

Pre-Employment Medical Programme

Philippines



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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 North 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 North for specific advice on particular matters.

Loss prevention briefings for Pre-Employment Medicals have been developed in cooperation with Your Excellent Health Service (YEHS) 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 fixed cost 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 YEHS do not undertake or accept any responsibility for such decisions.

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

Pre-Employment Medical - Philippines

North of England P&I loss prevention briefings on pre-employment medicals include:

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

Contacts

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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 Club) launched a pre-employment medical programme in the Philippines.

The programme has operated successfully and now includes four audited clinics in Manila, two in Cebu and one in Iloilo with standard medical examinations at a fixed cost (see schedules A and B). All recommended clinics work to standards maintained by Your Excellent Health Service (YEHS) - medical consultants to the Club.

Members who employ Filipino officers and crew, are urged to consider (in co-operation with their manning agents) that all seafarers undergo enhanced pre-employment medical screening at least to a standard offered by such clinics.

Clinics - Selection

The clinics recommended by the Club 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 40 years and below
 - b. Schedule B for ages 41 years and over
2. Recommended medical examinations at a fixed cost.
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 annually by YEHS to ensure they meet the required standard. YEHS will confirm the accuracy, thoroughness and objectivity of the test procedures. Clinics must complete this audit successfully to remain as a recommended clinic.
5. Any recommended clinic will be audited at any time by the Club 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 Club and if requested, to YEHS in order to review the efficiency of the recommended programme.
7. Some concessions may be given for senior crew and re-hired crew. See page 17.
8. The clinic must at all times be fully accredited according to local regulations.

Clinics - Recommended

Manila

1	S M Lazo Medical Clinic Inc	1755 Taft Avenue Cor J Nakpil Street Malate Manila Philippines	Director: Mrs Aurora Lazo Tel: +632 3037005/5219011 Tel/Fax: +632 5246325 Email: smlazo@i-manila.com.ph
2	Halcyon Marine Healthcare Systems	Ma. Cornelia Building 222 Senator Gil Puyat Avenue Makati City, 1230 Metro Manila Philippines	Director: Dr Glennda Canlas Tel: +632 8640206/13 Tel/Fax: +632 8640214 Email: csr1@halcyonmarinehealth.com glennnda@pacific.net.ph
3	Maritime Medical & Laboratory Clinic	2nd Floor Paragon Tower Hotel 531 A. Flores St. Ermita Manila Philippines	Director: Dr Joselito De Guzman Tel: +632 5263809/12/15 Fax: +632 5263816 Email: peme@mmlci.com.ph marmedlabclinic@yahoo.com
4	SuperCare Medical Services Inc	Patria Building 573 Maria Orosa Corner Engracia Reyes Streets Ermita, Manila 1080 Philippines	Director: Dr Pascualito D. Gutay Tel: +63 2 5210024 (direct line) + 63 2 5210024 - 35 Mobile: +63 928 501 8078 Email: paskygutay@supercare.com.ph peme.support@supercare.com.ph

Cebu

5	Physicians Diagnostic Centre Inc	108 F Ramos Street Corner of Jungquera St. Cebu City Philippines	Director: Dr. Ma Stella Polentinos Tel: +63 32 2541778 Fax: +63 32 2543797 Email: doc_polentinos@yahoo.com CC: pds_cebu@yahoo.com
6	SuperCare Medical Services, Inc.	2 nd Floor PB COM Building Gen. Maxillom Avenue Cebu City 6000 Philippines	Contact: Dr Pascual Gutay Tel: +63 32 5116167 Fax: +63 32 2388581 Email: paskygutay@supercare.com.ph

Iloilo

7 SuperCare Medical Services	3 rd Floor 22 Manfred's Place General Luna Street Iloilo City, 5000 Philippines	Director: Dr Pascualito Gutay Tel: +63 33 335 30 96/97 Email: paskygutay@supercare.com.ph joan.rafolsmd@supercare.com.ph admin.iloilo@supercare.com.ph
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Philippines local liaison doctor for all recommended clinics

Doctor Glennnda Canlas	c/o Halcyon Marine Healthcare Systems	Tel: +632 8640206/13 Tel/Fax: +632 8640214 Email: csr1@halcyonmarinehealth.com
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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 Club reserves the right to increase, reduce or withdraw this list of recommended clinics at any time without prior notice.

Neither the Club nor YEHS 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.

Members are advised to consider an **additional abdominal ultrasound test**. Recommended clinics have advised an increase in the number renal and gall stone cases, and have agreed to make these tests available at a cost negotiated locally.

Schedule A Filipino Nationals – Less than 40 years old

A. Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Digital Chest X-ray
3. Complete Blood Count
4. Routine Urinalysis (10 parameters)
5. FECT (for food handlers)
6. Blood Typing (A,B,O and Rh factor)
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History

Cost

Examination Cost: \$85

If additional tests are carried out there may be additional charges.

B. Additional Examination

10. Lipid Profile
 - Total Cholesterol (HDL/LDL)
 - Triglycerides
11. Liver Profile
 - SGPT
12. Kidney Function
 - Creatinine
13. Others:
 - Hba1C
 - HIV 1 & 2
 - Audiometry
 - Ishihara
 - Pulmonary Function Test
 - VDRL Screening
 - ECG
 - BUA (Blood Uric Acid)
14. Hepatitis:
 - Hepa B Antigen Test

Schedule B Filipino Nationals – For 41 years old and above

A. Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Digital Chest X-ray
3. Complete Blood Count
4. Routine Urinalysis (10 parameters)
5. FECT (for food handlers)
6. Blood Typing (A,B,O and Rh Factor)
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History

C. Stress test & Cardio Profile Cost

Examination Cost: \$120

B. Additional Examination

10. Lipid Profile
 - Total Cholesterol (HDL/LDL)
 - Triglycerides
11. Liver Profile
 - SGPT
12. Kidney Function Test
 - Creatinine
13. Others:
 - Hba1C
 - HIV 1 & 2
 - Audiometry
 - Ishihara
 - Pulmonary Function Test
 - VDRL Screening
 - ECG
 - BUA (Blood Uric Acid)
14. Hepatitis:
 - Hepa B Antigen Test

Pre-Employment Medical - Philippines

ATTACH PHOTOGRAPH HERE

Medical Examination Record

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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) m ins	WEIGHT(3) lbs kgs	PULSE /min reg irr	BODY BUILD(4) SS MS LS OW		CHEST:INSP(5) CHEST: EXP ABD GIRTH(6)		ins ins ins
VISUAL ACUITY UNCORRECTED CORRECTED		FAR VISION L R L R		NEAR VISION L R L R		COLOUR VISION(7)	CLARITY OF SPEECH
DENTAL UPPER 8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8 LOWER 8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8				CHEST X-RAY PA AP X Ray No. NEGATIVE POSITIVE		BLOOD TYPE: BLOOD PRESSURE: <u>(14)(20)(21)</u> /	

FAMILY HISTORY				
	Present Age	Present state of health	Age at death	Cause of death
Father				
Mother				
Brothers	1			
	2			
	3			
Sisters	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	22. Swelling of feet	YES NO
2. Bronchitis	YES NO	13. Hearing problems	YES NO	23. Fainting attacks	YES NO
3. Pleurisy	YES NO	14. Rheumatic fever	YES NO	24. Migraine	YES NO
4. Tuberculosis	YES NO	15. High blood pressure	YES NO	25. Blackouts	YES NO
5. Pneumonia	YES NO	16. Heart attack	YES NO	26. Fits	YES NO
6. Coughed up blood	YES NO	17. Chest pain	YES NO	27. Epilepsy	YES NO
7. Shortness of breath	YES NO	18. Palpitations	YES NO	28. Muscular weakness	YES NO
8. Other chest complaints	YES NO	19. Poor circulation	YES NO	29. Paralysis	YES NO
9. Sinus trouble	YES NO	20. Other infections of the heart or circulatory system	YES NO	30. Stroke	YES NO
10. Frequent colds	YES NO			31. T.I.A.	YES NO
11. Ear infections	YES NO	21. Varicose veins	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.

S. _____ Examiner _____ Candidate _____ Name of employer

Pre-Employment Medical - Philippines

Medical Examination Record

Page 2 of 2 for:

LAST NAME	FIRST NAME	MIDDLE INITIAL
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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,	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.	YES NO		18. Extremities	YES NO	
9. Chest - breast -	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	FECT (for food handlers)
5	Blood Typing (A, B, O and Rh factor)
6	Dental Check-up
7	Optical Check-up
8	Complete P.E. & History (12)(15)(22)

ADDITIONAL EXAMINATION

10	Lipid Profile		13	Others	
	Triglycerides (19)			Hba1C (24)	
	Cholesterol (16)			HIV 1 & HIV 2	
	HDL (17)			Audiometry	
11	LDL (18)		14	Ishihara	
	Liver Profile			Pulmonary Function Test	
	SGPT			TPHA or VDRL Screening	
				ECG	
12			15	BUA (Blood Uric Acid)	
	Kidney Function			Hepa B Antigen Test	
	Creatinine			Hepa C	
				Stress Test (if applicable)	
				Cardio Profile (if applicable)	

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

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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

Healthy BMI 18.5 – 22.9

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. Pressure: **No higher than 140/90**
15. **Medication:** All prescribed medication should be recorded.

Explanatory Notes

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Heart Disease and Stroke Risk

16. <u>Total Cholesterol</u> (mg/dL)	<160 160 – 199 200 – 239 240 – 279 >280	Desirable Desirable Borderline high High High
17. <u>HDL Cholesterol</u> (mg/dL)	> 60 50 – 59 40 – 49 < 40	
18. <u>LDL</u> (mg/dL)	<100 100 – 129 130 – 159 160 – 189 >190	Optimal Near optimal/above optimal Borderline high High Very high
19. <u>Triglycerides</u>	<150 150 – 199 >200	Optimal High Very high
20. <u>Systolic blood pressure</u> (mm/Hg)	<120 120 – 129 130 – 139 140 – 159 > 160	Normal Normal Normal High Referral required
21. <u>Diastolic blood pressure</u> (mm/Hg)	No greater than 90 mm/Hg	
22. <u>Medication</u>	Has any Hypotensive medication been taken in the last 48 hours?	
23. Risk factors	<u>LDL</u>	<u>Risk of Heart Attack in next 10 years</u>
	190 or > and 0 or 1	Risk Factor: Low
	160 or > and 2 or more	Risk Factors: 10%
	130 or > and 2 or more	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 programme is to ensure that seafarers with any significant pre-existing medical problems are not employed thereby avoiding serious risk of deterioration of their health at sea.

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 Club, 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.

- 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 should be appreciated that relaxing some of the criteria increases the potential for medical repatriation cases that the programme 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 maybe 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

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 maybe 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: