

Translation: Only the Danish document has legal validity.

*Order no. 933 of 23 June 2020
issued by the Danish Maritime Authority*

Order on medical examination of seafarers and fishersⁱ

In pursuance of section 4(3), section 70 and section 75a of the Act on Seafarers' Conditions of Employment, etc. (*lov om søfarendes ansættelsesforhold m.v.*), see Consolidated Act no. 1662 of 17 December 2018, and section 19(1)(iii) and (iv) of the Act on the Manning of Ships (*lov om skibes besætning*), see Consolidated Act no. 74 of 17 January 2014, the following provisions are laid down as authorised under section 1(1)(vi) of Order no. 261 of 23 March 2020 on the transfer of certain powers to the Danish Maritime Authority and on the right of appeal, etc., and following consultation with the shipowners' and seafarers' organisations:

Part 1

Application

Section 1. This Order applies to employees on board ships, see section 1(1) and section 49 of the Act on Seafarers' Conditions of Employment, etc., except for employees on board cargo ships with a gross tonnage below 20 engaged only on voyages within Danish ports, rivers, lakes or similar sheltered waters and part-time professional fishers.

Subsection 2. In case of doubt whether the person concerned is to be considered as employed on board and thereby covered by this Order, the issue must be decided by the Danish Maritime Authority following prior consultation with the shipowners' and seafarers' organisations which the issue concerns.

Subsection 3. This Order also applies to the owner of the ship if the owner serves on board the ship.

Section 2. This Order also applies to persons who are required to hold a valid health certificate in connection with the following:

- (i) the acquisition or renewal of certificates of competency under the provisions of the Act on the Manning of Ships;
- (ii) the enrolment as a student at an approved training programme covered by the Act on Maritime Training Programmes (*lov om maritime uddannelser*); or
- (iii) the completion of a smoke diver training programme as part of a training programme approved by the Danish Maritime Authority.

Part 2

Health certificate

Section 3. Employees serving on board a ship shall hold a valid health certificate.

Subsection 2. A health certificate is issued to persons who have been subject to a medical examination according to the provisions of this Order and have been declared fit for ship service, possibly with limitations, see sections 6 and 9.

Subsection 3. Health certificates issued by a foreign authority which has implemented the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW Convention) and in accordance with the provisions thereon in the Maritime Labour Convention (MLC) are considered equivalent to health certificates issued under of this Order.

Subsection 4. The provision of subsection (1) also applies to the owner of the ship if the owner serves on board the ship.

Section 4. The purpose of the medical examination is to ensure the health of the individual seafarer and fisher as well as the safety of the ship.

Part 3

Medical examination

Section 5. Medical examinations must be carried out by medical practitioners approved by the Danish Maritime Authority, see section 12.

Subsection 2. Medical examinations may also be carried out by duly qualified medical practitioners in Greenland. The doctor shall use the medical certificate designated by the Danish Maritime Authority on its website at www.dma.dk.

Subsection 3. Persons who are to be subject to medical examinations in pursuance of this Order may themselves choose the medical practitioner who is to perform the examination, but see section 16(6).

Section 6. During the examination, the medical practitioner shall assess whether the examined person's physical and mental condition generally is such that the person in question is fit for serving on board a ship, possibly with limitations, see section 9.

Subsection 2. In making the assessment, the medical practitioner shall consider:

- (i) whether the disease or condition involves an increased risk of acute complications which cannot be treated by a layman on board a ship and which may, consequently, represent a considerable risk to the seafarer or fisher concerned;
- (ii) whether an acute disease in the person examined represents a risk to the safety of the ship or places other crew members in an unnecessarily difficult situation; and
- (iii) whether the disease or condition means that the person examined would have difficulties handling an emergency on board.

Subsection 3. When assessing persons who sign on for the first time, the medical practitioner shall consider whether the disease or condition could be expected to become worse during the working life of the person examined.

Section 7. For the examination, the medical practitioner shall use the annexes to this Order.

Section 8. The medical practitioner may collect relevant information about the person examined, including information about any use of medication and medical history where this is deemed necessary to carry out the medical examination, based on a concrete, factual medical assessment and subject to the explicit consent of the person examined. medical practitioner shall document why the collection of the above-mentioned information is deemed necessary.

Section 9. In the assessment, the medical practitioner may limit the examined person's fitness for ship service in relation to the following:

- (i) the validity period of the health certificate;
- (ii) the field of work on board;
- (iii) the trade area, see subsection (2).

Subsection 2. Annex 4 sets out the limitations as regards trade areas that should normally be applied.

Subsection 3. The health information of the person examined must not appear from any limitations applied.

Section 10. The medical practitioner shall report the results of the medical examination to the Danish Maritime Authority using the Authority's digital reporting system without disclosing health information.

Section 11. The medical practitioner shall document the examination, including by recording the individual measurements, estimates and professional reasons for the assessment.

Subsection 2. If the medical practitioner, in making the assessment, deviates from the requirements set out in the annexes to this Order, this must appear from the documentation required under subsection (1).

Part 4

Maritime medical practitioners

Section 12. Maritime medical practitioners may be approved by the Danish Maritime Authority upon application. The Danish Maritime Authority shall regularly assess the need for approving new medical practitioners so as to ensure satisfactory availability of a local medical practitioner throughout the country.

Subsection 2. It is a precondition for approval as a maritime medical practitioner that the person concerned holds an authorisation in accordance with Part 8 of the Danish Act on Authorisation of Health Care Professionals and on Health Care Services (*lov om autorisation af sundhedspersoner og om sundhedsfaglig virksomhed*). A medical practitioner who loses or surrenders such authorisation shall also cease working as a maritime medical practitioner.

Subsection 3. In order to be approved as a maritime medical practitioner, the person concerned must undergo a qualification course with a maritime medical practitioner approved by the Danish Maritime Authority. The course must be organised as peer learning and consist in participation in at least ten medical examinations according to this Order within a period not exceeding one year.

Subsection 4. The Danish Maritime Authority shall supervise the approved maritime medical practitioners. The Danish Maritime Authority may withdraw a medical practitioner approval in case of gross or repeated negligence in the performance of medical examinations under this Order.

Section 13. Maritime medical practitioners and medical practitioners in Greenland carrying out medical examinations in accordance with this Order shall professionally be completely independent when making their medical assessment during the medical examinations in accordance with this Order.

Section 14. Persons under 18 years of age must be found fit for ship service or, if relevant, fit with limitations, see sections 6 and 9, at medical examinations at intervals of no more than one year.

Subsection 2. Persons aged 18 years or more must be found fit for ship service or, if relevant, fit with limitations, see sections 6 and 9, at medical examinations at intervals of no more than two years.

Section 15. If a person is found unfit for ship service or fit with limitations, a new medical examination in accordance with this Order may only be carried out if the Danish Maritime Authority so permits, but see subsection (4).

Subsection 2. The Danish Maritime Authority may grant the permission referred to in subsection (1) when:

- (i) it is documented that the health condition of the person concerned has changed; or
- (ii) special circumstances suggest that a new medical examination should be carried out.

Subsection 3. The Danish Maritime Authority may furthermore permit a person who has been declared unfit for ship service or fit with limitations to obtain a statement from a specialist doctor, such statement to be obtained for further clarification of the significance of a diagnosed disease or condition to the person's fitness for ship service.

Subsection 4. Permission from the Danish Maritime Authority under subsection (1) is not required if:

- (i) more than two years have elapsed since the last medical examination; or
- (ii) a person has been declared fit with limitations at the latest medical examination and the validity period of that person's health certificate will expire within six months at the time of the new medical examination.

Section 16. The Danish Maritime Authority may decide that a person holding a valid health certificate must undergo a new medical examination when, on the basis of available information, it must be considered doubtful whether the person concerned is still fit for his or her work on board or still fit for look-out duty.

Subsection 2. When circumstances so require, the Danish Maritime Authority may decide that a person must not serve on board a ship if a new medical examination is required in accordance with subsection (1).

Subsection 3. If the person concerned serves on board a ship at the time when a medical examination is required in accordance with subsection (1), the Danish Maritime Authority may require that the person concerned signs off or that the examination must be carried out within a stipulated time-limit. If the Danish

Maritime Authority requires that the person concerned signs off, the Authority shall pay the expenses for transportation with subsistence to the person's home address.

Subsection 4. If a person has previously been found unfit for work on board ships, the Danish Maritime Authority may – irrespective of the result of the latest medical certificate – require that the person concerned signs off in the first port at which the ship calls and from where a home journey may conveniently be arranged.

Subsection 5. The person concerned must not serve on board a ship after the time-limit stipulated in subsection (3) unless the medical examination establishes that he or she is still fit for his or her field of work.

Subsection 6. The Danish Maritime Authority may designate a medical practitioner to carry out a new medical examination in accordance with subsection (1).

Part 5

Health certificate

Section 17. The Danish Maritime Authority shall determine the form and contents of the health certificate.

Subsection 2. The health certificate will be issued upon automatic data processing based on the results of the medical examination.

Subsection 3. Health certificates issued on the basis of medical examinations performed in Greenland, see section 5(2), must be issued or endorsed by the master in accordance with the medical certificate.

Section 18. An employee commencing service on board a ship shall make his or her health certificate available to the master for as long as the employee serves on board.

Subsection 2. The master shall make health certificates available if so requested by the Danish Maritime Authority.

Subsection 3. Persons holding a health certificate shall submit documentation to that effect if so requested by the Danish Maritime Authority.

Section 19. If the validity period of the health certificate expires during a voyage, the health certificate will remain valid until the first call at a port where a medical examination can be carried out without undue delay, but see subsection (2).

Subsection 2. However, the health certificate will remain valid for no more than three months after the expiry of the validity period.

Part 6

Appeals

Section 20. The person examined, the shipping company or the Danish Maritime Authority may bring the result of a medical examination in accordance with sections 6 and 9 before the Danish Shipping Tribunal.

Subsection 2. The person examined or the shipping company may bring a decision made in accordance with section 16(1) before the Danish Shipping Tribunal.

Subsection 3. The decisions of the Danish Shipping Tribunal cannot be appealed to any other administrative authority.

Subsection 4. Appeals to the Danish Shipping Tribunal must be submitted in writing to Nævnenes Hus, Toldboden 2, DKK-8800 Viborg.

Subsection 5. The time-limit for appealing decisions referred to in subsection (1) and (2) is eight weeks. The Danish Shipping Tribunal may disregard the time-limit if special reasons make it appropriate.

Section 21. The Danish Maritime Authority's decisions on approval of a maritime medical practitioner in accordance with section 12(1) and on withdrawal of approval as a maritime medical practitioner in accordance with section 12(4) cannot be appealed to a higher administrative authority.

Part 7

General provisions

Section 22. Persons wearing glasses, contact lenses, hearing aids or any other aid to meet the requirements set out in this Order or its annexes shall use the aid during work and shall at any time during the ship service be in possession of an extra aid.

Section 23. Persons who are examined in pursuance of this Order shall be able to present photo ID upon request.

Part 8

Payment for medical examination

Section 24. Medical examinations pursuant to this Order must be paid by the shipping company, but see subsections (2), (4) and (5).

Subsection 2. If the person examined is not employed by a shipping company at the time of the medical examination, the first employer who hires him or her in a position for which a valid health certificate is required shall refund the expenses paid for the medical examination provided that the person examined is able to provide documentation of the payment.

Subsection 3. Medical examinations of maritime students who have concluded a training and educational agreement with an approved shipping company must be paid by the relevant shipping company.

Subsection 4. The Danish Shipping Tribunal shall pay for medical examinations required by the Tribunal for its case consideration.

Subsection 5. The Danish Maritime Authority shall pay for medical examinations required by the Danish Maritime Authority pursuant to section 16(1) and for medical examinations of other students enrolled at approved maritime training programmes other than those referred to in subsection (3) where it is an admission requirement that the student holds an approved health certificate.

Section 25. Students at the approved maritime training programmes referred to in section 24(3) and (5) shall document to the medical practitioner that they have been admitted to an approved maritime training programme on the condition that they acquire a health certificate meeting the admission requirements.

Section 26. In cases where medical examinations in accordance with section 24(1) and (3) must be paid by a shipping company, the medical practitioner shall collect his or her fee from the person examined, who is entitled to a refund of the fee from the shipping company.

Section 27. Medical practitioners must receive a fee for examinations paid by the Danish Maritime Authority in accordance with section 24(5) when the result of the examination has been received by the Danish Maritime Authority

Section 28. The fee for medical examinations carried out according to the provisions of this Order is determined following negotiations between the Danish Maritime Authority and the Committee of Medical Certificates and Attestations of the Danish Medical Association.

Part 9

Master's responsibilities

Section 29. The master of the ship is responsible for ensuring that the provisions of section 5(2), section 16(4) and (5) and section 18(1) and (2) are complied with.

Part 10

Penalty provisions

Section 30. Contravention of section 3(1) and (4), section 18(3), section 24(1)-(3) and section 29 is punishable with a fine.

Subsection 2. Criminal liability may be imposed on companies, etc. (legal persons) under the rules of Part 5 of the Danish Criminal Code (*straffeloven*).

Subsection 3. When imposing criminal liability under subsection (2), persons who are hired to perform work on board the ship by others than the shipowner are also considered to be associated with the shipowner. If a document of compliance has been issued in accordance with the International Safety Management Code or if a certificate has been issued in accordance with the Maritime Labour Convention to another organisation or person, the master of the ship and the seafarers are also considered to be associated with the one to whom the document has been issued.

Part 11

Entry into force and interim provisions

Section 31. This Order enters into force on 1 July 2020.

Subsection 2. Order no. 999 of 12 August 2013 on medical examinations of seafarers and fishermen is repealed.

Section 32. Health certificates issued in accordance with the rules applicable hitherto will remain valid on the conditions stipulated on the certificate.

Section 33. Medical practitioners approved in accordance with the rules applicable hitherto will retain their permit to carry out medical examinations of seafarers and fishers.

Section 34. This Order does not apply to Greenland.

Danish Maritime Authority, 23 June 2020

Rasmus Høy Thomsen

/ Kristina Ravn

ⁱ This Order contains provisions implementing parts of Council Directive 2009/13/EC of 16 February 2009 implementing the Agreement concluded by the European Community Shipowners' Associations (ECSA) and the European Transport Workers' Federation (ETF) on the Maritime Labour Convention, 2006, and amending Directive 1999/63/EC, Official Journal 2009, no. L 124, pages 30-50, and parts of Council Directive 2003/88/EC of 4 November 2003 concerning certain aspects of the organisation of working time, Official Journal 2003, no. L 299, pages 9-19, and parts of Council Directive 2017/159/EU of 19 December 2016 implementing the Agreement concerning the implementation of the Work in Fishing Convention, 2007 of the International Labour Organisation, concluded on 21 May 2012 between the General Confederation of Agricultural Cooperatives in the European Union (Cogeca), the European Transport Workers' Federation (ETF) and the Association of National Organisations of Fishing Enterprises in the European Union (Europêche), Official Journal 2017, no. L 25, page 12, and parts of Directive 2008/106/EC of the European Parliament and of the Council of 19 November 2008 on the minimum level of training of seafarers (recast), Official Journal 2008, no. L 323, page 33, as amended by Directive 2012/35/EU of the European Parliament and of the Council of 21 November 2012 amending Directive 2008/106/EC on the minimum level of training of seafarers, Official Journal 2012, no. L 343, page 78, and Directive (EU) 2019/1159 of the European Parliament and of the Council of 20 June 2019 amending Directive 2008/106/EC on the minimum level of training of seafarers and repealing Directive 2005/45/EC on the mutual recognition of seafarers' certificates issued by the Member States, Official Journal 2019, no. L 188, page 94.

Annex 1. Vision standards

Category of seafarer	Distance vision aided ¹		Near/intermediate vision Both eyes together, aided or unaided	Vision unaided	Colour vision ³	Visual fields ⁴	Night blindness ⁴	Diplopia (double vision) ⁴
	Better eye	Worse eye						
Masters, deck officers and ratings required to undertake look-out duties	0.5 ²	0.5	Vision required for ship's navigation (e.g. chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	0.1	See note 6	Normal visual fields	Vision required to perform all necessary functions in darkness without compromising safety	Only in exceptional cases where all necessary functions can be performed without compromising safety
All engineer officers, electrotechnical officers, electrotechnical ratings and ratings or others forming part of an engine room watch	0.4 ⁵	0.4 ⁵	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	0.1	See note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromising safety	Only in exceptional cases where all necessary functions can be performed without compromising safety

GMDSS radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	0.1	See note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromising safety	Only in exceptional cases where all necessary functions can be performed without compromising safety
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Notes:

1. Values given in Snellen decimal notation.
2. A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.
3. As defined in "International Recommendation for Colour Vision Requirements for Transport" by Commission Internationale de l'Eclairage (CIE-143-2001), including any subsequent versions.
4. Subject to assessment by a clinical vision specialist where indicated by initial examination findings.
5. Engine department personnel shall have a combined eyesight vision of at least 0.4.
6. CIE colour vision standard 1 or 2.
7. CIE colour vision standard 1, 2 or 3.

Annex 2. Hearing standards

Hearing examinations

Hearing capacity for seafarers and fishers – apart from those identified below – should be an average of at least 30 dB (unaided) in the better ear and an average of 40 dB (unaided) in the less good ear within the frequencies 500, 1,000, 2,000 and 3,000 Hz (approximately equivalent to speech-hearing distances of 3 metres and 2 metres, respectively).

It is recommended that hearing examinations should be made by a pure tone audiometer. Alternative assessment methods using validated and standardised tests that measure impairment to speech recognition are also acceptable. Speech and whisper testing may be useful for rapid practical assessments.

Seafarers undertaking deck/bridge duties must be able to hear whispered speech at a distance of 4 metres.

Hearing aids are only acceptable in serving seafarers and fishers where it has been confirmed that the individual will be capable of safely and effectively performing the specific routine and emergency duties required of them on the vessel that they serve on throughout the period of their health certificate.

Annex 3. Fitness criteria for common medical conditions

Introduction

The purpose of medical examinations is to ensure the health of the individual seafarer and fisher as well as the safety on board. When assessing whether seafarers and fishers are fit to go to sea, the points set out in section 6(2)(i)-(iii) must always be taken into consideration.

When conducting the medical examination, it must be taken into account whether the individual is a new entrant¹ or is a professional seafarer²; this may in individual cases be highlighted with (NB).

It is not possible to develop a comprehensive list of fitness criteria covering all possible medical conditions and the variations in their presentation, prognosis and treatment. The principles underlying the approach adopted in the table below may often be extrapolated to conditions not covered by it.

The table of medical conditions is laid out as follows:

- Column 1: Diagnostic codes according to WHO International Classification of Diseases, 10th revision (ICD-10)
- Column 2: The common name of the condition or group of conditions, with a brief statement on its relevance to work at sea.
- Column 3: Description of conditions that are incompatible with work at sea, either temporarily (T) or permanently (P). This column should always be consulted first.
- Column 4: Description of conditions that should result in a health certificate with limitations in terms of field of work or time. This column should be consulted if the seafarer does not fit the criteria in column 3.
- Column 5: Description of conditions that are compatible with a health certificate without limitations. This column should be consulted if the seafarer's condition does not fit the criteria in columns 3 and 4.

For some conditions, one or more columns are either not relevant or are not an appropriate certification category. These are identified by the term "Not applicable".

¹ *New entrants, i.e. anyone who goes to sea for the first time, who has not worked on board a ship within the last five years as well as all seafarers and fishers below the age of 18.*

² *Professional seafarers, i.e. seafarers and fishers older than 18 years who have worked on board a ship within the last five years and for whom the maritime or fishing business must be considered their main occupation.*

ICD-10 code	Medical condition	Incompatible with reliable performance of routine and emergency duties safely or effectively	Able to perform some but not all duties or to work in some but not all waters (R)	Able to perform all duties worldwide within designated department
		- expected to be temporary (T) - expected to be permanent (P)	Increased frequency of surveillance needed (L)	
A00-B99	Infections			
A00-09	Gastrointestinal infection <i>Transmission to others, recurrence</i>	T – Current symptoms or awaiting test results on carrier status. Carrier status until elimination demonstrated.	Not applicable.	<i>Non-catering department:</i> When satisfactorily treated or resolved. <i>Catering department:</i> Fitness decision to be based on individual medical assessment. Bacteriological clearance may be required.
A15-16	Pulmonary TB <i>Transmission to others, recurrence</i>	T – Positive screening test or clinical history, until investigated. If infected, until treatment stabilized and lack of infectivity confirmed. P – Relapse or severe residual damage to the lung.	Not applicable.	On completion of treatment.
A50-64	Sexually transmissible infections <i>Acute impairment, recurrence.</i>	T – Until diagnosis confirmed, treatment initiated and impairing symptom-free. P – Untreatable impairing late complications.	R – Consider restriction on trade area if oral treatment regime in place and symptom-free.	On completion of treatment.
B15	Hepatitis A <i>Transmissible by food or water contamination.</i>	T – Until liver function returned to normal.	Not applicable.	On successful completion of treatment and symptom-free.
B16-19	Hepatitis B, C, etc. <i>Transmissible by contact with blood or other bodily fluids. Possibility of permanent liver impairment and liver cancer.</i>	T – Until liver function returned to normal. P – Persistent liver impairment with symptoms affecting the reliable performance of duties safely or with likelihood of complications.	R, L – Uncertainty about total recovery or lack of infectivity. Case-by-case decision-making based on duties and trade area.	On successful completion of treatment and symptom-free.
B20-24	HIV+ <i>Transmissible by contact with blood or other bodily fluids. Progression to HIV-associated diseases or AIDS.</i>	T – Until stabilised and treatment is so effective that likelihood of complications is low. When treatment is changed and tolerance of new medication uncertain. P – Non-reversible impairing HIV-associated diseases or impairing effects of medication.	R, L – Time limited and/or restriction on trade area: HIV+ and low ¹ likelihood of progression; on no treatment or on stable medication without side effects.	HIV+, no current impairment and very low ¹ likelihood of progression. No side effects of treatment or requirements for frequent surveillance.

A00-B99	Other infections <i>Personal impairment, infection of others.</i>	T – Until free from risk of transmission and capable of performing duties. P – If continuing likelihood of repeated impairing or infectious recurrences.	Case-by-case decision based on nature of infection.	On successful completion of treatment and symptom-free and low ^l likelihood of infectivity.
C00-D48	Cancers			
	Malignant neoplasms – including lymphoma, leukaemia and related conditions. <i>Recurrence – especially acute complications.</i>	T – Until investigated, treated and prognosis assessed. P – Continuing impairment with symptoms affecting safe work at sea or with high likelihood of recurrence.	R – Restriction on trade area if any continuing impairment does not interfere with essential duties and any recurrence is unlikely to require emergency medical treatment. T – Time limited to interval between specialist reviews if: – cancer diagnosed <5 years ago; and – there is no current impairment of performance of any duties at sea; and – there is a low ^l likelihood of recurrence or requirement for urgent medical treatment.	Cancer diagnosed more than 5 years ago, or specialist reviews no longer required and no current impairment, and low ^l continuing likelihood of impairment from recurrence. To be confirmed by specialist report.
D50-89	Blood disorders			
D50-59	Anaemia/Haemoglobinopathies <i>Reduced exercise tolerance. Episodic red cell breakdown.</i>	P – Severe recurrent or continuing anaemia or impairing symptoms that are untreatable.	R – Restriction on duties until haemoglobin normal and stable. R, L – Consider restriction on trade area and regular surveillance if reduced haemoglobin level but asymptomatic.	Normal levels of haemoglobin.
D73	Splenectomy – history of surgery/no spleen <i>Increased susceptibility to certain infections.</i>	T – Post surgery until fully recovered.	R – Case-by-case assessment. Likely to be fit for work with restriction on trade area and in temperate climate, but may be unfit for service in tropics.	Case-by-case assessment.
D50-89	Other diseases of the blood and blood-forming organs <i>Abnormal bleeding, reduced exercise tolerance, low resistance to infections.</i>	T – While under investigation. P – Chronic coagulation disorder.	Case-by-case assessment.	Case-by-case assessment.
D68	Coagulation disorder due to anticoagulant treatment (except acetylsalicylic acid)	T – Until investigated and treated and while on short-term anticoagulants. P – Consider if recurrent events or on permanent anticoagulants.	F, T – May be considered fit for work depending on type of anticoagulant treatment. Trade area possibly restricted to domestic voyages once stabilised on anticoagulants with regular monitoring of level of coagulation.	Full recovery with no anticoagulant use.

Increased risk of spontaneous and, in case of injury, sustained bleeding

E00-90 Endocrine, dietary and metabolic diseases			
E10	<p>Diabetes – insulin using</p> <p><i>Acute impairment from hypoglycaemia.</i></p> <p><i>Complications from loss of blood glucose control.</i></p> <p><i>Increased likelihood of visual, neurological and cardiac problems.</i></p>	<p>T – From start of treatment until stabilised.</p> <p>P – If poorly controlled. History of severe hypoglycaemia, loss of hypoglycaemic awareness or poor compliance with treatment recommendations. Impairing complications of diabetes.</p> <p>NB: For new entrants not in a position listed in the safe manning document or in a training position leading to such position. Not service on board fishing vessels.</p>	<p>R, L – Subject to evidence of good control, good hypoglycaemia awareness and ability to measure blood glucose levels. Fit for work with restriction on trade area and duties without solo watchkeeping. Time limited until next specialist check-up. Must be under regular specialist surveillance. Well controlled, no hypoglycaemic attacks with loss of consciousness within the last two years. Treatment must be under regular medical surveillance, and the seafarer should have sufficient hypoglycaemia awareness and be able to measure blood sugar levels.</p> <p>Not applicable.</p>
E11-14	<p>Diabetes – non-insulin treated, on other medication</p> <p><i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems.</i></p>		<p>R – Restriction on trade area and non-watchkeeping duties until stabilised on treatment.</p> <p>R – Restriction on trade area and no solo watchkeeping.</p> <p>L – Time limited if compliance poor or medication needs frequent review.</p>
	<p>Diabetes – non-insulin treated, treated by diet only</p> <p><i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems.</i></p>		<p>R – Restriction on trade area and non-watchkeeping duties until stabilised.</p> <p>L – Time limited when stabilised, if compliance poor.</p>
E65-68	<p>Obesity or abnormal body mass – high or low</p> <p><i>Accident to self, reduced mobility and exercise tolerance. Increased likelihood of diabetes, arterial diseases and arthritis.</i></p>	<p>T – If safety-critical duties cannot be performed, capability is poor.</p> <p>P – If safety-critical duties cannot be performed; capability is poor with failure to achieve improvements.</p> <p>NB: Body mass index is a useful indicator of when exercise tests are needed. BMI should not form the sole basis for decisions on capability. BMI over 40 kg/m² should lead to specific assessment.</p>	<p>R, L – Time limited and restriction on trade area or duties if unable to perform certain tasks but able to meet routine and emergency capabilities for assigned safety-critical duties.</p> <p>Capability average or better, weight steady or reducing and no co-morbidity.</p>

Kommenterede [ML1]: Gentagelser/fejle? i dansk tekst – oversættelsen følger kildeteksten

Kommenterede [ML2]: Der skal stå 'fartområde' i DK her

E00-90	Other endocrine and metabolic disease (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes) <i>Likelihood of recurrence or complications.</i>	T – Until treatment established and stabilised without adverse effects. P – If continuing impairment, need for frequent adjustment of medication or increased likelihood of major complications.	R, L – Case-by-case assessment with specialist advice. Need to consider likelihood of impairing complications from condition or its treatment, including consequences of infection or injury while at sea.	If medication stable and surveillance of condition infrequent, no impairment and very low likelihood of complications. <i>Addison's disease:</i> Due to considerable risk of complications and recurrence, fitness without limitation will usually not be possible.
F00-99	Mental, cognitive and behavioural disorders			
F10	Alcohol abuse (dependency) <i>Recurrence, accidents, erratic behaviour/safety performance.</i>	T – Until treated and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse. P – If persistent or there is co-morbidity likely to progress or recur while at sea.	R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided there is evidence of continued abstinence.	After three years without relapse. Without co-morbidity.
F11-19	Drug dependence/persistent substance abuse , includes both illicit drug use and dependence on prescribed medications. <i>Recurrence, accidents, erratic behaviour/safety performance.</i>	T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse. P – If persistent or there is co-morbidity likely to progress or recur while at sea.	R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: - evidence of completion of at least three negatives at unannounced drug screening test; - successful participation in rehabilitation programme; and - continuing participation in drug screening programme.	After three years from end of last episode without relapse and without co-morbidity.
F20-31	Psychosis (acute) – whether organic, schizophrenic or other category listed in the ICD. Bipolar (manic depressive disorders). <i>Recurrence leading to changes to perception/cognition, accidents, erratic and unsafe behaviour.</i>	<i>(a) Following single episode with provoking factors:</i> T – Until investigated and stabilised and conditions for fitness met. At least three months after episode. <i>(b) Following single episode without provoking factors or more than one episode with or without provoking factors:</i> T – Until investigated, stabilised and conditions for fitness met. At least two years since last episode.	R, L – Time limited, restriction on trade area and not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: - the seafarer has insight; - is compliant with treatment; and - has no adverse effects from medication. R, L – Time limited, restriction on trade area and not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that:	Case-by-case assessment at least one year after the episode, provided that provoking factors can and will always be avoided. Case-by-case assessment to exclude likelihood of recurrence at least five years since end of episode if no further episodes; no residual symptoms; and no medication needed during last two years.

		P – More than three episodes or continuing likelihood of recurrence. Criteria for fitness with or without restrictions are not met.	<ul style="list-style-type: none"> - the seafarer has insight; - is compliant with treatment; and - has no adverse effects from medication. 	
F32-38	Mood/affective disorders Severe anxiety state, depression, or any other mental disorder likely to impair performance. <i>Recurrence, reduced performance, especially in emergencies.</i>	T – While acute, under investigation or if impairing symptoms or side effects of medication present. At least three months on stable medication. P – Persistent or recurrent impairing symptoms.	R, L – Restriction on trade area and not to work as master in charge of ship, only when seafarers has: - good functional recovery; - insight; - is fully compliant with treatment, with no impairing side effects; and - a low likelihood of recurrence.	Case-by-case assessment to exclude likelihood of recurrence. At least two years with no further episodes and with no medication or on medication with no impairing effects.
	Mood/affective disorders Minor or reactive symptoms of anxiety/depression <i>Recurrence, reduced performance, especially in emergencies.</i>	T – Until symptom free. If on medication to be on a stable dose and free from impairing adverse effects. P – Persistent or recurrent impairing symptoms.	R, L – Time limited and consider geographical restriction if on stable dose of medication and free from impairing symptoms or impairing side effects from medication.	Case-by-case assessment after one year from end of episode if symptom free and off medication or on medication with no impairing effects.
F00-99	Other disorders , e.g. disorders of personality, attention (e.g. ADHD), development (e.g. autism). <i>Impairment of performance and reliability and impact on relationships.</i>	T – During investigation or testing of medication until final level of functioning has been established. P – If considered to have safety-critical consequences. Persons, especially new entrants, must be assessed based on their total clinical history. Persons with long-term treatment needs will generally not be suited for a position listed in the safe manning document or in a training position leading to such position.	R – As appropriate if capable of only limited duties. Case-by-case risk assessment necessary based on specialist advice.	No anticipated symptoms or adverse effects while at sea. No incidents during previous periods of sea service.
G00-99	Diseases of the nervous system			

G-40-41	Single seizure <i>Risk of harm to ship, others and self from seizures.</i>	T – While under investigation and for one year after seizure.	R – One year after seizure and on stable medication. Limited duties, possibly no watchkeeping duties.	One year after seizure and one year after end of treatment. If provoked, there should be no continuing exposure to the provoking agent.
	Epilepsy – No provoking factors (multiple seizures) <i>Risk of harm to ship, others and self from seizures.</i>	T – While under investigation and for two years after last seizure. New entrants: Seizure-free for at least the last ten years, has not taken anti-epilepsy drugs for at least the last five years. P – Recurrent seizures, not controlled by medication.	F – Seizures within the last ten years, but not for the last two years with or without treatment: Absolute rejection for position listed in the safe manning document or in a training position leading to such position.	Seizure-free for at least the last ten years, has not taken anti-epilepsy drugs during that ten-year period and does not have a continuing likelihood of seizures.
	Epilepsy – provoked by alcohol, medication, head injury (multiple seizures) <i>Risk of harm to ship, others and self from seizures.</i>	T – While under investigation and for two years after last seizure. P – Recurrent seizures, not controlled by medication.	R – Case-by-case assessment after two years' abstention from any known provoking factors, seizure-free and either off medication or on stable medication with good compliance; restricted to non-watchkeeping duties and limited trade area.	Seizure-free for at least the last five years, has not taken anti-epilepsy drugs during that five-year period, provided there is not continuing exposure to the provoking agent.
G43	Migraine (frequent attacks causing incapacity) <i>Likelihood of disabling recurrences.</i>	P – Frequent attacks leading to incapacity.	R – As appropriate if only capable of limited duties.	No anticipated incapacity while at sea. No incidents during previous periods of sea service.
G47	Sleep apnoea <i>Fatigue and episodes of sleep while working.</i>	T – Until treatment initiated and successful for three months. P – Treatment unsuccessful or not being complied with.	L – Once treatment demonstrably working effectively for three months, including compliance with CPAP (continuous positive airway pressure) machine use confirmed. Six-monthly assessments of compliance based on CPAP machine recording.	Case-by-case assessment based on job and emergency requirements, informed by specialist advice.
	Narcolepsy <i>Fatigue and episodes of sleep while working.</i>	T – Until controlled by treatment for at least two years. P – Treatment unsuccessful or not being complied with.	R, L – Limited trade area and no watchkeeping duties, if specialist confirms full control of treatment for at least two years. Annual review.	Not applicable.
G00-99	Other organic nervous disease , e.g. multiple sclerosis, Parkinson's disease <i>Recurrence/progression. Limitations on muscular power, balance, coordination and mobility.</i>	T – Until diagnosed and stable. P – If limitations affect safe working or unable to meet physical capability requirements.	R, L – Case-by-case assessment based on job and emergency requirements, informed by specialist advice.	Case-by-case assessment based on job and emergency requirements, informed by specialist advice.

Kommenterede [ML3]: Der skal stå fartområde i stedet for arbejdsområde i DK

R55	<p>Syncope and other disturbances of consciousness</p> <p><i>Recurrence causing injury or loss of control.</i></p> <p><i>(a) Simple faint</i></p> <p><i>(b) not a simple faint; unexplained disturbance, not recurrent and without any detected underlying cardiac, metabolic or neurological cause</i></p> <p><i>(c) Syncope recurrent or with possible underlying cardiac, metabolic or neurological cause</i></p> <p><i>(d) Disturbance of consciousness with features indicating a seizure. Go to G-40-41</i></p>	<p>T – Until investigated to determine cause and to demonstrate control of any underlying condition.</p> <p>T – Four weeks.</p> <p>T – With possible underlying cause that is not identified or treatable; for six months after event if no recurrences.</p> <p>T – With possible underlying cause or cause found and treated; for one month after successful treatment.</p> <p>P – If recurrent incidents persist despite full investigation and appropriate treatment.</p>	<p>R, L – Case-by-case assessment, limited trade area and no solo watchkeeping.</p> <p>R, L – Case-by-case assessment, limited trade area and no solo watchkeeping.</p>	<p>If single event.</p> <p>Three months after event if no recurrences.</p> <p>With possible underlying cause but no treatable cause found; one year after event if no recurrences.</p> <p>With possible underlying cause found and treated; three months after successful treatment.</p> <p>With seizure markers – not applicable.</p>
T90	<p>Intracranial surgery/injury, including treatment of vascular anomalies or serious head injury with brain damage.</p> <p><i>Risk of harm to ship, others and self from seizures. Defects in cognitive, sensory or motor function. Recurrence or complication of underlying condition.</i></p>	<p>T – For one year or longer until seizure likelihood low¹, based on advice from specialist.</p> <p>P – Continuing impairment from underlying condition or injury or recurrent seizures.</p>	<p>R – After at least one year, limited trade area, no lone watchkeeping if seizure likelihood low¹ and no impairment from underlying condition or injury. Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist.</p>	<p>No impairment from underlying condition or injury, not on anti-epilepsy medications. Seizure likelihood very low¹.</p> <p>Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist.</p>
H00-99	Diseases of the eyes and ears			

H00-59	<p>Eye disorders: Progressive or recurrent (e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration and retinal detachment)</p> <p><i>Likelihood of future inability to meet vision standards, risk of recurrence.</i></p>	<p>T – Temporary inability to meet relevant vision standards (Annex 1) and low¹ likelihood of subsequent deterioration or impairing recurrence once treated or recovered.</p> <p>P – Inability to meet relevant vision standards (Annex 1) or, if treated, increased likelihood of subsequent deterioration or impairing recurrence.</p>	<p>R – Limited trade area if recurrence unlikely but foreseeable and treatable with early medical intervention.</p> <p>L – If risk of recurrence foreseeable but unlikely and can be detected by regular monitoring.</p>	<p>Very low¹ likelihood of recurrence. Progression to a level where vision standards (Annex 1) are not met during period of certificate is unlikely.</p>
H65-67	<p>Otitis – External or media</p> <p><i>Recurrence, risk as infection source in food handlers, problems using hearing protection.</i></p>	<p>T – Until treated.</p> <p>P – If chronic discharge from ear in food handler.</p>	<p>Case-by-case assessment. Consider effects of heat, humidity and hearing protection use in otitis externa.</p>	<p>Effective treatment and no likelihood of recurrence.</p>
H68-95	<p>Ear disorders: Progressive (fx otosclerosis).</p>	<p>T – Temporary inability to meet relevant hearing standards (Annex 2) and low¹ likelihood of subsequent deterioration or impairing recurrence once treated.</p> <p>P – Inability to meet relevant hearing standards (Annex 2) or, if treated, subsequent increased likelihood of further deterioration.</p>	<p>L – If risk of progression foreseeable but unlikely and it can be detected by regular monitoring.</p>	<p>Very low¹ likelihood of recurrence. Progression to a level where hearing standards (Annex 2) are not met during period of certificate is unlikely.</p>
H81	<p>Ménière's disease and other forms of chronic or recurrent disabling vertigo.</p> <p><i>Inability to balance, causing loss of mobility and nausea.</i></p>	<p>T – During acute phase.</p> <p>P – Frequent attacks leading to incapacity.</p>	<p>R – Case-by-case assessment if capable of only limited duties.</p> <p>R, L – If frequent specialist surveillance required.</p>	<p>Low¹ likelihood of impairing effects while at sea.</p>
I00-99	Cardiovascular system			
I05-08	<p>Congenital and valve disease of heart</p> <p>(including surgery for these conditions)</p> <p>Heart murmurs not previously investigated.</p> <p><i>Likelihood of progression, limited functional capacity.</i></p>	<p>T – Until investigated and, if required, treated.</p> <p>P – If working capacity limited or episodes of incapacity occur or if on anticoagulants or if permanent high likelihood of impairing event.</p>	<p>R – Limited trade area if case-by-case assessment indicates either likelihood of acute complications or rapid progression.</p> <p>L – If frequent surveillance is necessary.</p>	<p>Heart murmurs – If considered benign by a specialist following examination.</p> <p>Other conditions – Case-by-case assessment based on specialist advice; not applicable if anticoagulants (except acetylsalicylic acid).</p>

Kommenterede [ML4]: Der skal nok stå 'acetylsalicylsyre' i DK

I10-15	<p>Hypertension</p> <p><i>Increased likelihood of ischaemic heart disease, eye and kidney damage and stroke.</i></p> <p><i>Possibility of acute hypertensive episode.</i></p>	<p>T – Normally if >160 systolic or >100 diastolic mm Hg until investigated and treated in accordance with national guidelines.</p> <p>P – If persistently >160 systolic or >100 diastolic mm Hg with or without treatment.</p>	<p>L – If additional surveillance needed to ensure levels remain within national guideline limits.</p>	<p>If treated in accordance with national guidelines and free from impairing effects.</p>
I20-25	<p>Cardiac event, i.e. myocardial infarction, ECG evidence of past myocardial infarction or newly recognized left bundle-branch block, angina, cardiac arrest, coronary artery bypass grafting, coronary angioplasty.</p> <p><i>Sudden loss of capability or exercise limitation. Problems of managing repeat cardiac event at sea.</i></p>	<p>T – For three months after initial investigation and treatment, longer if symptoms not resolved.</p> <p>P – If criteria for issue of certificate not met and further reduction of likelihood of recurrence improbable.</p>	<p>L – If excess likelihood of recurrence is very low¹ and seafarer is fully compliant with risk reduction recommendations and no relevant co-morbidity: issue six-month certificate initially and then annual certificate.</p> <p>R, L – If excess likelihood of recurrence is low¹. Restricted to:</p> <ul style="list-style-type: none"> - no lone working or solo watchkeeping; <p>and</p> <ul style="list-style-type: none"> - limited trade area. <p>Issue six-month certificate initially and then annual certificate.</p> <p>R, L – If likelihood of recurrence is moderate¹ and seafarer is asymptomatic. Able to meet the physical requirements of their normal and emergency duties:</p> <ul style="list-style-type: none"> - no lone working or solo watchkeeping; and - limited trade area or only working on vessel with ship's doctor. <p>Case-by-case assessment to determine restrictions.</p> <p>Annual review.</p>	<p>Not applicable.</p>
I44-49	<p>Cardiac arrhythmias and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD)).</p> <p><i>Likelihood of impairment from recurrence, sudden loss of capability and exercise limitation.</i></p>	<p>T – Until investigated, treated and adequacy of treatment confirmed.</p> <p>P – If disabling symptoms present or excess likelihood of impairment from recurrence, including ICD implant.</p>	<p>L – Surveillance needed at shorter intervals and no impairing symptoms present and very low¹ excess likelihood of impairment from recurrence, based on specialist report.</p> <p>R – no solo watchkeeping and/or limited trade area if low¹ likelihood of acute impairment from recurrence.</p>	<p>Surveillance not needed or needed at intervals of more than two years. No impairing symptoms present; and very low likelihood of recurrence, based on specialist advice.</p>

	<i>Pacemaker/ICD activity may be affected by strong electric fields.</i>		Surveillance and treatment regime to be specified. If pacemaker fitted, duration of certificate to coincide with pacemaker surveillance.	
I61-69 G46	Ischaemic cerebrovascular disease (stroke or transient ischaemic attack). <i>Increased likelihood of recurrence, sudden loss of capability. Liable to develop other circulatory disease causing sudden loss of capability.</i>	T – Until treated and stabilised and for three months after event. P – If residual symptoms interfere with duties or there is significant excess likelihood of recurrence.	R, L – Case-by-case assessment of fitness for duty; exclude from solo watchkeeping. Assessment should include likelihood of future cardiovascular events. No reduced physical fitness in relation to field of work. Annual assessment.	Not applicable.
I73	Arterial claudication <i>Likelihood of other circulatory disease causing sudden loss of capability. Limits to exercise capacity.</i>	T – Until assessed. P – If incapable of performing duties.	R, L – Consider restriction to non-watchkeeping duties, provided symptoms are minor and do not impair essential duties or if they are resolved by surgery and no reduced physical fitness in relation to field of work. Assess likelihood of future cardiac events (follow criteria in I20–25). Review at least annually.	Not applicable.
I83	Varicose veins <i>Possibility of bleeding if injured, skin changes and ulceration.</i>	T – Until treated if impairing symptoms. Post-surgery for up to one month.	Not applicable.	No impairing symptoms or complications.
I80.2-3	Deep vein thrombosis/pulmonary embolus <i>Likelihood of recurrence and of serious pulmonary embolus. Likelihood of bleeding from anticoagulant treatment.</i>	T – Until investigated and treated and while on short-term anticoagulants. P – Consider if recurrent events or on permanent anticoagulants.	R, L – May be considered fit for work with a low liability for injury, trade area limited to domestic voyages once stabilised on anticoagulants with regular monitoring of level of coagulation.	Full recovery with no anticoagulant use.
I00-99	Other heart disease , e.g. cardiomyopathy, pericarditis, heart failure. <i>Likelihood of recurrence, sudden loss of capability, reduced working capacity.</i>	T – Until the patient is investigated, treated and adequacy of treatment confirmed. P – If impairing symptoms or likelihood of impairment from recurrence.	Case-by-case assessment based on specialist advice.	Case-by-case assessment. Very low likelihood of recurrence.
J00-99	Respiratory system			
J02-04	Nose, throat and sinus conditions	T – Until treated.	Case-by-case assessment.	When treatment complete, if no factors predisposing to recurrence.

J30-39	<i>Reduced working capacity. May recur. Transmission of infection to food and/or other crew.</i>	P – If impairing and recurrent.		
J40-44	Chronic bronchitis and/or emphysema <i>Reduced exercise tolerance and impairing symptoms.</i>	T – If acute episode. P – If repeated severe recurrences or if general fitness standards cannot be met or if impairing shortness of breath.	R, L – Case-by-case assessment. More stringent if no restriction on trade area. Consider fitness for emergencies and ability to meet general standards of physical fitness. Annual review.	Not applicable.
J45-46	Asthma (detailed assessment with information from specialist in all new entrants) <i>Unpredictable episodes of severe breathlessness.</i>	T – Until episode resolved, cause investigated (including any occupational link) and effective treatment regime in place. In person under age 20 with hospital admission or oral steroid use in last three years. P – If foreseeable likelihood of rapid life-threatening asthma attack while at sea or history of uncontrolled asthma, e.g. history of multiple hospital admissions.	R, L – Restriction on trade area if history of moderate ⁱⁱ adult asthma, with good control with inhalers and no episodes requiring hospital admission or oral steroid use in last two years, or history of mild or exercise-induced asthma that requires regular treatment.	Under age 20: If history of mild or moderate ⁱⁱ childhood asthma, but with no hospital admissions or oral steroid treatment in last three years and no requirements for continuing regular treatment. Over age 20: If history of mild ⁱⁱ or exercise-induced ⁱⁱ asthma and no requirements for continuing regular treatment.
J93	Pneumothorax (spontaneous or traumatic) <i>Acute impairment from recurrence</i>	T – For 12 months after initial episode or shorter duration as advised by specialist. P – After recurrent episodes unless pleurectomy or pleurodesis performed.	F – Duties in harbour areas only once recovered.	Possibly 12 months after initial episode or shorter duration as advised by specialist. Post surgery – based on advice of treating specialist.
K00-93	Digestive system			
K01-06	Oral health <i>Acute pain from toothache. Recurrent mouth and gum infections.</i>	T – If visual evidence of untreated dental defects or oral disease. P – If excess likelihood of dental emergency remains after treatment completed or seafarer non-compliant with dental recommendations.	R – Restriction on trade area, if criteria for full fitness not met, and type of operation will allow for access to dental care without safety-critical manning issues for vessel.	If teeth and/or dentures in good condition and repair.

K25-28	Peptic ulcer <i>Recurrence with pain, bleeding or perforation.</i>	T – Until healing or cure by surgery or by control of helicobacter and on normal diet for three months. P – If ulcer persists despite treatment.	R – Consider case-by-case assessment for earlier return with limited trade area.	When cured and on normal diet for three months.
K40-41	Hernias – Inguinal and femoral <i>Likelihood of strangulation.</i>	T – Until surgically investigated to confirm no likelihood of strangulation and, if required, treated.	R – Untreated: Case-by-case assessment for limited trade area.	When satisfactorily treated or exceptionally when surgeon reports that there is no likelihood of strangulation.
K42-43	Hernias – Umbilical, ventral <i>Instability of abdominal wall on bending and lifting.</i>	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort.	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort.	Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort.
K44	Hernias – Diaphragmatic (hiatus) <i>Reflux of stomach contents and acid causing heartburn, etc.</i>	Case-by-case assessment based on severity of symptoms.	Case-by-case assessment based on severity of symptoms.	Case-by-case assessment based on severity of symptoms.
K50, 51, 57, 58, 90	Non-infectious enteritis, colitis, Crohn's disease, diverticulitis, etc. <i>Impairment and pain.</i>	T – Until investigated and treated. P – If severe or recurrent.	R – Does not meet the requirements for certificate without limitations but rapidly developing recurrence unlikely: Limited trade area.	Case-by-case specialist assessment. Fully controlled with low likelihood of recurrence.
K60, 184	Anal conditions: Piles (haemorrhoids), fissures, fistulae <i>Likelihood of episode causing pain and limiting activity.</i>	T – If piles prolapsed, bleeding repeatedly or causing symptoms. If fissure or fistula painful, infected, bleeding repeatedly or causing faecal incontinence. P – Case-by-case assessment if not treatable or recurrent.	Case-by-case assessment of untreated cases for limited trade area.	When satisfactorily treated.
K70, 72	Cirrhosis of liver <i>Liver failure. Bleeding oesophageal varices.</i>	T – Until fully investigated. P – If severe or complicated by ascites or oesophageal varices.	R, L – Case-by-case specialist assessment.	Not applicable.
K80-83	Biliary tract disease <i>Biliary colic from gallstones, jaundice, liver failure.</i>	T – Biliary colic until definitely treated. P – Advanced liver disease, recurrent or persistent impairing symptoms.	R, L – Case-by-case specialist assessment. Does not meet requirements for certificate without limitations. Sudden onset of biliary colic unlikely.	Case-by-case specialist assessment. Very low likelihood of recurrence in next two years.
K85-86	Pancreatitis <i>Likelihood of recurrence.</i>	T – Until resolved. P – If recurrent or alcohol related, unless confirmed abstinence.	Case-by-case specialist assessment.	Case-by-case specialist assessment. Very low likelihood of recurrence.

Y83	Stoma (ileostomy, colostomy) <i>Impairment if control is lost – need for bags, etc. Potential problems during prolonged emergency.</i>	T – Until stabilised. P – Poorly controlled.	R – Case-by-case assessment.	Case-by-case specialist assessment.
L00-99	Skin			
L00-08	Skin infections <i>Recurrence, transmission to others.</i>	T – Until satisfactorily treated. P – Case-by-case assessment of catering staff with recurrent problems.	R, L – Based on nature and severity of infection.	Cured with low likelihood of recurrence.
L10-99	Other skin diseases , e.g. eczema, dermatitis, psoriasis <i>Recurrence, sometimes occupational cause.</i>	T – Until investigated and satisfactorily treated.	Case-by-case assessment. R – As appropriate if aggravated by heat or substances at work.	Stable, not impairing.
M00-99	Musculoskeletal			
M10-23	Osteoarthritis , other joint diseases and subsequent joint replacement <i>Pain and mobility limitation affecting normal or emergency duties. Replacement joints: Possibility of infection or dislocation. Limited life of replacement joints.</i>	T – Full recovery of function and specialist advice required before return to sea after hip or knee replacement. P – For advanced and severe cases.	R – Case-by-case assessment based on job requirements and history of condition. Consider emergency duties and evacuation from ship. Physical fitness not reduced.	Case-by-case assessment. Able to fully meet routine and emergency duty requirements. Very low likelihood of worsening such that duties could not be undertaken.
M24.4	Recurrent instability of shoulder or knee joints <i>Sudden limitation of mobility, with pain.</i>	T – Until satisfactorily treated.	R – Case-by-case assessment of occasional instability.	Treated; very low likelihood of recurrence.
M54.5	Back pain <i>Pain and mobility limitation affecting normal or emergency duties. Acute worsening.</i>	T – During acute phase. P – If recurrent or incapacitating.	Case-by-case assessment.	Case-by-case assessment.
Y83.4 Z97.1	Limb prosthesis	P – If essential duties cannot be performed.	R – If routine and emergency duties can be performed but there are limitations on specific non-essential activities.	Physical fitness not reduced.

	<i>Mobility limitation affecting normal or emergency duties.</i>			Arrangements for fitting prosthesis in emergency must be confirmed.
N00-99	Genito-urinary conditions			
N00, N17	Acute nephritis <i>Renal failure, hypertension.</i>	P – Until resolved.	Case-by-case assessment if any residual effects.	Full recovery with normal kidney function.
N03-05, N18-19	Sub-acute or chronic nephritis or nephrosis <i>Renal failure, hypertension.</i>	T – Until investigated.	R, L – Case-by-case assessment by specialist, based on renal function and likelihood of complications.	Case-by-case assessment by specialist, based on renal function and likelihood of complications.
N20-23	Renal or ureteric calculus <i>Pain from renal colic.</i>	T – Until investigated and treated. P – Recurrent stone formation.	R – Consider if concern about ability to work in tropics or under high temperature conditions. Case-by-case assessment for limited trade area.	Case-by-case assessment by specialist with normal urine and renal function without recurrence.
N33, N40	Prostatic enlargement/urinary obstruction <i>Acute retention of urine</i>	T – Until investigated and treated. P – If not remediable.	R – Case-by-case assessment for limited trade area.	Successfully treated with low ⁱ likelihood of recurrence.
N70-98	Gynaecological conditions – Heavy vaginal bleeding, severe menstrual pain, endometriosis, prolapse of genital organs or other <i>Impairment from bleeding or pain</i>	T – If impairing or investigation needed.	R – Case-by-case assessment if condition is likely to require treatment on voyage or affect working capacity.	Fully resolved with low likelihood of recurrence.
R31, 80, 81, 82	Proteinuria, haematuria, glycosuria or other urinary abnormality <i>Indicator of kidney or other diseases.</i>	T – If clinically significant. P – Serious and non-remediable underlying cause – e.g. impairment of kidney function.	L – When repeat surveillance required. R, L – When uncertainty about cause but no immediate problem.	Very low ⁱ likelihood of serious underlying condition.
Z90.5	Removal of kidney or one non-functioning kidney. <i>Limits to fluid regulation under extreme conditions if remaining kidney not fully functional.</i>	P – Any reduction of function in remaining kidney in new seafarer. Significant dysfunction in remaining kidney of serving seafarer.	R – No tropical or other heat exposure. Serving seafarer with minor dysfunction in remaining kidney.	Remaining kidney must be fully functional and not liable to progressive disease. Based on specialist report.
O00-99	Pregnancy			

O00-99	Pregnancy <i>Complications, late limitations on mobility. Potential for harm to mother and child in the event of premature delivery at sea.</i>	T – Late stage of pregnancy and early postnatal period. Abnormality of pregnancy requiring high level of surveillance.	R, L – Case-by-case assessment. May consider working later in pregnancy in limited field of work.	Uncomplicated pregnancy until 24th week. Decisions to be in accordance with recommendations on antenatal care and screening.
General				
R47, F80	Speech disorders <i>Limitations to communication ability.</i>	P – Incompatible with reliable performance of routine and emergency duties safely and effectively.	R – If assistance with communication is needed to ensure reliable performance of routine and emergency duties safely and effectively.	No impairment to essential speech communication.
T78, Z88	Allergies (other than allergic dermatitis and asthma) <i>Likelihood of recurrence and increasing severity of response. Reduced ability to perform duties.</i>	T – Until fully investigated by specialist. P – If life-threatening response reasonably foreseeable.	Case-by-case assessment of likelihood and severity of response, management of the condition and access to medical care. R – Where response is impairing rather than life-threatening, and reasonable adjustments can be made to reduce likelihood of recurrence.	Where response is impairing rather than life-threatening, and effects can be fully controlled by long-term non-steroidal self-medication or by lifestyle modifications that are practicable at sea with no safety-critical adverse effects.
Z94	Transplants – Kidney, heart, lung, liver. (for prosthetics, i.e. joints, limbs, lenses, hearing aids, heart valves, etc. see condition-specific sections) <i>Possibility of rejection. Side effects of medication.</i>	T – Until effects of surgery and medication stable. P – Case-by-case assessment based on specialist advice.	R, L – Case-by-case assessment based on specialist advice.	Not applicable.
Classify by condition	Progressive conditions , which are currently within criteria, e.g. Huntington's chorea (including family history) and keratoconus.	T – Until investigated and treated if indicated. P – Consider for new seafarers.	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression within the validity period of the health certificate is judged unlikely.	Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression within the validity period of the health certificate is judged unlikely.
Classify by condition	Conditions not specifically listed	T – Until investigation and treated if indicated. P – If permanently impairing.	Use analogy with related conditions as a guide. Consider likelihood of sudden incapacity, recurrence or progression and limitations on performing normal and emergency duties.	Use analogy with related conditions as a guide. Consider likelihood of sudden incapacity, recurrence or progression and limitations on performing normal and emergency duties.

Note:

i. Incidence/frequency~~[Recurrence rates]~~: Where the terms very low, low and moderate are used for the excess likelihood of a medical event~~recurrence~~, these are essentially clinical judgements but, for some conditions, quantitative evidence on the likelihood of a medical event~~recurrence~~ is available. Where quantitative evidence is available, e.g. for seizure and cardiac events, it may indicate the need for additional investigations to determine an individual's excess likelihood of exacerbation of the condition~~recurrence~~.

- Quantitative likelihood~~recurrence~~ levels ~~approximate to~~:
- Very low: < 2 % per year
- Low: 2 -5 % per year
- Moderate: 5 -10 % per year

ii. Asthma severity definitions:
Childhood asthma:

- Mild: Onset age >ten, few or no hospitalisations, normal activities between episodes, controlled by inhaler therapy alone, remission by age 16, normal lung function.
- Moderate: Few hospitalisations, frequent use of reliever inhaler between episodes, interference with normal exercise activity, remission by age 16, normal lung function.
- Severe: Frequent episodes hospitalisation, frequent oral steroid use, abnormal lung function.

Adult asthma:

Asthma may persist from childhood or start over the age of 16. In persons with a history of adult onset asthma, the role of specific allergens, including those causing occupational asthma, should be investigated. Less specific inducers such as cold, exercise and respiratory infection also need to be considered.

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

Annex 4. List of standard limitations normally used in trade area**Coastal trade:**

Trade in the North Sea east of longitude 3° E and south of latitude 62° N, trade in the Baltic Sea south of latitude 58° N as well as trade along the coasts of Greenland at a distance not exceeding 30 nautical miles from the coast (the baseline).

Individual assessment of whether the coasts of Greenland should be exempted.

Limited waters:

Coastal trade as well as trade south of latitude 62° N, north of latitude 48° N and east of longitude 12° W, trade in the Baltic Sea north of latitude 58° N, trade off the Faroe Islands and trade along the coasts of Greenland at a distance not exceeding 200 nautical miles from the coast (the base line).

Individual assessment of whether trade off the Faroe Islands and trade along the coasts of Greenland should be exempted.

Defined navigation route:

Following individual assessment, fitness may be limited to a specific navigation route, normally a ferry service or the like.

Defined area:

Following individual assessment, fitness may be limited to a specific lake, port or inlet.