

# Pre-Employment Medical Scheme Ukraine

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## Disclaimer

The purpose of this publication is to provide a source of information that is additional to that available to the maritime industry from regulatory, advisory, and consultative organisations. Whilst care is taken to ensure the accuracy of any information made available no warranty of accuracy is given and users of that information are to be responsible for satisfying themselves that the information is relevant and suitable for the purposes to which it is applied. In no circumstances whatsoever shall the Association be liable to any person whatsoever for any loss or damage whatsoever or howsoever arising out of or in connection with the supply (including negligent supply) or use of information.

Unless the contrary is indicated, all content is written with reference to English Law. The content of this publication does not constitute legal advice and should not be construed as such. Members should contact the Association for specific advice on particular matters.

Loss prevention briefings for Pre-Employment Medicals have been developed in cooperation with Medical Rescue International (MRI) for the benefit of Members who wish to give more guidance to their manning agents in connection with pre-employment medical examinations.

Loss prevention briefings for Pre-Employment Medicals are intended to assist the Member by providing guidelines and recommended medical examinations to its manning agent for reducing the likelihood of seafarers being repatriated before the end of their contractual term. The contractual relationship of the enhanced medicals operates solely and exclusively between a Member's chosen manning agent and one of the recommended clinics.

Loss prevention briefings for Pre-Employment Medicals are not to be considered as medical advice. All decisions as to the sufficiency of the examination, testing, and employment of prospective seamen remain the decisions of the Member and/or its manning agent, and/or the medical clinics. North of England P&I Association and MRI do not undertake or accept any responsibility for such decisions.

This disclaimer is governed by English law and is intended to protect both the Association and MRI. In availing itself of this Pre-employment Medical schemes and guidelines the Member accepts the terms set out above on behalf of itself and its manning agents, servant, agents and employees.

### **North of England P&I Loss Prevention briefings for pre-employment medicals include:**

- 1 Pre-employment medical scheme – PHILIPPINES
- 2 Pre-employment medical guidelines – Clinic selection – WORLDWIDE
- 3 Pre-employment medical scheme – UKRAINE

### **Contacts**

For further details please contact:

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Senior Executive (Claims)

## Introduction

In 2002 - due to increasing concerns about the risk of claims against Members arising out of the employment of seafarers suffering from pre-existing medical conditions which should have been identified by pre-employment medical examination and testing – North of England P&I Association (the Association) launched a pre-employment medical scheme in the Philippines. This document extends the pre-employment medical scheme (PEM) to cover Ukrainian nationals.

Members who employ Ukrainian officers and crew, are urged to consider (in co-operation with their manning agents) that all seafarers undergo enhanced pre-employment medical screening to a high standard and only at reliable clinics.

## Clinics - selection

The clinics recommended by the Association in this document are able to comply with and maintain the following minimum standards and specific requirements:

1. The provision of two recommended medical examinations
  - a. Schedule A for ages 30 years and below
  - b. Schedule B for ages 31 and above
2. Recommended medical examinations – for cost details see page 3.
3. All tests are to be carried out objectively and without influence from any third party or the candidate.
4. Any recommended clinic will be audited by MRI to ensure they meet the required standard. MRI will confirm the accuracy, thoroughness and objectivity of the test procedure. Clinics must complete this audit successfully to remain as a recommended clinic.
5. Any recommended clinic will be audited at any time by the Association to ensure they meet the required standard. These audits will confirm the accuracy, thoroughness and objectivity of the test procedure and will normally take place annually. Clinics must complete this audit successfully to remain as a recommended clinic.
6. Test records are to be maintained by the clinic for five years from the date of the test. In addition, the clinics are to produce statistics on a monthly basis. These are to be sent initially to the Association and if requested, to MRI in order to review the efficiency of the recommended scheme.
7. Some concessions may be given for senior crew and re-hired crew. See page 12.
8. The clinic must at all times be fully accredited according to local regulations.

## Clinics - recommended

| Clinic  | Address  | Contact   |
|---|--|---|
| 1 Medical-Sanitary<br>Centre of Odessa<br>National Maritime Academy<br>"ACADEMMARINE" | 10 Malovsky Street,<br>65110,<br>Odessa,<br>Ukraine  | <b>Director:</b> Igor I. Strelnick<br><b>Tel:</b> +380 48 728 0692<br><b>Fax:</b> +380 48 732 4488<br><b>Email:</b> krotkykh@farlep.net       |
| <b>Cost:</b>  | <b>Schedule A:</b> US \$70                           | <b>Schedule B:</b> US \$98  |
| 2 Medical Centre<br>"ArchiMed-T"  | 42 Kanatnaya Street,<br>65014,<br>Odessa,<br>Ukraine | <b>Director:</b> Olga N. Tytyunnik<br><b>Tel:</b> +380 48 232 7870<br><b>Tel/Fax:</b> +380 48 232 7870<br><b>Email:</b> olga@tekom.odessa.ua  |
| <b>Cost:</b>  | <b>Schedule A:</b> US \$62                           | <b>Schedule B:</b> US \$62  |
| 3 Medical Centre<br>"ZDOROVYE"  | 57 Atamana Chepygy<br>Street,<br>Odessa,<br>Ukraine  | <b>Director:</b> Lyudmila I. Kuchmiy<br><b>Tel:</b> +380 48 237 7427<br><b>Fax:</b> +380 48 237 7427<br><b>Email:</b> Kuchmiy_ludmila@mail.ru |
| <b>Cost:</b>  | <b>Schedule A:</b> US \$52                           | <b>Schedule B:</b> US \$62  |

The list of recommended clinics will be reviewed after each audit as defined in **Clinics – selection** points 4 and 5 above, or following any other event considered relevant. The Association reserves the right to increase, reduce or withdraw this list of recommended clinics at any time without prior notice.

Neither the Association nor MRI has any contractual or other legal relationship with the clinics. Any claim for fees in accordance with the agreed charges is to be invoiced by the clinics to the manning agent and paid in the usual manner. Any other charges for additional tests outside the scope of those set out in schedules A and B are to be paid in accordance with arrangements negotiated locally.

Members are advised to give the manning agents details of tests for each age group (those set out in Schedules A and B) to present to the candidate prior to arrival at the clinic to ensure awareness of the nature and extent of the testing.

Members should be aware that rejection rates might be higher than their previous experience given that the system is designed to effectively screen out seafarers who - if employed on Members' ships - could be a danger to themselves, other crew members, the ship on which they sail, and the person or property of third parties. Experience shows that rejection rates seem to settle at about 3 to 4% once manning agents appreciate the enhanced standards to which the clinics are working and become more selective in the candidates they submit for screening.

## Recommended Pre-employment Medical Examinations

## Schedule A Ukrainian Nationals – Ages 30 years and below

### Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Chest x-ray (14x17)
3. Complete Blood Count
4. Routine Urinalysis
5. Routine Fecalalysis
6. Blood Typing
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History
10. Psychological examination.
11. Lipid Profile
  - Total Cholesterol (HDL/LDL)
  - Triglycerides
12. Others:
  - Fasting Blood Sugar
  - HIV 1 & HIV 2
  - Audiometry
  - Ishihara
  - Pulmonary Function Test
  - VDRL Screening
  - ECG
  - BUA (Blood Uric Acid)
13. Hepa A
  - Hepa B Antigen Test
  - Hepa C
14. Ultrasound

Additional charges may be made – for example, stool analysis is compulsory for all food-handlers

It is recommended that the seafarer be given anti-malarial injections and instructions for the taking of appropriate medication throughout the term of the contract.

## Schedule B Ukrainian Nationals – Ages 31 and above

### Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Chest X-ray (14x17)
3. Complete Blood Count
4. Routine Urinalysis
5. Routine Fecalalysis
6. Blood Typing
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History
10. Psychological Examination
11. Lipid Profile
  - Total Cholesterol (HDL/LDL)
  - Triglycerides
12. Liver Profile
  - Total Bilirubin
  - SGOT
  - SGPT
  - GGTP
13. Kidney Function Test
  - BUN
  - Creatinine
  - Total Protein
14. Others:
  - Fasting Blood Sugar
  - HIV 1 & HIV 2
  - Audiometry
  - Ishihara
  - Pulmonary Function Test
  - VDRL Screening
  - ECG
  - BUA (Blood Uric Acid)
15. Hepa A
  - Hepa B Antigen Test
  - Hepa C
16. Stress Test
  - Cardio Profile
17. Ultrasound

Additional charges may be made – for example, stool analysis is compulsory for all food-handlers

It is recommended that the seafarer be given anti-malarial injections and instructions for the taking of appropriate medication throughout the term of the contract.

# Pre-employment medical scheme Ukraine

ATTACH PHOTOGRAPH HERE

## Medical Examination Record

Page 1 of 2

Numbers in brackets (2) refer to [EXPLANATORY NOTES](#)

|   |                          |                                     |                                  |                                     |  |                   |  |
|---|--------------------------|-------------------------------------|----------------------------------|-------------------------------------|--|-------------------|--|
| LAST NAME                                 |                          | FIRST NAME                          |                                  | MIDDLE INITIAL                      | SEX  | AGE               | DATE OF BIRTH                                      |
| CIVIL STATUS                              |                          | PASSPORT NO.                        |                                  | JOB APPLIED FOR                     |  | MANNING AGENT     |  |
| PRESENT MAILING ADDRESS                   |                          |                                     |                                  |                                     |  |                   | TEL. NO.   |
| HEIGHT (2)<br>m<br>ins                    | WEIGHT (3)<br>lbs<br>kgs | PULSE<br>/min<br>reg irr            | BODY BUILD (4)<br>SS MS<br>LS OW |                                     | CHEST: INSP (5)<br>CHEST: EXP<br>ABD GIRTH (6) |                   | ins<br>ins<br>ins                                  |
| VISUAL ACUITY<br>UNCORRECTED<br>CORRECTED |                          | FAR VISION<br>L R<br>L R            |                                  | NEAR VISION<br>L R<br>L R           |  | COLOUR VISION (7) | CLARITY OF<br>SPEECH                               |
| DENTAL<br>UPPER<br>LOWER                  |                          |                                     |                                  | CHEST X-RAY<br>NEGATIVE<br>POSITIVE |  | PA AP X Ray No.   | BLOOD TYPE:<br>BLOOD PRESSURE:<br>(14) (20) (21) / |
| 8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8       |                          | 8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8 |                                  |                                     |  |                   |  |

| FAMILY HISTORY |             |                         |              |                |
|----------------|-------------|-------------------------|--------------|----------------|
|                | Present Age | Present state of health | Age at death | Cause of death |
| Father         |             |                         |              |                |
| Mother         |             |                         |              |                |
| Brother/s      | 1           |                         |              |                |
|                | 2           |                         |              |                |
|                | 3           |                         |              |                |
| Sister/s       | 1           |                         |              |                |
|                | 2           |                         |              |                |
|                | 3           |                         |              |                |

| MEDICAL HISTORY (8) - Has applicant suffered from, or been told they have (or had) any of the following conditions: |     |    |   |                       |     |            |
|---|-----|----|---|-----------------------|-----|------------|
| 1. Asthma or wheezing   | YES | NO | 12. Nose bleeding                                       | YES                   | NO  |            |
| 2. Bronchitis   | YES | NO | 13. Hearing problems                                    | YES                   | NO  |            |
| 3. Pleurisy   | YES | NO | 14. Rheumatic fever                                     | YES                   | NO  |            |
| 4. Tuberculosis   | YES | NO | 15. High blood pressure                                 | YES                   | NO  |            |
| 5. Pneumonia  | YES | NO | 16. Heart attack  | YES                   | NO  |            |
| 6. Coughed up blood   | YES | NO | 17. Chest pain  | YES                   | NO  |            |
| 7. Shortness of breath  | YES | NO | 18. Palpitations  | YES                   | NO  |            |
| 8. Other chest complaints   | YES | NO | 19. Poor circulation                                    | YES                   | NO  |            |
| 9. Sinus trouble  | YES | NO | 20. Other infections of the heart or circulatory system | YES                   | NO  |            |
| 10. Frequent colds  | YES | NO |   |                       |     | 31. T.I.A. |
| 11. Ear infections  | YES | NO | 21. Varicose veins                                      | YES                   | NO  |            |
|   |     |    |   | 22. Swelling of feet  | YES | NO         |
|   |     |    |   | 23. Fainting attacks  | YES | NO         |
|   |     |    |   | 24. Migraine          | YES | NO         |
|   |     |    |   | 25. Blackouts         | YES | NO         |
|   |     |    |   | 26. Fits              | YES | NO         |
|   |     |    |   | 27. Epilepsy          | YES | NO         |
|   |     |    |   | 28. Muscular weakness | YES | NO         |
|   |     |    |   | 29. Paralysis         | YES | NO         |
|   |     |    |   | 30. Stroke            | YES | NO         |
|   |     |    |   | 32. Tingling          | YES | NO         |

I hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and other personal medical findings and do hereby release them from any and all legal responsibility by doing so. I also certify that my medical history contained above, is true and any false statements will disqualify me from my employment, benefits and claims.

Signature \_\_\_\_\_ Examiner \_\_\_\_\_ Candidate \_\_\_\_\_ Name of employer \_\_\_\_\_

## Medical Examination Record

Page 2 of 2 for:

|           |            |                |
|-----------|------------|----------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|-----------|------------|----------------|

| SYSTEMIC EXAMINATION (9)   |        |          |                         |        |          |
|----------------------------|--------|----------|-------------------------|--------|----------|
|                            | NORMAL | FINDINGS |                         | NORMAL | FINDINGS |
| 1. Skin                    | YES NO |          | 11. Heart               | YES NO |          |
| 2. Head, neck, scalp       | YES NO |          | 12. Abdomen             | YES NO |          |
| 3. Eyes - external         | YES NO |          | 13. Back                | YES NO |          |
| 4. Pupils, ophthalmoscopic | YES NO |          | 14. Anus - rectum       | YES NO |          |
| 5. Ears                    | YES NO |          | 15. G - U system        | YES NO |          |
| 6. Nose - sinuses          | YES NO |          | 16. Inguinals, genitals | YES NO |          |
| 7. Mouth - throat          | YES NO |          | 17. Reflexes            | YES NO |          |
| 8. Neck, L. N. thyroid     | YES NO |          | 18. Extremities         | YES NO |          |
| 9. Chest - breast - axilla | YES NO |          | 19. Dental (teeth)      | YES NO |          |
| 10. Lungs                  | YES NO |          | 20. Surgical Operations | YES NO |          |

| AUDIOGRAM |     | 500 | 1000 | 2000 | 4000 | 6000 | 8000 |
|-----------|-----|-----|------|------|------|------|------|
| Right Ear | Khz |     |      |      |      |      |      |
|           | JB  |     |      |      |      |      |      |
| Left Ear  | Khz |     |      |      |      |      |      |
|           | JB  |     |      |      |      |      |      |

| LUNG FUNCTION TESTS |  |
|---------------------|--|
| FEV 1               |  |
| FEV 2               |  |
| PEFR                |  |

| STANDARD EXAMINATION |  |
|----------------------|--|
| 1                    | Chest X-Ray (14x17) (10)               |
| 2                    | Complete Blood count (13)              |
| 3                    | Routine Urinalysis (11)                |
| 4                    | Routine Fecalysis                      |
| 5                    | Blood Typing                           |
| 6                    | Dental Check-up                        |
| 7                    | Optical Check-up                       |
| 8                    | Complete P.E. & History (12) (15) (22) |
| 9                    | Psychological Examination              |

| ADDITIONAL EXAMINATION |                      |  |    |                                |  |
|------------------------|----------------------|--|----|--------------------------------|--|
| 10                     | Lipid Profile        |  | 13 | Others                         |  |
|                        | Triglycerides (19)   |  |    | Fasting Blood Sugar (24)       |  |
|                        | Cholesterol (16)     |  |    | HIV 1 & HIV 2                  |  |
|                        | HDL (17)             |  |    | Audiometry                     |  |
|                        | LDL (18)             |  |    | Ishihara                       |  |
| 11                     | Liver Profile        |  | 14 | Pulmonary Function Test        |  |
|                        | Total Bilirubin      |  |    | VDRL Screening                 |  |
|                        | SGOT                 |  |    | ECG                            |  |
|                        | SGPT                 |  |    | Hepa A                         |  |
| 12                     | GGTP                 |  | 15 | Hepa B Antigen Test            |  |
|                        | Kidney Function Test |  |    | Hepa C                         |  |
|                        | BUN                  |  |    | Stress Test (if applicable)    |  |
|                        | Creatinine           |  |    | Cardio Profile (if applicable) |  |
|                        | Total Protein        |  |    |                                |  |

It is recommended that the seafarer is given anti-malarial injections and instructions for the taking of appropriate medication throughout the term of the contract.

## Explanatory Notes Page 1 of 2

1. [Each Laboratory](#) has its own normal parameters for each investigation that should be observed when completing the form. Any result outside normal parameters should be considered abnormal and the candidate reported as unfit. The same principle should apply to all investigations conducted using the clinics instruments/equipment. Documented assessment of all instruments/equipment used by a clinic performing pre-employment medicals should be undertaken regularly as required by manufactures and at least annually.
2. [Height](#): If possible record this in metres to two decimal places
3. [Weight](#): If possible record this in kilograms to two decimal places

The height and weight provide a Body Mass Index (BMI) as follows:

$$\text{BMI} = \frac{\text{Weight (Kgs)}}{\text{Height (m}^2\text{)}}$$

|                |                        |
|----------------|------------------------|
| Obese Class II | BMI > 30               |
| Obese Class I  | BMI 25 – 29.9          |
| Overweight     | BMI 23 – 24.9          |
| <b>Healthy</b> | <b>BMI 18.5 – 22.9</b> |
| Underweight    | BMI < 18.5             |

4. [Body Build](#): Please record whether short stature (SS), medium stature (MS), large stature (LS) and also state if overweight
5. [Chest Inspiration](#): Measure with tape measure the girth of the chest at the level of the nipples for maximum inspiration, and at full expiration, in inches.
6. [Abdominal Girth](#): This should be measured at the level of the umbilicus, in inches.
7. [Colour Vision](#): This should be done using the Ishihara tests for colour deficiency with particular reference to red and green deficiency.
8. [Medical History](#): Explain the medical terminology to the candidate to ensure a true medical history.
9. [Systemic Examination](#): List all surgical operations and any medical admissions to hospital with dates and results of any investigations.
10. [Chest X-ray](#): Please confirm whether the view taken is anterior/posterior or posterior/anterior.
11. [Random Urine samples](#): Two separate urine samples for testing the presence of glucose, the first taken at the start of the examination and the other at the end of the examination.
12. [Smoking](#): Indicate the number of cigarettes smoked per day, or the amount of tobacco smoked per week.
13. [Haematology Blood tests](#): If possible, obtain a platelet count.
14. [Blood Pressure](#): **No higher than 140/90**
15. [Medication](#): All prescribed medication should be recorded.

## Explanatory Notes Page 2 of 2

### Heart Disease and Stroke Risk

|  |   |   |
|--|---|---|
| 16. <a href="#">Total Cholesterol</a> (mg/dL)        | <160<br><b>160 – 199</b><br>200 – 239<br>240 – 279<br>>280                            | Desirable<br><b>Desirable</b><br>Borderline high<br>High<br>High  |
| 17. <a href="#">HDL Cholesterol</a> (mg/dL)          | > 60<br>50 – 59<br><b>40 – 49</b><br>< 40   |   |
| 18. <a href="#">LDL</a> (mg/dL)                      | < <b>100</b><br><b>100 – 129</b><br>130 – 159<br>160 – 189<br>>190                    | <b>Optimal</b><br><b>Near optimal/above optimal</b><br>Borderline high<br>High<br>Very high                       |
| 19. <a href="#">Triglycerides</a>                    | < <b>150</b><br>150 – 199<br>>200   | <b>Optimal</b><br>High<br>Very high   |
| 20. <a href="#">Systolic blood pressure</a> (mm/Hg)  | < <b>120</b><br><b>120 – 129</b><br><b>130 – 139</b><br>140 – 159<br>> 160            | <b>Normal</b><br><b>Normal</b><br><b>Normal</b><br>High<br>Referral required                                      |
| 21. <a href="#">Diastolic blood pressure</a> (mm/Hg) | <b>No greater than 90 mm/Hg</b>   |   |
| 22. <a href="#">Medication</a>                       | Has any Hypotensive medication been taken in the last 48 hours?                       |   |
| 23. Risk factors                                     | <u>LDL</u><br>190 or > and 0 or 1<br>160 or > and 2 or more<br>130 or > and 2 or more | <u>Risk of Heart Attack in next 10 years</u><br>Risk Factor: Low<br>Risk Factors: 10%<br>Risk Factors: 10% to 20% |

### Diabetes

24. [Diabetes](#)  
Any candidate with glycosuria should be investigated with a glucose tolerance test to assess accurately their diabetic status.

If found to be diabetic the type of diabetes must be identified - if the candidate were employed at sea the correct medication to control the diabetes may not be readily available on board ship or ashore.

Insulin dependent diabetes is much more difficult to control on board ship with varying working conditions and – in particular – the heat. For safety reasons – candidates with insulin dependent diabetes should not be employed at sea.

**Note:** The optimum levels are shown in **bold** above. Values above or below optimum levels – and all haematology, biochemistry and serology results that are not within normal parameters - must be investigated before a candidate can be declared fit for work.

## Concessions for Senior Crew and Re-Hired Crew

All new candidates for employment are to be screened strictly in accordance with the recommended pre-employment medical examinations (Schedule A and B) - given that the purpose of the scheme is to ensure that seafarers with any significant pre-existing medical problems are not employed.

For candidates returning to employment (re-hired crew) and for senior crew, certain concessions for hypertension and diabetes will be allowed as detailed below.

In the case of insulin dependent diabetes:

- Candidates will still be rejected. It would not be prudent to employ a seafarer with this type of diabetes as there is a high risk of medical complications.

In the case of hypertension:

- Candidates where hypertension can be controlled by medication to a level considered acceptable - a fit to work certificate can be issued.

All candidates with hypertension that can be controlled by medication to a level considered acceptable will be required to sign a declaration making them aware of the responsibility for self-medication and for ensuring the required medication is available throughout the contract of employment. The clinic, the manning agent, the Association, and the Member employing the seafarer will hold copies of this declaration. It would be prudent for the Master of the ship on which the seafarer is to be employed to receive a copy of the declaration so that he is aware of the situation.

Note: this declaration is unlikely to provide protection in the event of the seafarer taking ill with an associated medical problem. The National Labor Relations Commission (NLRC) will probably adopt the view that employing a seafarer under these circumstances implies acceptance of the risk of associated medical problems developing.

- Where the hypertension is serious and cannot be controlled to a level considered acceptable - candidates will be rejected. It would not be prudent to employ a seafarer under these circumstances as there is a high risk of a serious stroke or development of a heart related condition.

Note: These concessions acknowledge that loyal officers and crew may be in short supply but it must be appreciated that relaxing some of the criteria increases the potential for medical repatriation cases that the scheme was designed to avoid.

## Concessions for Senior Crew and Re-Hired Crew Hypertension

All crew - new to Member - with hypertension are considered unfit.

Re-hired crew with **both** hypertension and diabetes mellitus are considered unfit.

Re-hired crew with hypertension may be considered on the following conditions:

- Hypertension is controlled with medication prior to embarkation
- The ECG must be normal - any findings must be cleared by a cardiologist.
- Additional cardiac diagnostic examinations, if any:
  - 2D Echo
  - Stress Test.
- Other risk factors such as:
  - BMI - if obese II - to reduce weight
  - Cholesterol and LDL if severely elevated - prescribe medications to lower them
- A concession declaration will be signed by the seafarer acknowledging responsibility for self-medication and for ensuring the required medication is available throughout the contract of employment.

## Concessions for Senior Crew and Re-Hired Crew Diabetes Mellitus Type II

All new crew to the Member with hypertension or type II DM are considered unfit.

Re-hired crew with **both** hypertension and diabetes mellitus are considered unfit.

Re-hired crew with diabetes may be considered on the following conditions:

- Candidates who are known diabetic - and despite medication – have FBS levels that are severely elevated and uncontrolled should be referred to an endocrinologist for assessment of possible complications.
- Candidates with FBS levels mildly elevated (more than 7 m.mol or 122% mg) should undertake OGTT (Oral Glucose Tolerance Test).
- If OGTT abnormal:

New candidates – unfit

Re-hired crew - refer to endocrinologist. If FBS can be controlled and cleared by the endocrinologist a declaration will be signed by the seafarer acknowledging responsibility for self-medication and for ensuring the required medication is available throughout the contract of employment.

## Concession Declaration

I(name).....of(address).....

understand that I have been issued with a fit to work certificate so that I may take up employment with  
(name of employer).....on

the understanding that I will be responsible for taking prescribed medication for the condition of

.....

(Name of Clinic)..... have carefully explained my condition,  
and the instructions for the required medication and how this should be administered.

I hereby agree to follow these instructions and take responsibility for ensuring the required medication  
is available during my contract of employment with (name of employer).....

Should any complications arise because of my failure to provide and administer the required  
medication, my employers will not be held responsible.

I confirm that I understand all the implications of non-compliance with this undertaking that have been  
fully explained to me.

Signed: .....

Dated: .....

Witnessed: .....