplement thereto;

“medical fitness certificate” means a certificate issued under regulation 7 (whether or not subject to restrictions) or a certificate deemed to be equivalent thereto under regulation 5 or 6;

“offshore installation” has the meaning given in the United Nations Convention on the Law of the Sea 1982.

(2) Any approval in pursuance of these Regulations shall be given in writing and shall specify the date on which it takes effect and the conditions, if any, on which it is given.

3.—(1) These Regulations apply to seagoing Jamaican ships.

(2) Regulations 13 and 14 apply to seagoing foreign ships when they are in a Jamaican port or Jamaican waters, being ships which are of 1,600 GT or over, including seagoing tugs, other than fishing vessels, pleasure craft and offshore installations whilst on their working stations.

4.—(1) Subject to paragraph (4), no person shall employ a seafarer in a ship unless that seafarer is the holder of a valid medical fitness certificate.

Provided that—

- (a) any seafarer who has served at sea at any time during the two years immediately preceding the appointed day may continue his seagoing employment without such a medical fitness certificate for a period of two years from that date;
- (b) any seafarer, the validity of whose certificate expires while he is in a location where medical examination in accordance with these Regulations is impracticable, may continue to be employed without such a certificate for a period not exceeding three months from the date of expiry of such medical certificate.

(2) Subject to paragraph (4), no person shall employ a seafarer in a ship in a capacity or in a geographical area precluded by any restriction in that seafarer's medical fitness certificate.

(3) Subject to paragraph (4), no person shall employ a seafarer in a ship carrying chemicals in bulk unless that seafarer is the holder of a valid medical fitness certificate issued in respect of a medical examination undertaken not more than twelve months previously, notwithstanding that the period of validity specified in the medical fitness certificate may exceed twelve months.

(4) Paragraphs (1), (2) and (3) shall not apply to the employment of—

- (a) a pilot (who is not a member of the crew);
- (b) a person employed in a ship solely in connection with the construction, alteration, repair or testing of the ship, its machinery or equipment, and not engaged in the navigation of the ship;
- (c) a person solely employed in work directed to—
 - (i) the exploration of the seabed or subsoil or the exploitation of their natural resources;
 - (ii) the storage of gas in or under the seabed or the recovery of gas so stored;
 - (iii) the laying, inspection, testing, repair, alteration, renewal or removal of any submarine telegraph cable; or
 - (iv) pipeline works (including the assembling, inspection, testing, maintaining, adjusting, repairing, altering, renewing, changing the position of, or dismantling a pipeline or length of pipeline),

and is not engaged in the navigation of the ship in the deck, engine room, radio, medical or catering department of that ship;

- (d) a person employed in a port who is not ordinarily employed at sea; or
- (e) a person employed in a ship solely to provide goods, personal services or entertainment on board who—
 - (i) is not employed by the owner or the person employing the master of the ship; and
 - (ii) has no emergency safety responsibilities.

5. Any certificate of medical and visual fitness for seafaring employment issued by an approved medical practitioner to a seafarer in respect of a medical examination conducted before the appointed day shall be deemed for the purposes of these Regulations to be equivalent to a medical fitness certificate issued under these Regulations.

6. Any medical fitness certificate issued to a seafarer in accordance with the Medical Examination (Seafarers) Convention, 1946 (International Labour Organization Convention 73 of 1946) or the Merchant Shipping (Minimum Standards) Convention, 1976 (International Labour Organization Convention 147 of 1976)—

- (a) by an authority empowered in that behalf by the laws of the country outside Jamaica which is a party to any of those Conventions; or
- (b) by an approved authority empowered in that behalf by the laws of any other country outside Jamaica,

shall be deemed for the purposes of these Regulations to be equivalent to a medical fitness certificate issued under these Regulations.

7.—(1) Every applicant for a medical fitness certificate shall be examined by an approved medical practitioner.

(2) If, upon such examination, the practitioner considers that the applicant is fit, having regard to the medical standards specified in the First Schedule, he shall issue the applicant with a medical fitness certificate in the form set out in the Second Schedule, and that certificate may be restricted to such capacity of sea service or geographical area as the practitioner considers appropriate.

(3) Where the medical practitioner considers that an applicant has failed to meet the required medical standards, he shall give to that applicant notice of such failure in the form set out in the Third Schedule.

8. An approved medical practitioner who issues a medical fitness certificate under regulation 7 shall specify the period of validity of the certificate

commencing with the date of the medical examination subject to the following maximum periods—

- (a) in respect of seafarers under 18 years of age, one year;
- (b) in respect of seafarers 18 years of age and under 40 years of age, five years;
- (c) in respect of seafarers 40 years of age and over, two years.

9.—(1) Paragraph (2) shall apply in any case where an approved medical practitioner has reasonable grounds for believing that—

- (a) there has been a significant change in the medical fitness of a seafarer during the period of validity of his medical fitness certificate; or
- (b) when the medical fitness certificate was issued the approved medical practitioner, had he been in possession of full details of the seafarers condition, could not reasonably have considered that the seafarer was fit, having regard to the medical standards referred to in regulation 7; or
- (c) the medical fitness certificate was issued otherwise than in accordance with these Regulations.

(2) The approved medical practitioner shall notify the seafarer concerned and may—

- (a) suspend the validity of the certificate until the seafarer has undergone a further medical examination;
- (b) suspend the certificate for such period as he considers the seafarer will remain unfit to go to sea; or
- (c) cancel the certificate if he considers that the seafarer is likely to remain permanently unfit to go to sea.

10.—(1) Subject to paragraph (2), a seafarer who is aggrieved by—

- (a) the refusal of an approved medical practitioner to issue him with a medical fitness certificate; or
- (b) any restriction imposed on such a certificate; or
- (c) the suspension of a certificate for a period of more than three months or cancellation of a certificate pursuant to regulation 9,

may apply to the Director for the matter to be reviewed by a single referee appointed by the Director.

(2) An application for a review shall be made in the form set out in the Fourth Schedule only by—

Fourth
Schedule.

- (a) a seafarer who has served at sea at any time during the two years immediately preceding the appointed day; or
- (b) a seafarer who has held a valid medical fitness certificate at any time during the two years immediately preceding that refusal, imposition of a restriction, suspension or cancellation.

(3) Any such application shall—

- (a) be submitted to the Director within one month of the date on which the seafarer is given notice of the refusal, imposition of a restriction, suspension or cancellation (or such longer period as the Minister may determine if delay is caused by the seafarer's employment on board ship away from Jamaica); and
- (b) include a consent to the provisions of a report to the medical referee by the approved medical practitioner responsible for the refusal, imposition of a restriction, suspension or cancellation; and
- (c) specify the name and address of that practitioner.

(4) The medical referee to whom the matter is referred by the Director shall—

- (a) obtain a report from the approved medical practitioner by whom the applicant was examined and shall examine the medical condition of the applicant;
- (b) if the applicant so requests, disclose to the applicant the report of the approved medical practitioner and any other evidence not produced by the applicant himself but such disclosure is not required to be made if the medical referee considers that disclosure would be harmful to the applicant's health;
- (c) have regard to any relevant medical evidence, whether produced by the applicant, his employer, or otherwise, and whether or not disclosed as aforesaid.

(5) In the light of the medical evidence before him, the medical referee shall, if he considers that the applicant is fit having regard to the medical standards referred to in regulation 7, issue the applicant with a medical fitness certificate in the approved form.

(6) Where the medical referee considers that restrictions should be imposed as to capacity or geographical area other than those imposed on the

medical fitness certificate issued to the applicant or that any restrictions so imposed should be deleted or varied, he shall—

- (a) issue to the applicant a revised medical fitness certificate and the former certificate shall thereupon cease to have effect;
- (b) in any other case, notify the applicant of his decision.

(7) Action by the medical referee under paragraph (5) or (6) shall be taken not later than two months from the date on which the application for review is submitted to the Director (who shall notify the medical referee of the date) or within such longer period as the Director may determine.

11. Any approved medical practitioner who conducts a medical examination in accordance with these Regulations shall—

- (a) make and retain for six years a record in the form set out in the Fifth Schedule of each such medical examination; and
- (b) send to the Director at his direction a return of all such examinations in the form set out in the Sixth Schedule.

Fifth
Schedule.

Sixth
Schedule.

12. An inspector duly authorized by the Director may inspect any Jamaican ship and may detain the ship if upon inspection the inspector is satisfied that—

- (a) any seafarer whose employer is required by regulation 4 to ensure that he is the holder of a medical fitness certificate is unable to produce such a certificate; and
- (b) the state of his health is such that the ship could not sail without serious risk to the safety and health of those on board.

13.—(1) An inspector duly authorized by the Director may inspect any foreign ship when the ship is in a Jamaican port, and if, upon such inspection, he is satisfied that any seafarer is unable to produce a valid medical fitness certificate he may—

- (a) send a report to the government of the country in which the ship is registered, and a copy thereof to the Director General of the International Labour Organization; and
- (b) subject to paragraph (2), where he is satisfied that conditions on board are hazardous to safety or health—
 - (i) take such measures as are necessary to rectify those conditions; or
 - (ii) detain the ship.

(2) Measures referred to in paragraph (1) (b) may be taken only when the ship has called at a Jamaican port in the normal course of business or for operational reasons.

(3) If the inspector takes either of the measures specified in paragraph (1) (b) he shall forthwith notify the nearest maritime, consular or diplomatic representative of the flag state of the ship.

14. Sections 322 and 433 to 435 of the Act shall have effect in relation to a ship detained under these Regulations.

15. An employer who contravenes regulation 4 shall be guilty of an offence and on summary conviction in a Resident Magistrate's Court shall be liable to a fine not exceeding two hundred thousand dollars.

FIRST SCHEDULE

(Regulation 7)

MEDICAL AND VISUAL STANDARDS FOR SERVING SEAFARERS

General Introduction

1. Seafaring is a potentially hazardous occupation, which calls for a high standard of health and fitness in those entering or re-entering the industry. A satisfactory standard of continuing good health is necessary for serving seafarers throughout their career because of the high inherent risks of the occupation. It is better, therefore, at an initial examination, to exclude an application if there is any doubt about his continuing fitness. Flexibility should be exercised only during examinations of retention.

2. These medical and visual standards, which have been based on standards prepared by shipping industry doctors, give guidance on the health criteria to be met. Allowance should be made for the inevitable impairment of health that time and chance bring, so that a reasonably fit seafarer can, if he wishes it, continue at sea until the approved age of retirement. Firm recommendations have been made to exclude those suffering from medical conditions considered to be incompatible with continued seafaring.

3. It is clearly impossible to encompass within the standards specific advice on every medical condition. However, as a general rule the medical examiner should be satisfied in each case that no disease or defect is present which could either be aggravated by working at sea or represent an unacceptable health risk to the individual seafarer, other crew members or the safety of the vessel.

4. Apart from the purely medical aspects, the occupational background should be considered especially in all cases where there is doubt. It is necessary to emphasize that a ship is not only a place of work requiring attention throughout the day and night but also a temporary home in which the crew must eat, sleep, and find recreation. Most important of all is the need to adjust to each other, often for long periods, during a voyage.

5. Much is done to ameliorate living and working conditions but certain characteristics remain. A crew is a closed community living in a ship that is seldom quiet or still. Individual eating habits and tastes cannot easily be met; facilities for physical exercise are limited: forced ventilation systems are used; the tedium of routine can easily become oppressive in the absence of normal diversion enjoyed by those ashore. An inability to fit in, or unwillingness to take responsibility, or accept a reasonable measure of necessary discipline, could impair the safe efficient working of the ship.

FIRST SCHEDULE, *contd.*

6. Very few merchant ships carry doctors. Acute illness or injury is dealt with by designated ships' officers whose training is limited to first aid or medical aid treatment. It should be borne in mind that a crew complement is carefully adjusted in terms of size. Sickness can throw a burden on other crew members or even impair the efficient working of a ship. The examining doctor should therefore be satisfied that no condition is present which is likely to cause trouble during a voyage and no treatment is being followed which might cause worrying side effects. It would be unsafe practice to allow seafaring with any known medical condition where the possibility of serious exacerbation requiring expert treatment could occur as a calculated risk.

7. The absence of doctors in most ships means that seafarers will not be able readily to consult a doctor or obtain special treatment until the next port of call. Ship turnaround in ports is often very rapid allowing no time for necessary investigation subsequent to consultation with a doctor.

8. The standard of medical practice abroad varies, and facilities may not be available at smaller, remote ports. It is doubtful that it is wise to permit seafaring if the loss of a necessary medicament could precipitate the rapid deterioration of a condition.

9. It should be remembered that some trades will require lengthy periods in different climates and most seafarers will need to join and leave ships by air travel. They should, therefore, be free from any conditions, which preclude air travel, e.g. pneumothorax and conditions which predispose to barotrauma.

10. Where medication is acceptable for serving seafarers, arrangements should be made for a reserve stock of the prescribed drugs to be held in a safe place, with the agreement of the ship's master.

EMPLOYMENT STANDARDS AND ADMINISTRATIVE PROCEDURES

Frequency of Medical Examination

1.—(1) All seafarers below the age of 18 shall have a yearly medical examination.

(2) Seafarers between the ages of 18 and 40 shall be examined at intervals not exceeding five years.

(3) Seafarers aged 40 years and over shall be examined at intervals not exceeding two years.

(4) Seafarers serving on bulk chemical carriers shall be subject to annual examinations and blood tests at yearly or more frequent intervals, according to the nature of the cargo.

2. The value of medical surveillance, after sickness absence, in maintaining the health of the seafarer should not be forgotten, particularly after illness ashore lasting for a month or more.

3.—(1) Disposal in accordance with the Medical and Visual Standards for seafarers is as follows—

The standard has been met—

A. for unrestricted sea service;

Note: category A (T) may be used where a serving seafarer can be considered fit for all shipping trades, geographical areas, types of ships or jobs but where medical surveillance is required at intervals. The medical certificate should be validated only for the appropriate period which would take into account the expected duration of the tour of duty.

FIRST SCHEDULE, *contd.*

E. for restricted service only;

Restriction.....

The standard has not been met—

B. permanently

C. indefinitely: review in months

D. temporarily: review in weeks.

(2) Approved doctors should make full use of the categories E, C, and D before declaring a serving seafarer permanently unfit.

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

4.—(1) Article 4 ILO Convention 73 states that “when prescribing the nature of the examination, due regard shall be had to the age of the person to be examined and the nature and duties performed”. In addition, Article 3 of the same Convention states that a serving seafarer should have a medical certificate “attesting to this fitness for the work which he is to be employed at sea”.

(2) In reaching his conclusion, the doctor should therefore consider any medical conditions present, the age and experience of the seafarer, the specific work on which he will be employed and the trade in which he will be engaged—where this can be determined.

(3) If a seafarer is found to be fit to continue in his present job but does not meet the full category “A” standard a restricted service certificate must be issued stating the restrictions applicable.

5.—(1) The standards are framed to provide the maximum flexibility in their interpretation compatible with the paramount importance of maintaining the safety of vessels at sea and the safe performance of the serving seafarer’s duties whilst, at the same time, protecting his health.

(2) Conditions not specified in the standards, which interfere with the job requirements, should be assessed in the light of the general principle outlined above.

6. It may be necessary on occasions and, with the seafarer’s consent, for the approved doctor to consult the general practitioner. When it is necessary to consult with other doctors the usual ethical considerations will pertain, but it should be clearly understood that the decision on fitness in accordance with the required medical standard, rests with the approved doctor, subject to the medical appeal machinery.

7. Full clinical notes should be kept of any detailed medical examination. All sections of the approved form of report should be completed without exception and the form retained for six years.

Restricted Service

8. Restricted service means that the serving seafarer’s employment is restricted to certain shipping trades, geographical areas, types of ships or jobs for such periods of time as may be stipulated by the approved doctor. The type of restriction and the length of time it will operate should be made clear. The requirements of an advised treatment regimen should never be set aside.

FIRST SCHEDULE, *contd.*

9. Unlike many industries, there is no light work at sea—although the physical requirements may vary between types of ships, their departments and individual jobs in them; all jobs need an acceptable degree of fitness, in accordance with these standards, which is uniform for all shipping trades. For instances, coastal and ferry work can be arduous and uncomfortable even though the voyages may be short. Therefore, restriction to these types of work should be advised only if the shortness of the voyage will permit adequate treatment and/or surveillance of a condition which is not affecting the performance of the seafarer's duties.

Permanent Unfitness

10. In a serving seafarer, a decision of permanent unfitness should be reached only after a full investigation and consideration of the case and should be fully discussed with the seafarer. The seafarer's medical practitioner should be informed of the reasons for it in the context of the medical standards, provided permission to do so has been obtained from the seafarer.

Medical Appeals

11. All serving seafarers found permanently unfit or fit only for restricted service have a right of appeal to an independent Medical Referee appointed by the Director. Wherever possible, Medical Referees should be assisted by the disclosure, in confidence, of any necessary medical information.

12.—(1) Medical referees are empowered, while working to the same standards—

- (a) to ensure that the diagnosis has been established beyond reasonable doubt, in accordance with the medical evidence on which the approved doctor reached his decision and, normally, with the assistance of a report from a Consultant in the appropriate specialty;
 - (b) to determine whether the standards have been properly interpreted; and
 - (c) to consider the possibility of a seafarer, previously declared permanently unfit, returning to sea.
- (2) In cases not provided for in the Medical Standards or for Category "B" conditions where exceptional medical considerations apply, the medical referee should decide an appropriate diagnosis after consultation with the approved doctor involved and consideration of all the evidence presented to him.

MEDICAL STANDARDS

1. INFECTIOUS DISEASES

Gastro-Intestinal Infectious Diseases—D until satisfactorily treated. Special care should be taken in respect of catering staff.

Other Infectious or Contagious Diseases—D until satisfactorily treated.

Active Pulmonary Tuberculosis

When the examining doctor is satisfied, on the advice of a chest physician, that the lesion is fully healed and that the patient has completed a full course of chemotherapy, then re-entry should be considered. In such cases, Category "A(T)" would be appropriate initially to allow for adequate surveillance.

Cases where either one or both lungs have been seriously affected are rarely suitable for re-employment.

All relapses cases should be B.

FIRST SCHEDULE, *contd.**Sexually Transmissible Diseases*

All cases of acute infection are D while under treatment. Cases under surveillance having finished treatment will usually be fit for normal service but restricted service may be necessary if facilities for supervision are inadequate. In all cases evidence of satisfactory tests of cure should be produced.

AIDS—All confirmed cases—B.

II. MALIGNANT NEOPLASMS

Malignant Neoplasms—including Lymphoma, Leukaemia and similar conditions.

Each case should be graded C on diagnosis. Later progression to Categories A, A(T), E or B should be dependent on assessment of progress, prognosis, measure of disability and the need for surveillance following treatment. No unrestricted A grading should be given within 5 years of completion of treatment, except in cases of skin cancer.

III. ENDOCRINE AND METABOLIC DISEASES

1. Thyroid Disease

Serving seafarers developing thyroid disease—D for investigation, then A, A(T), E or B on case assessment.

2. All other cases of endocrine disease in serving seafarers—D for investigation, upon which assessment will depend.

3. Diabetes Mellitus—

- (a) all cases requiring insulin—B;
- (b) serving seafarers whose diabetes is controlled by food restriction; an initial period of 6 months should be allowed to achieve stabilization—C. Thereafter, to be subject to medical review at appropriate intervals. The current treatment regimen should be confirmed with the general practitioner at each review. A(T);
- (c) serving seafarers requiring hypoglycemic agents: an initial period of 6 months should be allowed to achieve stabilization—C. Thereafter, in the absence of any complication, service may be considered subject to 6 monthly medical reviews and assessment for suitable job and sea trade. A(T) on assessment.

4. Obesity

A general degree of obesity, with or without complications, and adversely affecting exercise tolerance/mobility/general health—D for treatment.

Refractory or relapsing cases—B.

Note: A standard set of height/weight tables (preferably the Metropolitan Life tables) should be used making an allowance of up to 25 per cent excess weight.

IV. DISEASES OF THE BLOOD AND BLOOD FORMING ORGANS

There should not be any significant disease of the haemopoetic system.

Unexplained or symptomatic anaemia—D. Then A, A(T), E or B on case assessment.

FIRST SCHEDULE, *contd.*

V. MENTAL DISORDERS

Acute Psychosis, whether organic, schizophrenic, manic depressive or any other psychosis listed in the International Classification of Diseases—B.

Alcohol Abuse (Dependency)

If persistent and affecting health by causing physical or behavioural disorder—B.

Drug Dependence

A history of abuse of drugs or substances within the last 5 years—B.

Psychoneurosis—D for assessment

Chronic or recurrent—B.

VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

Organic Nervous Disease—usually B, especially those conditions causing defect of muscular power, balance, mobility and co-ordination.

Some minor located disorders not causing symptoms of incapacity and unlikely to progress, may be A.

Epilepsy

Any type of epilepsy since the age of 5 years—B.

A single fit in a serving seafarer—D for investigation. Then, providing that the past medical history is clear and investigation has shown no abnormality; re-entry can be considered after 1 year without treatment or after 1 year following the cessation of treatment.

A serving seafarer—not directly involved with the safety of the ship or any of its passengers—with established epilepsy controlled, without fits, for a minimum period of 2 years, may be considered for service on a vessel carrying a medical officer—E.

Serving seafarers who have had cranial surgery or significant traumatic brain damage—C for 12 months—then A, B or E on case assessment.

Migraine—slight infrequent attacks responding quickly to treatment—A. Frequent attacks causing incapacity—B.

Syncope and other Disturbances of Consciousness—D for assessment. Recurrent attacks, with complete or partial loss of consciousness should be B.

Meniere's Disease—B.

SPEECH DEFECTS

If it is likely to interfere with communication—B.

EAR

Acute and Chronic Otitis Externa—D. Should be completely healed before returning to sea. Care is required for passing fit for tropics.

Acute Otitis Media—D. Until satisfactorily treated.

FIRST SCHEDULE, *contd.*

Chronic Otitis Media—D. May become A or E after satisfactory treatment or surgery. Special care is required in passing fit for tropics, where air travel is required, or if the job requires food handling.

Loss of Hearing—A degree of impairment sufficient to interfere with communication—B.

Unilateral Complete Loss of Hearing in serving seafarers—assessment of this condition should be considered in relation to the job.

A serving seafarer in whom impaired hearing acuity is found should be referred for full investigation by an ENT surgeon.

Hearing Aids. The use of a satisfactory hearing aid at work by certain catering department personnel could be considered where not hearing an instruction would not result in a danger to the seafarer or others. The hearing aid should be sufficiently effective to allow communication at normal conversational tones.

The use of a hearing aid by those working in, or associated with, the deck or engine room departments, including electricians and radio officers, should not be permitted.

VII. CARDIOVASCULAR SYSTEM

The Cardiovascular System should be free from acute or chronic disease causing significant disability.

Valvular disease causing significant impairment or having required surgery—B.

Satisfactorily treated patent ductus arteriosus or arterial septal defect could be accepted.

HYPERTENSION

All cases D for investigation, then—

Serving seafarers with hypertension whose blood pressure can be maintained below 170/100mm by dietary control—A(T) for annual assessment.

Serving seafarers whose blood pressure can be maintained below 170/100mm by anti-hypertension therapy without significant side effect—A(T) to allow for health surveillance and to ensure that arrangements have been made for continuation of treatment.

All other cases—B.

ISCHAEMIC HEART DISEASE

A history of Coronary Thrombosis—B.

Confirmed Angina—B

OTHER CARDIOVASCULAR DISORDERS

Any clinically significant abnormality of rate or rhythm or disorder of conduction—B.

CEREBRO-VASCULAR DISEASE

Any cerebro-vascular accident including transient ischaemic attacks—B.

General cerebral arteriosclerosis including dementia and senility—B.

DISEASES OF ARTERIES

A history of intermittent claudication: including any case where vascular surgery was required—B.

FIRST SCHEDULE, *contd.***DISEASE OF THE VEINS**

Varicose Veins—slight degree—A. Moderate degree without symptoms or oedema may be A, but with symptoms D for treatment. Recurrent after operation, with symptoms—C for further surgical opinion or, if not suitable, for further treatment—B.

Chronic varicose ulceration—B. Thin unhealthy scars of healed ulcers or unhealthy skin of varicose eczema—B.

Recurrent or persistent deep vein thrombosis or thrombophlebitis—B.

Haemorrhoids—not prolapsed, bleeding or causing symptoms—A. Other cases should be D until satisfactory treatment has been obtained.

Varicocele—symptomless—A. With symptoms—D or surgical opinion.

VIII. RESPIRATORY SYSTEM

The respiratory system should be free from acute or chronic disease causing significant disability.

Acute Sinusitis—D until resolved.

Chronic Sinusitis—if disabling and frequently relapsing despite treatment—B.

Nasal Obstruction, septal abnormality or polypus—D. Until satisfactorily treated.

A history of frequent sore throats or unhealthy tonsils with adenitis—D. Until satisfactorily treated.

Chronic Bronchitis and/or Emphysema—Class depends on severity. Mild uncomplicated cases with good exercise tolerance may be A, but cases with recurrent illness causing significant disability in relation to the job should be B.

Bronchial Asthma—D for investigation. If confirmed—B.

Except for a history of bronchial asthma resolving, without recurrence, before the age of 16.

Occupational Asthma—E to avoid the allergen.

Pneumothorax

All cases to be classified C for at least 12 months. With recurrences—B.

IX. DISEASE OF THE DIGESTIVE SYSTEM**DISEASES OF THE ORAL CAVITY**

Mouth or gum infection—D until satisfactorily treated.

Dental defects—D until satisfactorily treated. Seafarers should be dentally fit.

DISEASES OF THE OESOPHAGUS, STOMACH AND DUODENUM

Peptic Ulceration—D for investigation.

Cases of proven ulceration should not return to seafaring until they are free from symptoms. There should also be evidence of healing on gastroscopy and the seafarer should have been on an ordinary diet, without treatment, for at least 3 months—A(T).

FIRST SCHEDULE, *contd.*

Where there has been gastro-intestinal bleeding, perforation or recurrent peptic ulceration (in spite of maintenance H2 blocker treatment) or an unsatisfactory operation result—normally B.

Recurrent attacks of Appendicitis—D pending surgical removal.

Hernia—D until repaired.

Diaphragmatic Hernia—to be assessed according to the disability.

Non-Infective Enteritis and Colitis

Severe or recurrent requiring special diet—B

Intestinal Stoma—B

DISEASES OF THE LIVER AND PANCREAS

Cirrhosis of the Liver—D for investigation, then where condition is serious or progressive and/or where complications such as oesophageal varices or ascites are present—B.

Biliary Tract Diseases

After complete surgical cure—A or A(T) on case assessment.

Pancreatitis

Recurrent pancreatitis and all cases where alcohol is an aetiological factor—B.

X. DISEASES OF THE GENITO-URINARY SYSTEM

All cases of proteinuria, glycosuria or other urinary abnormalities should be referred for investigation.

Acute Nephritis—D until resolved.

Subacute or Chronic Nephritis or Nephrosis—D for investigation, then E or B on case assessment.

INFECTIONS OF KIDNEY

Acute urinary infection—D until satisfactorily treated. Recurrent cases—B unless full investigation has proven satisfactory.

Renal or Uretic Calculus—D for investigation and any necessary treatment. An isolated attack of renal colic with passage of small calculus may be A after a period of observation, provided urine and renal function remain normal and there is no clinical and radiological evidence of other calculi. Recurrent stone formation—B.

Urinary Obstruction—from any cause—D for investigation, B if not remediable.

Removal of Kidney—In serving seafarers, provided remaining kidney is healthy with normal function—A(T). Such cases may be unsuitable for service in the tropics or other conditions of high temperature—E.

Renal Transplant—B.

Incontinence of Urine—D for investigation. If Irremediable—B.

Enlarged Prostate—D for investigation.

Hydrocoele

Small and symptomless—A.

Large and/or recurrent D or, if untreated, B.

FIRST SCHEDULE, *contd.*

Abnormality of the Primary and Secondary Sexual Characteristics—D for investigation, upon which final assessment will rest.

GYNAECOLOGICAL CONDITIONS

There should be no gynaecological disorder or disease such as heavy vaginal bleeding, lower abdominal pain or prolapse of the genital organs likely to cause trouble on the voyage or affect working capacity.

XI. PREGNANCY

The doctor should discuss with the seafarer the implications of continuing to work at sea, particularly if it is a first pregnancy.

A seafarer with a normal pregnancy before the 28th week may be permitted to work on short haul trips or a long haul trip on a vessel carrying a doctor—E—to allow for ante-natal care.

Employment shall not be permitted after the 28th week of pregnancy until at least 6 weeks after delivery.

Abnormal Pregnancy, on diagnosis—C.

XII. SKIN

Special care is required in passing fit for care in the tropics if there is a history of skin trouble. Catering staff in particular should have no focus of skin septic.

Any condition liable to be aggravated by heat, sea, air, oil, caustics or detergents—or due to specific occupational allergens may be A(T), B, C, D or E on case assessment. D—Until satisfactorily treated.

INFECTIONS OF SKIN

Acne—Most cases A but severe pustular cystic acne—B.

OTHER INFLAMMATORY SKIN CONDITIONS

A topic Dermatitis and Related Conditions—D until satisfactorily treated.

Contact Dermatitis—D. Refer for dermatological opinion.

Acute Eczema—D. No seafarer should return to duty until skin is healthy.

Recurrent Eczema of more than minimal extent—B.

Psoriasis—Most cases can be A, but some widespread or ulcerated cases should be D for treatment. Severe cases resistant to treatment, frequently relapsing or associated with joint disease.

XIII. MUSCULO-SKELETAL SYSTEM

It is essential that seafarers should not have any defect of the musculo-skeletal system which might interfere with the discharge of their duties; muscular power, balance, mobility and co-ordination should be unimpaired.

Osteo-arthritis—D for assessment.

Advanced cases where disability is present—B.

Normally a limb prosthesis would not be acceptable.

Back Pain

Recurrent incapacitating back pain—B.

FIRST SCHEDULE, *contd.***Eyesight Standards**

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

2. Binocular vision is necessary for all categories of seafarers. However, the following monocular seafarers should be allowed to continue at sea—

- (a) seafarers in deck department employment with a satisfactory record of service prior to September 1, 1976 and not requiring visual aides;
- (b) seafarers in non-deck employment with a satisfactory record of service prior to 1983.

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

4. The distant vision standard for the watchkeeping deck department personnel is identical to the requirements of the Maritime Services Authority letter test for applicants to enter the examination for a certificate of competency.

Colour Vision

5. The methods of testing colour vision differ.

6. Colour vision for deck officers and ratings may be regarded as normal, when using the Ishihara method, if plates 1, 11, 15, 22 and 23 are read correctly.

7. A seafarer, with a record of efficient service, who is required to pass the modified colour vision test but fails, should be given the opportunity to pass a suitable trade test.

Deck Department

Officers, Cadets, Apprentices and Distant Vision Ratings	Better Eye			Together	Near vision both eyes together aided or unaided vision	Colour Vision
	Better Eye	Other Eye	Together			
1. Seafarers required to undertake look out duties and under the age of 40 years					A visual acuity sufficient to carry out duties efficiently	Normal
With or without glasses or contact lenses	6/6	6/9	6/6	—	—	—
Unaided vision not less than	6/12	6/24	6/12	—	—	—
2. Seafarers required to undertake lookout duties and over the age of 40 years.						
With or without glasses or contact lenses	6/6	6/12	6/6	—	—	—
Unaided vision not less than	6/24	6/24	6/24	—	—	—

FIRST SCHEDULE, *contd.*

Officers, Cadets, Apprentices and Distant Vision Ratings	Better Eye			Near vision both eyes together aided or unaided vision	Colour Vision
	Better Eye	Other Eye	Together		
3. Seafarers required to operate lifting plant of type used in dock-work, etc. With or without visual aids	6/9	6/12	6/9	—	—
Unaided vision not less than	6/60	6/60	6/60	—	—
4. Seafarers not required to perform the duties in 1, 2 or 3					
Aided vision if necessary	6/18	6/60	6/18	—	—
Other Departments					
Engine Room aided vision if necessary	6/18	6/60	6/18	A visual acuity sufficient to carry out duties efficiently.	Personnel should pass the modified colour test on charts supplied.
				See para. 2	
Radio Officer, Electrician Officer	A visual acuity (aided if necessary) sufficient to carry out duties efficiently. Less than 6/60 in the "other eye" is unacceptable. Monocular sight—B.			These officers should pass the modified colour test as for engine room department.	
				See para. 2	
Catering Dept. and Miscellaneous (including Surgeon, Purser, etc.)	A visual acuity (aided if necessary) sufficient to carry out duties efficiently. Less than 6/60 in the "other eye" is unacceptable. Monocular sight—B. See Para. 2.			Not tested.	

SECOND SCHEDULE

(Regulation 7)

MARITIME AUTHORITY OF JAMAICA

MEDICAL FITNESS CERTIFICATE

Issued under the Shipping (Medical Examination) Regulations, 1998

Seafarer's Name..... Discharge Book No.....

Date of expiry of this Certificate.....

*Delete as appropriate

I certify that I have examined the seafarer named above to the Medical and Visual Standards for Serving Seafarers as contained in the First Schedule of the abovenamed Regulations and have found *him/her fit for seafaring subject to the following restrictions:

OFFICIAL STAMP

Signed.....
(A Registered Medical Practitioner approved by the Authority)

Date of Examination.....

THIRD SCHEDULE

(Regulation 7)

FORM OF NOTICE OF FAILURE TO MEET MEDICAL FITNESS
STANDARDS FOR SEAFARERS

TO:

This part to be completed by medical examiner.

Full Name..... Discharge Book No.

I have examined you in accordance with the standards of fitness for seafarers, as contained in the First Schedule of the Shipping (Medical Examination) Regulations, 1998 and found that you are

- (* A(T) Fit for full range of duties but for restricted period only
- (* E Fit for restricted service only
- (C + Indefinitely unfit for sea service. For review in.....months
- (B + Permanently unfit for service
- (D + Temporarily unfit for service: review in.....weeks.

For the following reasons

.....
.....

Official stamp or address and Telephone No.

Signed.....

Date.....

* Restrictions, if applicable, will be detailed in the Medical Fitness Certificate.

+ Delete if not applicable.

Any application for review of the above decision must be lodged within one month of the date of the examination and shall be made in the prescribed form.

FOURTH SCHEDULE

(Regulation 10(2))

APPLICATION FOR REVIEW OF DECISION TO:

- *Refuse to issue a Medical Certificate
 - *Impose Restriction on Medical Certificate
 - *Suspend or Cancel Medical Certificate
- (Delete whichever is inapplicable)

I hereby apply for a review of the above decision and request that arrangements be made for me to be examined by an independent medical referee.

I agree that a report of my case may be submitted to the medical referee by the medical practitioner concerned.

I understand that I am entitled to present any medical evidence available to me in support of my case and agree to any medical report prepared by the above doctor being made available to the medical referee.

This part to be completed by the person who is appealing.

Signed..... Address.....

Name (in block letters).....

Telephone No. (if available).....

Note: Before lodging an appeal you are advised to consult your usual medical practitioner and, should you wish to submit medical evidence in support of the appeal, you should arrange for this to be sent to the medical referee before the appointment date.

You will be advised of the name and address of the referee and the date for your appointment as soon as this has been arranged.

FIFTH SCHEDULE, *contd.*

5. Medical Examination

Does the seafarer suffer from any of the following abnormalities?
Please tick correct box and expand as necessary.

Tooth	<input type="checkbox"/>	HIV	<input type="checkbox"/>
ENT	<input type="checkbox"/>	Hepatitis B	<input type="checkbox"/>
Skin	<input type="checkbox"/>	CBC	<input type="checkbox"/>
Heart	<input type="checkbox"/>	VDRL	<input type="checkbox"/>
Lungs	<input type="checkbox"/>	Stool (Parasitology and Culture)	<input type="checkbox"/>
Nervous System	<input type="checkbox"/>	Blood Sugar (Random)	<input type="checkbox"/>
Varicose Veins	<input type="checkbox"/>	Urinalysis	<input type="checkbox"/>
Genito Urinary System	<input type="checkbox"/>	Chest X-Ray	<input type="checkbox"/>
Hernia	<input type="checkbox"/>		
Any other defects.....			

6. Height (without shoes).....m.....cm

Weight (stripped to waist).....Kilos

Chest inspiration.....cm

Expiration.....cm

Pulse rate.....

Blood pressure systolic.....

5th Sound.....

Result of urine test:

Albumin.....

Sugar.....

Audiogram (if equipment is available)							
Right ear	Khz	500	1,000	2,000	4,000	6,000	8,000
	dB						
Left ear	Khz	500	1,000	2,000	4,000	6,000	8,000
	dB						
Distant vision	Un-aided	R6		L6		Both 6	
	Aided	R6		L6		Both 6	
Near vision				Colour vision			
Unaided N				Ishihare			
Aided N				Engineers modified			
				Normal Defective			

7. Results of Medical Examination

The Standards of Medical Examination Regulations have been or have not been met.

Tick correct box

A. Unrestrictive sea service	<input type="checkbox"/>	B. Permanently	<input type="checkbox"/>
E. Restrictive Service only	<input type="checkbox"/>	C. Indefinitely	<input type="checkbox"/>
Restriction.....		(Review in.....months)	
Period of restriction.....		D. Temporarily	<input type="checkbox"/>
		(Review in.....weeks)	

Medical Practitioner's Official Stamp

Signature.....

Name:.....
(Block Capitals)

Date:.....

[The inclusion of this page is authorized by L.N. 102/2001]

(Regulation 11 (b))

SIXTH SCHEDULE

MEDICAL PRACTITIONERS ANNUAL RETURN OF MEDICAL EXAMINATIONS OF SEAFARERS

Return for Period..... Medical Practitioner's Name.....

Address of Surgery.....

(Details should only be entered in the columns below when a full certificate of fitness has not been granted. Appropriate boxes should be ticked to show reasons for failure. If you need more space continue on another form).

BREAKDOWN OF REASONS FOR REFUSALS:

(Use one column for each examination)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Infectious/contagious diseases																								
Malignant neoplasms																								
Eyesight																								
ENT																								
Speech defects																								
Respiratory system																								
Cardiovascular system																								
Disease of veins																								
Gastro-intestinal system																								

SIXTH SCHEDULE, *contd.*

BREAKDOWN OF REASONS FOR REFUSALS:	(Use one column for each examination)																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Skin																								
Sexually transmissible disease																								
Genito-urinary system																								
Gynaecological disorder																								
Endocrine disease/metabolic disorder																								
Central nervous system																								
Alcohol abuse																								
Musculo/skeletal system																								
Psychiatric disorders																								
BREAKDOWN OF REASONS FOR RESTRICTIONS:																								
Infectious/contagious diseases																								
Malignant neoplasms																								
Eyesight																								
ENT																								
Speech defects																								

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BREAKDOWN OF REASONS FOR RESTRICTIONS:	(Use one column for each examination)																							
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
Respiratory system																								
Cardiovascular system																								
Disease of veins																								
Gastro-intestinal system																								
Skin																								
Sexually transmissible diseases																								
Genito-urinary system																								
Gynaecological disorder																								
Central nervous system																								
Alcohol abuse																								
Musculo/skeletal system																								
Psychiatric disorders																								

SUMMARY	
TOTAL NO. OF APPLICATIONS DURING THIS PERIOD	
TOTAL ISSUED WITHOUT RESTRICTIONS THIS PERIOD	
TOTAL ISSUED WITH RESTRICTIONS THIS PERIOD	
TOTAL REFUSED THIS PERIOD	

Please return completed form to: The Director of the Maritime Authority of Jamaica.

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