

Seafarer's Medical Examination and Certificate

Form A.

CONFIDENTIAL

MED/P005/F1

Rev. 09 - 10/01/2020



Name: _____ Male: _____ Female: _____ Date of Birth:(DD/MM/YYYY) _____

Position: _____ Ship: _____ ID#: _____ Nationality: _____

Blood Type: _____

New Crew
Returning

Yes	No
Yes	No

THIS CERTIFICATE IS VALID FOR 2 YEARS

Unless Shortened by NCL Medical Department

Expiration Date: _____

SECTION A. PERSONAL MEDICAL HISTORY

Do you have or have you ever been treated for the following conditions? (Every item marked **YES** must be fully explained in section C)

Condition:	Yes	No	Condition:	Yes	No
1. Are you aware of any medical problems,disease, illness?			49. Do you feel healthy for the duties which you are applying ?		
2. Frequent Ear Infections?			50. Any Sprains, Dislocations and/or Fractures?		
3. Hearing Problem?			51. Any type of back pain and/or injury?		
4. Gynecological problems?			52. Any type of Knee Problems, Pain, and/or Injury?		
5. Conjunctivitis? Glaucoma?			53. Any type of Leg Problems, Pain and/or Injury?		
6. Do you wear glasses/contact lenses?			54. Any type of Elbow Pain/Elbow Injury?		
7. Eye injury and / or Eye Problems?			55. Any type of Foot/Ankle pain and/or injury?		
8. Suffered COVID-19?			56. Any type of Shoulder pain/injury?		
9. Tested Positive for COVID-19?			57. Any type of Hip pain/injury?		
10. Frequent Nose bleeds? Colds? Sinus Trouble?			58. Any type of Muscular Weakness?		
11. Arthritis and / or numbness			59. Frequent Headaches and/or Loss of Consciousness?		
12. Swollen Lymph Nodes?			60. Depression and / or anxiety? Psychological Issues?		
13. Asthma and / or Wheezing?			61. Seizures and/ or Epilepsy?		
14. Bronchitis or Tuberculosis?			62. Nervous Breakdown?		
15. Blood in urine?			63. Muscular Weakness?		
16. Pneumonia?			64. Malaria or other Tropical Diseases?		
17. Coughing up Blood?			65. Hepatitis A, B or C ? Other type of Hepatitis?		
18. Shortness of Breath?			66. Cancer or tumors or cysts?		
19. Rheumatic Fever?			67. Serious Accidents/Illness?		
20. High / Low Blood Pressure?			68. Thyroid Disease or illness?		
21. Chest Pain and / or heart attack?			69. Any Bleeding disorder or Blood Transfusion?		
22. Irregular heart beat or Poor Circulation?			70. Any neurological disorder?		
23. Kidney Stones and / or cysts?			71. Any psychological and / or psychiatric illness/disorder?		
24. Other Heart Disease?			72. Immunologic or lymphatic illness?		
25. Stroke and/or paralysis?			73. Endocrine Disease or Illness?		
26. Do you use any Recreational Drugs?			74. Any type of renal disease?		
27. Loss of sensation / Tingling?			75. Any type of gallbladder disease / stones or polyps?		
28. Varicose veins? And/ or Leg Swelling?			76. Autoimmune disease?		
29. Deformities ?			77. Are you currently undergoing dental treatment?		
30. Stomach Pain/Ulcer/Problems or Disease?			78. Do you have any illnesses today?		
31. Gastric/Duodenal Ulcer?			79. Any type of hernia and / or rupture?		
32. Frequent Diarrhea or Constipation?			80. Have you ever been Hospitalized? For What?		
33. Indigestion?			81. Have you ever received a blood transfusion?		
34. Bleeding from Stomach or Bowels?			82. Have you had any operations?		
35. Jaundice or Liver Problems?			83. Have you ever been repatriated for medical reasons?		
36. Diabetes?			84. Have you ever been certified unfit before?		
37. Hemorrhoids?			85. Are you taking any medications (incl. vitamins, CBD Oil)?		
38. Urinary tract Infection/Blood in Urine/Kidney Stones?			86. Are you currently undergoing medical treatment?		
39. Prostate Disease (males)?			87. Do you drink Alcohol? How much per day: ____ week? ____		
40. Sexually Transmitted Disease?			88. Do you smoke? How much per day? _____		
41. Breast Mass/Tenderness?			89. Have you ever had an MRI?		
42. Skin Disease (e.g dermatitis or eczema)?			90. Have you ever had a CT scan?		
43. Any types of Allergies? Allergy to Medication?			91. Do you do Vaping,E-Cigs, Hookah, Dripping or other?		
44. Any bone and/or joint pain,injury and/or problems?			92. Any other conditions not listed above?		
45. Arthritis/Hand or Wrist Problems or Pain?			93. Females Only: Have you had any pregnancies?miscarriages?		
46. Neck Pain/Neck Injury?			94. Females Only:Are you or do you think you may be pregnant?		
47. Sciatica/Scoliosis/Rheumatism?			95. Females Only: Date of your last menstrual period?		
48. Degenerative Condition/Disease of the Back/Neck/Muscles/Joints?			96. Have you ever had lumps, cysts or tumors in your breasts?		

If "YES" please give details here:

Seafarer's Medical Examination and Certificate

SECTION B. FAMILY MEDICAL HISTORY

Does any member of your family have or ever had the following medical conditions? (Every item marked YES must be fully explained in section C)

Condition:	Yes	No	Condition:	Yes	No
1. Heart condition / angina?			9. Any type of psychological disorders?		
2. Blood pressure problems?			10. Tuberculosis?		
3. Stroke / vascular disease?			11. Asthma and / or eczema?		
4. Nervous disorder?			12. Glaucoma?		
5. Diabetes?			13. Epilepsy, fits, nervous breakdown?		
6. Arthritis?			14. Cancer, tumor, cysts?		
7. Kidney / Renal disease?			15. Any type of allergies?		
8. Immunologic and / or lymphatic disease / illness?			16. Endocrine disease or illness?		

If "YES" please give details here:

SECTION C. EXPLANATIONS

Question #	

AUTHORIZATION FOR THE RELEASE OF MEDICAL RECORDS AND INFORMATION

This document authorizes all physicians, hospitals and all other medical attendants to furnish my employer, the shipowner, its agents, and/or affiliates a complete, genuine copy of my medical records, bills and reports and any other medical information related to my treatment(s). I hereby appoint my employer, its affiliates, its agents, the shipowner and the medical personnel aboard my disembarking vessel to act as my representative in requesting all medical records and information, including but not limited to verbal conversations with any medical and / or health care provider. Medical records shall include any all records, including, but not limited to application for medical insurance, policies of medical insurance, statements of medical insurance benefits, all medical records, consultation records, diagnostic records, examination records, treatment records, physician notes, nurse notes, office memoranda, charts, all correspondence including e-mails, CT scan films, records and reports, diagnostic test records and reports, EEG records and reports, EKG records and report, lab records and reports, MRI films, records and reports, x-ray films, records and reports and any and all bills, invoices, statements or other documentation or amounts owed or paid (regardless of the source of payment) relating to the consultation, diagnosis, examination, and/or treatment of the above referenced crew member. Crew Member agrees to disclose, update & report any new medical conditions that may arise after this PEME/date to NCL Medical Department & before joining any Vessel. My signature below acknowledges that all statements provided by me in this application are true and correct to the best of my knowledge and belief and as such I agree that my employment may be terminated immediately if it is found that the information contained herein is misrepresented, false, and / or erroneous. In such event, I hereby waive all benefits and rights under any employment contract, collective bargaining agreement (CBA), including but not limited to the POEA.

I consent to be tested for HIV and / or Aids Virus and Sexually Transmitted Diseases and to have the results revealed to my Employer, the shipowner, its agents and its affiliates.*Any Seafarer found permanently unfit, or fit only for restricted service, or whose certificate is cancelled or suspended for more than three (3) months by a medical Practitioner has a right of review or appeal by an independent medical referee appointed by the BMC.

I am aware that any treating physician, nurse, medical consultant or provider, as well as Norwegian Cruise Line Holdings, its employees, officers, agents, representatives and insurers, corporate and/or shipboard employees, may use or disclose my health information, including without limitation any and all medical treatment and diagnostic records reports, charts, notes, correspondence, counseling or support service records, and personal, financial or insurance information, for purposes of providing or obtaining medical care or advice or other assistance or services for me (including billing for such services), complying with legal or other reporting obligations, and/or investigating or evaluating any alleged or reported injury, loss, damage, crime and its or their causes or circumstances. I authorize release of my health information as described for these purposes or to any governmental or quasi-governmental authority, such as the Federal Bureau of Investigation, the U.S. Coast Guard, the US. Department of Transportation, the Center for Disease Control or any other national, state or local authority, either in the U.S. or abroad, or any other person or entity as may be required by law.

SEAFARER ACKNOWLEDGEMENT

Crew Member: I confirm that I have been informed of the content of this certificate with my signature below.

Doctors filling these forms: Please confirm that your country is ratified by BMA and Marshall Islands, If, not, provide a MD License from a ratified country.

Crew member's name: _____

Crew member's Signature: _____

Date: _____

Physician's name: _____

Physician's signature: _____

Date: _____

**YOU MAY BE DENIED BOARDING IF YOU FAIL TO BRING THE PRE-EMPLOYMENT MEDICAL EXAMINATION FORM
ALONG WITH ALL LABORATORY TEST RESULTS AND REQUIRED REPORTS.**

To be Completed by Physician Only

Name: _____ Date of Birth: _____ Medical Certificate Issue Date:(DD/MM/YYYY) _____

Passport #: _____ Nationality: _____ Medical Certificate Expiration Date:(DD/MM/YYYY) _____

VITALS

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TEMP: _____ SPO2: _____ RESP: _____ B/P: _____ HEIGHT: _____ WEIGHT: _____
HEARING (Not Required for Renewals onboard) BMI: _____
Pure tone and audio metry (threshold values in dB)

Speech and whisper test (metres)

	500hz	1000hz	2000hz	3000hz	4000hz	6000hz
Rt. Ear						
Lt. Ear						

	Normal	Whisper
Rt. Ear		
Lt. Ear		

VISION

	Visual Acuity							
	Unaided				Aided			
	Right Eye	Left Eye	Binocular		Right Eye	Left Eye	Binocular	
Distant								
Near								

	Visual Fields	
	Normal	Defective
Right Eye		
Left Eye		

COLOR VISION

☐ Not Tested ☐ Normal ☐ Doubtful ☐ Defective

CHEST X-RAY

ELECTROCARDIOGRAM (EKG)

WNL: _____ Other: _____
* XRAY report with clinical findings to be attachedWNL: _____ Other: _____
* EKG report with clinical findings to be attached

VACCINATIONS (indicate Yellow Fever, Tetanus, MMR & Polio vaccinations on the PEME test form and attach copy of vaccination booklet)

Recommended Vaccines for all crew: Influenza and Pneumococcal

Physical Exam	NORMAL		ABNORMAL		NORMAL		ABNORMAL		NORMAL		ABNORMAL		NORMAL		ABNORMAL	
	HEENT				THORAX				ABDOMEN				RECTAL			
	MOUTH				LUNGS				SHAPE				HEMORRHOIDS			
	TONSILS				PERCUSSION				TENDERNESS				PROSTATE			
	PHARYNX				AUSCULTATION				MASSES				FISTULA			
	EARS				EXTREMITIES				SCARS				EMOTIONAL			
	EYES				VARICOSE VEINS				HERNIA				STATUS			
	NECK				EDEMA				CIRCUMCISED							
	NODES				DISCOLORATION				TESTICLES							
	MOTION				DEFORMITIES				Pelvic							
Range of Motion	THYROID				BREAST				NEURO							
	HEART				SCARS				MOTOR							
	RHYTHM								SENSORY							
	MURMURS								REFLEXES							
	CERVICAL				ELBOW				LUMBAR				ANKLE			
	FORWARD FLEXION				RETAINED FLEXION				FORWARD FLEX				DORSAL FLEX			
	EXTENSION				EXTENSION				EXTENSION				PLANTAR FLEX			
	LATERAL FLEXION				PRONATION				LAT. FLEX				INVERSION			
	ROTATION				SUPINATION				ROTATION				EVERSION			
	SHOULDER				WRIST				SLR (SITTING)				FEET			
	FORWARD ELEV.				PRONATION				SLR (SUPINE)				INSPECTION			
	BACKWARD ELEV.				SUPINATION								ARCH STATUS			
	ABDUCTION				DORSIFLEXION				HIP				FLAT			
	ADDUCTION				PLANER FLEXION				FLEXION							
	INT. ROTATION				ABDUCT				EXTENSION							
	EXT. ROTATION				ADDUCT				ABDUCTION							
									ADDUCTION							
					FINGERS				INT ROTATION							
					FLEXION				EXT ROTATION							
					EXTENSION				KNEE							
									RETAINED FLEX							
									EXTENSION							

COMMENTS / NOTES: On all Abnormal responses in the questionnaire and abnormal clinical findings.

JOB SPECIFIC PERFORMANCE:

Fit for work: (the crew member is not believed to be suffering from any sickness or physical or mental ailment making him unfit for service or which may endanger the health of the other persons onboard.)

Unfit to work (Reason: _____) Fit after defect corrected (Describe: _____)

I hereby confirm that the identification documents for this individual were checked and that this medical examination has been carried out to the best of my ability and as per guidelines provided.

Physician Name (PRINT NAME): _____ Address: _____ Country: _____

Physician Signature: _____ Phone Number: _____ Email: _____

Physician Official Stamp: _____ Physician License Number: _____

EXPIRY DATE OF THIS CERTIFICATE: (day/month/year) _____ PEME shall be valid for (2) years from the date of issuance or less as directed by NCLH Crew Medical

This certificate has been issued in accordance with the provisions of the Maritime Labor Convention 2006 (MLC 2006)



Seafarer's Medical Examination and Certificate
Form C.

Lab Test Summary (to be completed by Physician only)

CONFIDENTIAL

MED/P005/F3

Rev. 06 - 10/18/2121

Name: _____

Date of Birth: _____

Date: _____

Passport #: _____

Nationality: _____

Place of Birth: _____

CHEST X-RAY			ELECTROCARDIOGRAM (EKG)		
Circle the test result. Patients with any indication of TB, enlarged heart, atherosclerotic aorta and/or vascular disease require further review.			All crew age 40 or greater or crew with a history of cardiac problems including hypertension must undergo this test. Please circle the test result. Patients with a history of MI require further review.		
	Normal	Abnormal	Normal	Abnormal	
Bony Cage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	STOOL EXAM (food handlers incl. housekeeping staff only)		
Lungs	<input type="checkbox"/>	<input type="checkbox"/>			
Diaphragms	<input type="checkbox"/>	<input type="checkbox"/>			
PROSTATE SPECIFIC ANTIGEN (PSA)			Culture	<input type="checkbox"/>	<input type="checkbox"/>
All crew age 50 or greater or crew with a history of prostate problems must undergo this test. Please circle the test result PSA level 4 ng/mL or under is normal. Patients with higher levels than 4ng/mL should be declared unfit			Parasitology	<input type="checkbox"/>	<input type="checkbox"/>
PSA	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>	Vaccinations: Mandatory (**)	Date	Reference #
FEMALE CREW ONLY If result is positive, further review is required			COVID-19 (**)		
			Yellow Fever (valid for life) (**)		
Pregnancy test	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Tetanus (valid 10 years) (**)		
PCR COVID 19			MMR (Mumps, Measles, Rubella) (**)		
PCR 96 Hours before boarding ship	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Polio (**)		
BLOOD CHEMISTRY			Varicella for Youth Program (**) (Recommended)		
			Pneumococcal (Recommended)		
			Influenza (Recommended)		
	Normal	Abnormal	COMPLETE BLOOD COUNT (CBC)		
Glucose	<input type="checkbox"/>	<input type="checkbox"/>	Leukocytes (WBC)	Normal <input type="checkbox"/>	Abnormal <input type="checkbox"/>
BUN	<input type="checkbox"/>	<input type="checkbox"/>	Erythrocytes (RBC)	<input type="checkbox"/>	<input type="checkbox"/>
Creatinine	<input type="checkbox"/>	<input type="checkbox"/>	Hemoglobin	<input type="checkbox"/>	<input type="checkbox"/>
Total Bilirubin	<input type="checkbox"/>	<input type="checkbox"/>	Hematocrit	<input type="checkbox"/>	<input type="checkbox"/>
Alanine aminotransferase (ALT).	<input type="checkbox"/>	<input type="checkbox"/>	Mean Corpuscular Volume (MCV)	<input type="checkbox"/>	<input type="checkbox"/>
Aspartate aminotransferase (AST)	<input type="checkbox"/>	<input type="checkbox"/>	Mean Corpuscular Hemoglobin (MCH)	<input type="checkbox"/>	<input type="checkbox"/>
Total Cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	Neutrophils	<input type="checkbox"/>	<input type="checkbox"/>
Triglycerides	<input type="checkbox"/>	<input type="checkbox"/>	Lymphocytes	<input type="checkbox"/>	<input type="checkbox"/>
URINE TESTS			Monocytes	<input type="checkbox"/>	<input type="checkbox"/>
			Eosinophils	<input type="checkbox"/>	<input type="checkbox"/>
Color	<input type="checkbox"/>	<input type="checkbox"/>	Basophils	<input type="checkbox"/>	<input type="checkbox"/>
Appearance	<input type="checkbox"/>	<input type="checkbox"/>	Platelet count	<input type="checkbox"/>	<input type="checkbox"/>
Ph	<input type="checkbox"/>	<input type="checkbox"/>	Other Exams Required		
Nitrites	<input type="checkbox"/>	<input type="checkbox"/>	Blood Type / RH		
Glucose	<input type="checkbox"/>	<input type="checkbox"/>		Normal	Abnormal
Ketones	<input type="checkbox"/>	<input type="checkbox"/>	H.I.V. (AIDS)	<input type="checkbox"/>	<input type="checkbox"/>
Protein	<input type="checkbox"/>	<input type="checkbox"/>	VDRL (SYPHYLIS)	<input type="checkbox"/>	<input type="checkbox"/>
Urobilin	<input type="checkbox"/>	<input type="checkbox"/>	HbsAg (surface antigen)	<input type="checkbox"/>	<input type="checkbox"/>
Leucocytes (WBC)	<input type="checkbox"/>	<input type="checkbox"/>	HepA (IgM)	<input type="checkbox"/>	<input type="checkbox"/>
Erythrocytes (RBC)	<input type="checkbox"/>	<input type="checkbox"/>	Anti-hepatitis C (RIBA)	<input type="checkbox"/>	<input type="checkbox"/>
Epithelial Cells	<input type="checkbox"/>	<input type="checkbox"/>			
Crystals	<input type="checkbox"/>	<input type="checkbox"/>			
Bacteria	<input type="checkbox"/>	<input type="checkbox"/>			
Drug Testing 5 Panel: Amphetamines, Cocaine, Opiates, Phencyclidine, THC (Marijuana).	<input type="checkbox"/>	<input type="checkbox"/>			

ALL ACTUAL TEST RESULTS MUST BE ATTACHED TO THIS FORM

Physician Name (PRINT NAME): _____

Physician Signature & Stamp: _____

SEAFARER MEDICAL CERTIFICATE*(issued under the authority of authorising country details)*

This Medical Certificate has been issued in accordance with the provisions of the (International Convention on Standards of Training, Certification and Watch-keeping for Seafarers STCW 1978, as amended (STCW) Regulation I/9, Maritime Labour Convention 2006 (MLC 2006) Regulation 1.2 and regulation xxx of the authorising country) as applicable.*

SEAFARER INFORMATION

Surname:		Given Name(s):			
Date of Birth (dd/mm/yyyy)		Nationality:		Sex:	Choose an item.
		ID Document No:			
Capacity that the Seafarer will Serve Onboard In:		<input type="checkbox"/> Deck <input type="checkbox"/> Engineer <input type="checkbox"/> GMDSS <input type="checkbox"/> Rating <input type="checkbox"/> Catering <input type="checkbox"/> Other			

DECLARATION OF APPROVED MEDICAL PRACTITIONER**

I confirm that identification documents were checked:	
The seafarers hearing meets the required medical standards:	
Unaided hearing is satisfactory:	
Vision acuity meets the required medical standards:	
Colour vision meets the required standard:	
Date of last colour vision test (dd/mm/yyyy):	
Seafarer fit for lookout duties:	
Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on board?	
Is the seafarer fit for service?	
Are there any limitations or restrictions on fitness? If so, specify the limitation. Click or tap here to enter text.	
I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO <i>Guidelines on the Medical Examinations of Seafarers</i> and the national guidelines of the authorising Administration.	
Name of Approved** Medical Practitioner: _____	
Signature of Approved** Medical Practitioner: _____	
Date of Examination (dd/mm/yyyy): _____	Stamp / Seal
Expiry date of certificate (dd/mm/yyyy): _____	
SEAFARER ACKNOWLEDGEMENT	
I _____ confirm that I have been informed of the content of certificate and the right to get a review**.	
Signature: _____	Date: _____

Physical Exam Guidelines for the Examining Physician

The seafarer must provide the medical practitioner with a photographic Identity document and a copy of the last medical fitness certificate, if the medical examination is not the first examination.

The seafarer shall advise the medical practitioner if he or she has previously failed a seafarer medical examination and/or any significant medical condition they may have, or medical treatment they are undergoing at the time of the examination.

Also whilst conducting the medical examination/tests particular factors which should be taken into account are:

- The potentially hazardous nature of seafaring, which calls for a high standard of health and continuing fitness;
- The age and experience of the seafarer, nature of the duties to be performed and the ship's itinerary.
- The restricted medical facilities likely to be available on board some ships which may not carry a qualified medical and there maybe delay before full medical treatment is available;
- The possible difficulty of providing or replacing required medication. As a rule, a seafarer should not be accepted for service if the loss of a necessary medicine could precipitate the rapid deterioration of a medical condition;
- The confined nature of life on board ship and the need to be able to live and work in a closed community;
- The limited crew complements which mean that illness of one crew member may place a burden on others or impair the safe and efficient working of the ship;
- The potential need for crew members to play a role in an emergency or emergency drill, which may involve strenuous activity in adverse conditions;
- Since many seafarers will need to join and leave ships by air, they should be free from any condition which precludes air travel or could be seriously affected by it, such as pneumothorax or conditions which predispose to barotraumas.
- The approved medical practitioner should be satisfied that no condition is present which is likely to lead to problems during the voyage and no treatment is being followed which might cause adverse side effects. It would be unsafe practice to allow a seafarer to go to sea with any known medical condition where there was the possibility of serious exacerbation requiring expert treatment. Where

medication is acceptable for seafarers, the individual seafarer should arrange for a reserve stock of the prescribed drugs to be held in a safe place, with the agreement of the ship's master.

General Rules:

1. Medical treatment of diseases that are not chronic shall be completed before a health certificate/clearance is issued.
2. All employees that pass the exam and who use long-term medications must have a letter from their treating doctor detailing:
 - a. Name of medication
 - b. Dosage
 - c. Confirmation that permission to use the medication when on duty onboard the ship and that it will not interfere or effect ability to perform their duties.
3. All females must have a urine pregnancy test.
4. Anyone over the age of 40 years old, or with a history of high blood pressure, cardiac arrhythmias, irregular pulse, or heart murmur must have a 12-lead EKG performed.
5. Anyone with a blood pressure greater than 140/90 will require further medical work up/clearance prior to passing them on the exam.
6. All responses with a "yes" reply on the health history portion of the exam must be further addressed by the examining physician.
7. Thorough documentation of all medications and conditions being treated must be documented. Any non-chronic conditions being treated at the time of the exam will negate "fit for duty" status until the treatment is complete.
8. All employees that perform navigational watch function must be able to hear at least 30 dB in the best ear (without use of hearing aid) and 40 dB in their weakest ear at the frequencies of 250, 500, 1000, 2000, 3000, 4000 and 6000 HZ. The sum of decibel loss shall not constitute more than 120 dB in lower (250-2000 HZ) or 120 dB in higher range (3000-6000).
9. Hearing requirements for employees that perform safety function must be able to hear at least 40 dB in their best ear (without use of hearing aid) at frequencies 500, 1000, 2000 and 3000 HZ.
10. All other employees not mentioned in #8 & #9 above must have satisfactory social hearing. This is defined as being able to understand normal speech correctly at a distance of two meters.

Guidelines for the Summary of All Required Exams

Prostate Specific Antigen (PSA): This test shall be done to all crew age 50 or greater or crew with a history of prostate problems. Please circle the test result. PSA level 4 ng/mL or under is consider "normal." PSA level higher than 4 ng/mL, then the Patient shall be declared unfit.

Chest X-Ray: Circle the test result. If patient has any indication of TB, enlarge heart, Atherosclerotic Aorta, and/or vascular disease, then further review is required by CMO.

Stool Tests: Circle the test result. If result is positive, then further review is required by CMO.

Female Crew Members Only:

Pregnancy Test: Circle the test result. If result is positive, then further review is required by CMO.

Hepatitis Profile: Circle the test result. If result is positive, then further review is required by CMO.

Other Tests (HIV, VDRL (Syphilis)): Circle the test result. If result is positive, then further review is required by CMO.

.Electrocardiogram (EKG): This test shall be done to all crew age 40 or greater or crew with a history of cardiac problems including hypertension. Please circle the test result. If patient has a history of MI, then Patient shall be declared unfit.

****Any questions regarding conditions that could disqualify the person may be addressed by calling the NCLH Crew Medical Department at + 1 305-468-2456.**

****Any MD found to be falsifying or failing to perform and document a thorough exam will be held accountable if implicated in any type of unprofessional conduct (i.e.: failing to conduct the exam, falsifying lab results, failing to perform mandated testing, accepting buy out or pay offs from the potential crewmember).**

Contra-indicators Conditions for Shipboard Duty

Body System:

Contra-indicators Requiring Further Investigation:

A. Infectious Diseases

1. Active TB or incompletely treated TB.
2. Active AIDS
3. Any active communicable disease

B. Malignant Neoplasms

1. Lymphoma
2. Active Leukemia under treatment – not in remission.
3. Acute Lymphocytic Leukemia

C. Endocrine/Metabolic Disorders

1. Diabetes Mellitus requiring insulin - this requires a call to the crew medical department.
2. Diabetes Mellitus poorly regulated with diet or meds.
3. Active Thyroid disease.

D. Blood Disorders

1. Anemia
2. ITP
3. Hemophilia
4. Coagulation disorders

Body System:

E. Mental Disorders

Contra-indicators Requiring Further Investigation:

1. Any type of psychosis -either active or treated
2. Neurotic disorders (anxiety - depression)
3. Personality disorders
4. Degenerative disorders (senility, dementia, Alzheimer's)
5. Substance Abuse (either drugs or alcohol)
6. Any condition requiring use of mood elevators, anti-depressants, sedatives, etc.

F. Diseases of the Nervous System

1. Epilepsy - must be seizure free and on no meds for 5 years
2. Paralysis of any kind
3. Degenerative ailments (multiple sclerosis, spasticity, neuritis, neuralgia)
4. Diseases of balance organs
5. Paresis of body parts

G. Cardiovascular System

1. Uncontrolled hypertension
2. Any clinically significant abnormality of rate, rhythm, or conduction disorder
3. CVA or TIA
4. Recurrent or persistent deep vein thrombosis or thrombophlebitis
5. History of extreme cases of varicose veins which would not be suitable for prolonged standing/walking
6. Chronic leg ulcerations secondary to venous stasis
7. Valvular disease contributing to decreased cardiac function
8. History of coronary thrombosis/MI

Body System:

Contra-indicators Requiring Further Investigation:

H. Respiratory System

1. Chronic Bronchitis or emphysema with secondary decrease in lung function or pulmonary function testing
2. Uncontrolled asthma or history of frequent flare ups
3. Pneumothorax within past 12 months
4. Sleep apnea
5. Chronic obstructive/restrictive lung disease
(Symptomatic @ PEF <70% & FEV1 <70%)

I. GI

1. Positive hernia that requires treatment
2. Enteritis/colitis
3. Intestinal Stoma
4. Pancreatitis
5. Cirrhosis of liver
6. Chronic hepatic or pancreatic disease
7. Esophageal varices

J. GU

1. Hematuria - requires further investigation
2. Symptomatic renal colic
3. Nephritis/nephrosis with impaired renal function
4. Uncontrolled urinary incontinence
5. Untreated hydrocele
6. Urinary retention secondary to enlarged prostate.
7. Untreated hernia

Body System:

Contra-indicators Requiring Further Investigation:

K. Skin

1. Severe pustular acne
2. Recurrent eczema
3. Psoriasis resistant to treatment
4. Any type of contagious skin disorder in active flare ups

L. Musculo-Skeletal

1. Advanced osteo-arthritis
2. Rheumatoid arthritis
3. Wear of any type of limb prosthesis
4. Recurrent incapacitating back pain
5. Any congenital deformity which may preclude interfering with emergency egress procedures

M. Speech

1. Any speech defect which may preclude normal conversation

N. Hearing

1. Chronic otitis media
2. Menieres Syndrome
3. Anyone required to wear hearing aid - contact crew medical department

O. Eyesight

1. Binocular vision required of all
2. Diplopia, night blindness or retinitis pigmentosa
3. Field vision defects

*Ref:

1. Norwegian Maritime Directorate, 10/19/01 pursuant to the Seamen's Act of 5/30/75, no. 18 & 26 third paragraph, ref. Royal Decree of 8/8/75. Ref. Annex VII to the EEA Agreement (council Directive 1992/51/EEC). Amended 11/23/01 no. 1311.
2. "Medical & Eyesight Standards for Seafarers". MSN 1746(M). The Merchant Shipping (Medical Exam) Regulation 1983, SI 1983, No. 808 (as amended by SI 1985 no. 512 & SI 1990 no. 1985).
3. The Bahamas Maritime Authority, Bulletin 103, Revision 3, April 19, 2013 – Seafarer Medical Examination and Certificates.
4. International Labour Organization, ILO/IMO/JMS/2011/12, Guidelines on the Medical Examinations to Seafarers.
5. The Republic of the Marshall Islands, Marine Guideline 7-47-1, Rev 8/13. Guidance on Medical Exams and Certificates for Seafarers.
6. Maritime and Coastguard Agency MCA, Merchant Shipping Notice MSN 1822 (M). Seafarer Medical Examination System and Eyesight Standards: application of the Merchant Shipping (Maritime Labour Convention) (Medical Certification) regulations 2010.