### Order on medical examinations of seafarers and fishermen

Pursuant to Sections 4(3), 70 and 75a of the Act on Seafarers' Employment Conditions, etc, cf. Consolidation Act no. 1662 of 17 December 2018, and Section 19(1)(3) and (4) of the Act on the Crew of Ships, cf. Consolidation Act no. 74 of 17 January 2014, shall be determined by authorisation pursuant to Section 1(1)(6) of Executive 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 after consultation with the shipowners' and seafarers' organisations:

### Chapter 1

#### Scope

**Section 1.**The Executive Order applies to employees on board ships, cf. Section 1(1) and Section 49 of the Danish Seafarers' Employment Conditions, etc, except for employees on cargo ships with a gross tonnage of less than 20, which are only used in traffic within Danish ports, rivers, lakes or similar protected waters, and secondary commercial fishermen.

*Subsection 2.* In cases where there is doubt as to whether the person in question is to be regarded as an employee on board and thus covered by this Executive Order, the question

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shall be decided by the Danish Maritime Authority after prior consultation with the organisations of shipowners and seafarers to which the question relates.

*Subsection 3.* This Executive Order shall also apply to the owner of the ship if they are on duty on the ship.

**Section 2.** The Executive Order also applies to persons who must have a valid health certificate in connection with

 Acquisition or renewal of a certificate of competency under the Danish Ship's Crew Act,
 Admission as a student on an approved programme covered by the Maritime Education Act, or

3) Completion of training as a smoke diver as part of a training programme approved by the Danish Maritime Authority.

### Chapter 2

#### *Health certificate requirements*

**Section 3.** Employees serving on a ship must have a valid health certificate.

*Subsection 2.* Health certificates shall be issued to persons who have undergone medical examination in accordance with the provisions of this Executive Order and have been found fit for service on board ship, possibly with restrictions, cf. Sections 6 and 9.

*Subsection 3.* Health certificates issued by a foreign authority that has implemented the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW Convention) and in accordance with the relevant provisions of the

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Maritime Labour Convention (MLC) are equivalent to health certificates issued in accordance with this Executive Order.

*Subsection 4.* If there is documentation of a medical examination performed by a doctor approved by the Danish Defence Medical Command who approves a conscript or other defence personnel on contract for service at sea, the Danish Maritime Authority may, after a specific assessment, issue a health certificate to the person examined.

*Subsection 5.* The rule in Subsection 1 shall also apply to the owner of the ship if they are on duty on the ship.

**Section 4.** The purpose of the medical examination is to ensure the health of the individual seafarer and fisherman and the safety of the ship.

*Subsection 2.* In the event of changes in the individual seafarer's or fisherman's state of health, where it must be considered doubtful whether the person in question is still suitable for their work on board or whether they are still fit for lookout duties, the person must contact the Danish Maritime Authority in order to undergo a new medical examination.

#### Chapter 3

#### The medical examination

**Section 5.** The medical examination shall be carried out by a ship's doctor authorised by the Danish Maritime Authority, cf. Sections 12, 13, 14 and 15.

*Subsection 2.* The medical examination may also be carried out by a duly qualified doctor in Greenland.

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*Subsection 3.* Persons who are to undergo a medical examination shall choose the ship's doctor who is to carry out the examination, subject to Section 19(6).

**Section 6.** At the medical examination, the ship's doctor shall make an assessment of whether the physical and mental condition of the person examined is generally such that the person in question is fit for service on board ship, possibly with restrictions, cf. Section 9.

*Subsection 2.* The doctor must use the medical certificate specified by the Danish Maritime Authority on the Authority's website www.dma.dk.

Subsection 3. In their assessment, the ship's doctor shall consider

1) Whether the disease or condition carries an increased risk of acute complications which cannot be treated by a layman on board a ship and which may therefore pose a significant risk to the person concerned,

2) Whether an acute illness of the examined person poses a risk to the safety of the ship or places other crew members in an unnecessarily difficult situation; and

3) Whether the disease or condition means that the person examined would have difficulty coping with an emergency situation on board.

*Subsection 4.* In assessing first-time discharges, the ship's doctor must consider whether the disease or condition can be expected to worsen during the examined person's working life.

**Section 7.** In connection with the examination, the ship's doctor shall use the appendices to this Executive Order.

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**Section 8.** The ship's doctor may obtain relevant information about the examinee, including information on any medication consumption and any medical history, when it is deemed necessary in connection with the performance of the medical examination and with the express consent of the examinee, based on a specific, objective, medical professional assessment. The ship's doctor must document why obtaining the above information is deemed necessary.

*Subsection 2.* The ship's doctor shall include Appendix 4 in their assessment if the seafarer has a BMI above 40.

**Section 9.** In their assessment, the ship's doctor may limit the examinee's fitness for ship service in relation to:

1) Period of validity of the health certificate.

2) Workspace on board.

3) Trading limits, see Subsection 2.

*Subsection 2.* Appendix 5 lists the trading limit restrictions that should normally be applied.

*Subsection 3.* When limitations in a trading limit are stated in a health certificate, they must always be a geographical limitation of the health certificate, e.g. to an area, route or waterway. The restriction must not specify a particular shipping company, employer or similar.

Subsection 4. The examinee's health information must not be included in any restriction.

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**Section 10.** The ship's doctor must report the result of the medical examination to the Danish Maritime Authority using the Danish Maritime Authority's digital reporting system, without disclosing health information.

**Section 11.** The ship's doctor shall document the examination, including noting the individual measurements, judgements and objective reasons for their assessment.

*Subsection 2.* If, in their assessment, the ship's doctor deviates from the requirements laid down in the appendices to the Executive Order, this must be stated in the documentation in accordance with Subsection 1.

*Subsection 3.* The Danish Maritime Authority may, following a statement from a medical specialist in eye diseases or ear, nose and throat diseases who assesses a specific seafarer's visual and hearing ability, deviate from Annexes 1 and 2 of the Executive Order. On this basis, the Danish Maritime Authority can issue a new health certificate.

#### Chapter 4

#### Ship's doctors

**Section 12.** The Danish Maritime Authority approves ship's doctors upon application. The Danish Maritime Authority continuously assesses the need to authorise new ship's doctor so that access to a local ship's doctor throughout the country is ensured in a satisfactory manner as far as possible.

*Subsection 2.* It is a prerequisite for approval as a ship's doctor that the doctor holds an authorisation in accordance with Chapter 8 of the Act on Authorisation of Healthcare

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Professionals and Healthcare Activities. A ship's doctor who loses or terminates this authorisation shall cease to act as a ship's doctor.

**Section 13.** In order to be approved as a ship's doctor, the doctor must undergo a qualification programme with a ship's doctor approved by the Danish Maritime Authority. The programme is carried out as peer-to-peer training and consists of participation in at least ten medical examinations in accordance with this Executive Order within a maximum period of one year.

**Section 14.** Danish Maritime Authority supervises the authorised ship's doctors. The Danish Maritime Authority may withdraw the authorisation of a ship's doctor in the event of

1) Dereliction of duty,

2) Lack of impartiality,

3) Fewer than ten annual examinations,

4) Abusive behaviour; or

5) Repeated negligence in the performance of medical examinations pursuant to this Executive Order.

*Subsection 2.* Withdrawal of authorisation pursuant to Subsection 1 may, depending on the circumstances, be made without prior consultation.

**Section 15.** If a doctor's authorisation to act as a ship's doctor is withdrawn, certificates already issued shall continue to be valid, subject to Section 19.

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**Section 16.** Ship's doctors and doctors in Greenland who carry out medical examinations under this Executive Order shall be professionally independent in the exercise of their medical judgement when carrying out medical examinations under this Executive Order.

### Chapter 5

#### Frequency of medical examinations

**Section 17.** Persons under 18 years of age shall at intervals of no more than one year be assessed by medical examination as fit for ship service, or fit with restrictions, cf. Sections 6 and 9.

*Subsection 2.* Persons aged 18 years or over shall, at intervals of not more than two years, be assessed by medical examination as fit for ship service, or fit with restrictions, cf. Sections 6 and 9.

**Section 18.** If a person has been assessed as unfit for ship service or fit with restrictions, a new medical examination under this Executive Order may only be carried out if the Danish Maritime Authority authorises it, subject to Subsection 4.

*Subsection 2.* The Danish Maritime Authority may grant the authorisation specified in Subsection 1

1) When there is documentation that there has been a change in the person's state of health, or

2) When there are special circumstances which mean that a new medical examination should be carried out.

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*Subsection 3.* The Danish Maritime Authority may also authorise a person who is deemed unfit for ship service or fit with restrictions to obtain a specialist medical certificate. The certificate is obtained for further clarification of the significance of a diagnosed illness or condition for the person's fitness for ship service.

*Subsection 4.* Authorisation from the Danish Maritime Authority under Subsection 1 is not necessary

 If more than two years have passed since the last medical examination, or
 If a person has been assessed fit with limitations at the last medical examination and the validity period of their health certificate will expire within six months at the time of the new medical examination.

**Section 19.** The Danish Maritime Authority may decide that a person who holds a valid health certificate shall undergo a new medical examination or that a person's health certificate shall be cancelled when, on the basis of available information, it must be considered doubtful whether the person in question is still suitable for their work on board or whether they are still fit for lookout duties.

*Subsection 2.* When circumstances so require, the Danish Maritime Authority may decide that a person may not serve on board when a new medical examination is required under Subsection 1.

*Subsection 3.* If the person concerned is serving on board at the time when a new medical examination is required under Subsection 1, the Danish Maritime Authority may require the person concerned to be signed off or that the examination be carried out within a specified period. If the Danish Maritime Authority requires the person concerned

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to be signed off, the Authority will pay the costs of free travel with subsistence to the person's place of residence.

*Subsection 4.* If a person has previously been declared unfit for work on board ship, the Danish Maritime Authority may - irrespective of the result of the latest available medical certificate - decide that the person in question shall be discharged at the first port the ship calls at and from which the return journey can conveniently take place.

*Subsection 5.* The person concerned may not serve on board a ship after the deadline notified in accordance with Subsection 3 unless it has been established by medical examination that the person concerned is still fit for their area of work.

*Subsection 6.* The Danish Maritime Authority may instruct a ship's doctor to carry out a new medical examination under Subsection 1.

#### Chapter 6

### Health certificate content

**Section 20.** The form and content of the health certificate shall be determined by the Danish Maritime Authority.

*Subsection 2.* The health certificate is issued by automatic data processing based on the result of the medical examination.

*Subsection 3.* Copies of lost or illegible health certificates may only be issued by the Danish Maritime Authority.

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*Subsection 4.* Health certificates issued on the basis of a medical examination carried out in Greenland, cf. Section 5(2), shall be issued or endorsed by the master in accordance with the medical certificate.

**Section 21.** The employee who takes up duty on a ship shall make their medical certificate available to the master for the duration of their duty on board.

*Subsection 2.* The master shall provide health certificates if requested by the Danish Maritime Authority.

*Subsection 3.* Persons who are in possession of a health certificate must submit documentation if requested by the Danish Maritime Authority.

**Section 22.** If the period of validity of the health certificate expires during a voyage, the health certificate shall remain valid until the first call at a port where a medical examination can take place without undue delay, subject to Subsection 2.

*Subsection 2.* However, the health certificate shall not remain valid for longer than three months after the expiry of the period of validity.

### Chapter 7

#### Appeal

**Section 23.** The person examined, the shipping company or the Danish Maritime Authority may appeal the result of a medical examination under Sections 6 and 9 to the Danish Shipping Appeals Board.

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*Subsection 2.* The Danish Shipping Appeals Board may decide that the seafarer is unfit, wholly or partially fit with limitations, or that the limitations of the health certificate pursuant to Section 9 shall be changed. The Danish Maritime Authority can issue a new health certificate if the Danish Shipping Appeals Board has made a decision on the fitness or limitations of the health certificate.

*Subsection 3.* The Danish Shipping Appeals Board may decide that a seafarer shall undergo a new medical examination in accordance with Section 19(1) of this Executive Order.

*Subsection 4.* Complaints about decisions made pursuant to Section 11(3) may not be appealed to a higher authority.

**Section 24.** The ship's doctor is in all cases subject to the general complaint rules, cf. the Danish Act on Access to Complaints and Compensation within the Health Service. The rules on possible withdrawal of authorisation, which are set out in the Danish Act on Authorisation of Healthcare Professionals and Healthcare Activities, are enforced by the Danish Patient Safety Authority.

**Section 25.** Appeals about the content of the medical examination, payment for the medical examination or non-compliance with Section 5(3) and the points listed in Section 14 may be brought before the Danish Maritime Authority.

**Section 26.** The examined party or the shipping company may appeal a decision made under Section 19(1) to the Danish Shipping Appeals Board.

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**Section 27.** The decisions of the Danish Shipping Appeals Board cannot be appealed to any other administrative authority.

**Section 28.** The Danish Maritime Authority's decision on approval of a ship's doctor under Section 12(1) and on withdrawal of approval as a ship's doctor under Section 14(1) cannot be appealed to a higher administrative authority.

**Section 29.** Appeals to the Danish Shipping Appeals Board must be submitted in writing to Nævnenes Hus, Toldboden 2, DK-8800 Viborg.

*Subsection 2.* The appeal period for decisions mentioned in Sections 23 and 26 is eight weeks. The Danish Shipping Appeals Board may waive the deadline if there are special reasons for doing so.

### Chapter 8

### General provisions

**Section 30.** Persons who use glasses, contact lenses, hearing aids or other aids to fulfil the requirements set out in this Executive Order or the appendices must use the aid during work and must at all times during ship service be in possession of an additional aid.

**Section 31.** Persons who are examined pursuant to this Executive Order must be able to present photo identification if requested.

### Chapter 9

Payment of medical examinations

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**Section 32.** Medical examinations and the Chester Step Test as listed in Appendix 4 in accordance with this Executive Order shall be paid by the company, subject to Subsections 2, 4 and 5.

*Subsection 2.* If the person examined does not have a shipping company at the time of the medical examination, the first shipping company that employs the person concerned in a position for which a valid health certificate is required shall reimburse the costs of the medical examination, provided that the person examined can document the payment.

*Subsection 3.* Medical examinations, including the Chester Step Test, of maritime trainees who have entered into a training agreement with an approved shipping company shall be paid for by the shipping company in question.

*Subsection 4.* The Danish Maritime Authority shall pay for medical examinations, including the Chester Step Test, which the Authority has required pursuant to Section 19(1), and for medical examinations of students on approved maritime education programmes other than those mentioned in Subsection 3, where it is required as part of the education that the student has an approved health certificate.

*Subsection 5.* Payment for a medical examination under Subsection 4 requires that when reporting a health certificate, it is stated that the seafarer is a student and that the Danish Maritime Authority covers the costs of this examination.

*Subsection 6.* The Danish Maritime Authority may pay expenses for examinations carried out by a specialist in eye diseases in accordance with Section 19(3).

*Subsection 7.* The Danish Maritime Authority may pay expenses for specialist consultations under Section 11(3).

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*Subsection 8.* The Danish Shipping Appeals Board pays for medical examinations, including necessary physical tests, which the Appeals Board has requested in connection with Appeals Board proceedings and decisions.

**Section 33.** Students on approved maritime education programmes as mentioned in Section 32(4) and (5), shall document to the ship's doctor that they have been admitted to an approved maritime education programme on condition that they obtain a health certificate that meets the admission requirements.

**Section 34.** Where the medical examination under Section 32(1) and (3) is to be paid for by a shipping company, the ship's doctor shall collect their fee from the person examined, who shall be entitled to have the fee reimbursed by the shipping company.

**Section 35.** The ship's doctor shall receive a fee for examinations paid by the Danish Maritime Authority in accordance with section 32(5) when the results of the examination have been received by the Danish Maritime Authority.

**Section 36.** The fee for medical examinations carried out under this Executive Order shall be determined by negotiation between the Danish Maritime Authority and the Attestation Committee of the General Danish Medical Association.

#### Chapter 10

### Responsibilities of the ship's master

**Section 37.** The master shall be responsible for ensuring that the provisions of Section 5(2), Section 19(4) and (5) and Section 21(1) and (2) are complied with.

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#### Chapter 11

### Penalty provisions

**Section 38.** Violation of Section 3(1) and (5), Section 21(3), Section 32(1)-(3) and Section 37 is punishable by a fine.

*Subsection 2.* Criminal liability may be imposed on companies, etc., (legal persons) in accordance with the rules in Chapter 5 of the Danish Criminal Code.

*Subsection 3.* For the purpose of imposing criminal liability under Subsection 2, persons employed to perform work on board the ship by persons other than the shipowner shall also be deemed to be associated with the shipowner. Where a document of compliance under the Safety Management Code or a certificate under the Seafarers' Employment Convention has been issued to another organisation or person, the master and seafarers shall also be deemed to be associated with the person to whom the document has been issued.

### Chapter 12

### Entry into force and transitional provisions

Section 14. This Executive Order shall enter into force on 1 January 2024.

*Subsection 2.* Executive Order no. 933 of 23 June 2020 on medical examination of seafarers and fishermen is repealed.

**Section 40.** Health certificates issued in accordance with the hitherto applicable rules shall retain their validity with the conditions stated in the certificate.

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**Section 41.** The ship's doctors authorised under the hitherto applicable rules shall retain their authorisation to carry out medical examinations of seafarers and fishermen.

**Section 42.** The Order shall not apply to Greenland.

The Danish Maritime Authority, 5 December 2023

Rasmus Høy Thomsen

/ Kristina Ravn

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#### **Appendix 1 Vision requirements** Category of Distance Near/mid distance vision Visual **Colour Fields of Night** Diplopia (double vision)<sup>4</sup> seafarers vision with without vision <sup>3</sup>vision <sup>4</sup> blindness <sup>4</sup> correction correction Best Worst Binocular, with or without correction eve eve Masters, deck 0.5<sup>2</sup> 0.5 Sight required to navigate 0.1 See Normal Vision required Only in exceptional cases officers and the vessel (e.g. reference note 6 fields of to perform all where all necessary functions ratings with to charts and nautical necessary can be performed without vision lookout duties publications, use of functions in the compromising security instruments/equipment on dark without the bridge and compromising identification of safety navigational aids) .45 All engine .45 Vision required to read 0.1 Adequate Vision required Only in exceptional cases See officers, instruments at close range, note 7 fields of to perform all where all necessary functions electroto operate equipment and vision necessary can be performed without functions in the compromising security technical to identify officers, systems/components, as dark without electroneeded compromising technical safety ratings and ratings or others who are on duty in the engine room GMDSS radio0.4 0.4 Vision required to read 0.1 See Adequate Vision required Only in exceptional cases note 7 operators instruments at close range, fields of to perform all where all necessary functions to operate equipment and vision necessary can be performed without to identify functions in the compromising security systems/components, as dark without needed compromising safety

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#### Notes:

Values are given in Snellen decimal notation.

A minimum of 0.7 is recommended in one eye to reduce the risk of undetected underlying eye disease.

As defined in the "International Recommendation for Colour Vision Requirements for

Transport" by the Commission Internationale de l'Eclairage (CIE-143-2001), including any

subsequent editions.

Subject to assessment by a clinical vision specialist where the results of the initial

examination indicate this.

Personnel in the machine department must have a minimum of 0.4 visual acuity.

CIE colour vision requirements 1 or 2.

CIE colour vision requirements 1, 2 or 3.

### **Appendix 2**

### **Hearing requirements**

Hearing tests

The hearing ability of seafarers and fishermen - with the exception of the seafarers mentioned below - should average at least 30 dB (without hearing aids) in the better ear and 40 dB (without hearing aids) in the less good ear within the frequencies 500, 1.000,

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2,000 and 3,000 Hz (which roughly corresponds to the ability to hear speech at 3 metres and 2 metres respectively).

Hearing tests using a pure-tone audiometer are recommended. Alternative assessment methods that use validated and standardised tests to measure speech recognition impairment are also acceptable. Speech and whisper tests can be used to make a quick practical assessment.

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

The use of hearing aids by serving seafarers and fishermen can only be accepted if it is confirmed that they can perform the specific routine and emergency tasks required of them on board in a safe and effective manner throughout the period of validity of the health certificate.

### **Appendix 3**

### Advice for common medical conditions

### Introduction

The purpose of medical examinations is to ensure the health and safety of individual seafarers and fishermen on board. When assessing seafarers' and fishermen's fitness for

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service at sea, the factors set out in Section 6(2)(1)-(3) must always be taken into consideration.

The medical examination must take into account whether the person is a first-time seafarer 1<sup>3</sup> or a professional seafarer 2<sup>3</sup>. In some cases, this is emphasised with a (NOTE).

It is not possible to create a complete list of fitness criteria that covers all medical conditions and variations in severity, prognosis and treatment. The principles used in the table can often be analogised to other diseases that are not mentioned.

The table of medical diseases is organised as follows:

1st column: Diagnosis code according to the "WHO International Classification of Diseases", 10th edition (ICD-10).

Column 2: The common name of the disease or group of diseases with a brief description of the relevance to work at sea.

Column 3: Description of diseases incompatible with seafaring work, temporary (M) or permanent (P). This column should always be consulted first.

Column 4: Description of diseases that should lead to a health certificate with restrictions on work area or time. This column should be consulted if the worker is not covered by the description in column 3.

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Column 5: Description of diseases that are compatible with an unrestricted health

certificate. This column should only be consulted if the seafarer's illness is not covered by

columns 3 and 4.

For some diseases, one or more columns are not relevant or not an appropriate health certificate for the disease. In such cases, "not possible" is indicated in the column.

ICD-10 code	Medi cal condi tion	Incompatible with reliable, safe and efficient performance of routine and emergency tasks - expected to be temporary (M) - expected to be permanent (P)	Able to perform some, but not all, tasks in some, but not all, trade areas (F) Increased monitoring needed (T)	Able to perform all tasks in all trade areas within the specified work area
A00-B99 A00-09	Infections Infectious bowel diseases Contagious, relapsing.	M - Current symptoms or awaiting culture results. Carrier of infection until it is documented that there is no longer a risk of infection.	Not possible.	<i>Non-catering staff:</i> When satisfactorily treated or cured. <i>Catering staff:</i> Fitness assessment depends on individual medical assessment. Bacteriological testing may be required.
A15-16	<b>Pulmonary</b> <b>tuberculosis</b> <i>Contagious, relapsing.</i>	M - Positive screening test or medical history - until examined. If infected - until treatment is stabilised and documented infection-free. P - Recurrence or severe lung damage.	Not possible.	Completed treatment.
A50-64	Sexually transmitted diseases Acute functional impairment, relapse.	M - Until diagnosed, treatment started and symptom-free. P - Late complications that permanently impair functional ability.	F - Consider trade area restriction if tablet treatment has been started and is symptom-free.	Upon completion of treatment.
B15	Hepatitis A Can be transmitted through drinking water and food.	M - Until liver function is normalised.	Not possible.	Successfully treated and symptom-free.

D50-59	Anaemias/Haemoglobi	P - Severe recurrent or	F - Restriction in	Normal haemoglobin levels.
D50-89	Diseases of the blood an		<b>F D</b> ( '.'.' '	NT 11 11'1 1
	Malignant neoplasms- including lymphoma, leukaemia and related diseases <i>Relapses, especially</i> <i>acute complications</i> .	M - Until examined, treated and the prognosis is confirmed. P - Persistent functional impairment with symptoms that affect safety at sea or with a high probability of recurrence.	F - Restriction in the trade area if persistent functional impairment does not affect essential job tasks and relapse is unlikely to result in the need for emergency medical treatment. T - Temporary to the interval between specialist examinations if: - cancer is diagnosed < 5 years ago, and - there is currently no functional impairment that affects the ability to perform all duties at sea, and - there is a <sup>low</sup> likelihood of relapse or urgent need for medical attention.	More than five years since cancer diagnosis or if specialist follow-up is no longer required and no current functional impairment, and low <sup>i</sup> probability of recurrence with functional impairment. Must be confirmed by specialist opinion.
A00-B99 C00-D48	Other infections Functional impairment, risk of infection. Cancer diseases	M - Until free of infection and able to perform their duties. P - If persistent likelihood of relapse with reduction in functional ability or disease recurrence.	Individual assessment based on the nature of the infection.	Successfully treated and symptom-free, and confirmed low <sup>i</sup> probability of infection.
B16-19 B20-24	Hepatitis B, C and more Transmitted through contact with blood or other body fluids. Possibility of liver damage and liver cancer. HIV positive Transmitted through contact with blood or other body fluids. Progression to HIV- related disease or AIDS.	M - Until liver function is normalised. P - Persistent liver damage with symptoms that affect the reliable and safe performance of job duties or risk of complications. M - Until stabilised and the treatment is so effective that the risk of complications is low. If the treatment changes and the response to the new medication is uncertain. P - Non-reversible, functional impairing HIV-related disease or functional impairing medication side effects.	F, T - Uncertainty about full recovery or freedom from infection. Individual assessment based on work tasks and trade areas. F, T - Temporary and/or trade area: HIV positive and low <sup>i</sup> probability of progression, without treatment or on stable medication without side effects.	Successfully treated and symptom-free. HIV positive, no current functional impairment and very low <sup>i</sup> probability of progression. No side effects of treatment or need for frequent monitoring.

	Decreased functional ability, episodic red blood cell depletion.	functional impairing symptoms that cannot be treated.	haemoglobin is normal and stable. F, T - Consider a trade area restriction and regular monitoring if haemoglobin levels are reduced but asymptomatic.	
D73	<b>Splenectomy</b> - condition without A spleen Increased susceptibility to some infections.	M - After surgery until the patient is fully recovered.	F - Individual assessment. May likely be suitable for working with a trade area restriction and in temperate climates, but may not be able to work in tropical areas.	Individual assessment.
D50-89	Other diseases of the blood and blood- forming organs Spontaneous bleeding, reduced work capacity, low resistance to infections.	M - Under investigation. P - Chronic clotting disorder.	Individual assessment.	Individual assessment.
D68	Coagulation disorder due to anticoagulation therapy (except asetylsalicylic acid) Increased risk of spontaneous and, in case of injury, persistent bleeding	M - Until examined and treated and while short- term anti-coagulation therapy is ongoing. P - Consider if recurrent periodic treatment or if on permanent anti- coagulation therapy.	F, T - May be suitable for work depending on the type of anticoagulation treatment. Possible restriction in domestic trading limits once stabilised on anti- coagulation medication with regular monitoring of treatment levels.	Full recovery without anticoagulation.
E00-90	Endocrine, nutritional a	nd metabolic diseases		
E10	Diabetes - insulin- treated Acute functional impairment due to hypoglycaemia. Complications due to inadequate blood sugar control. Increased likelihood of eye, nervous system and cardiovascular complications.	M - From start of treatment until stabilised. P - If poorly controlled, previous severe hypoglycaemia, failure to recognise hypoglycaemia or without sufficient understanding of own disease. Functional impairing diabetes complications. NOTE - For first-time hires, not in a position listed in a ship's manning determination or in a training position leading to such a position. Not service on fishing vessels.	F, T - Documented well-controlled diabetes with the necessary understanding of own disease and mastery of blood glucose monitoring. As well as the ability to recognise and respond to hypoglycaemia. Suitable for work with a limited trade area and not on duty alone. Temporary until the next check-up. Treatment must be under regular medical supervision. Well- regulated, no hypoglycaemic cases	Not possible.

			with impaired consciousness in the	
			last two years. The treatment should be under	
			regular medical supervision and the seafarer must have a sufficient understanding of their own illness and be proficient in blood	
E11-14	Diabetes - non-insulin treated, on other medication Progression to insulin requirement, increased likelihood of eye, nervous system and cardiovascular complications.		glucose monitoring. F - Restriction in work area and restriction in work area in the form of not being on duty until stable on treatment. F - Restriction in a trade area and restriction in work area and not on duty alone. T - Temporary, if lack of understanding of own illness or if treatment requires frequent supervision.	When stable without functional impairing complications.
	Diabetes - non-insulin treated, diet only Progression to insulin requirement, increased likelihood of eye, nervous system and cardiovascular complications.		F - Restriction in a trade area and restriction in work area and not on duty until stable. T - Temporary when stable but without sufficient understanding of their own illness.	When stable without functional impairing complications.
E65-68	<b>Obesity or abnormal</b> <b>body weight</b> - high or low <i>Risk to self, reduced</i> <i>mobility, reduced work</i> <i>capacity, increased</i> <i>likelihood of diabetes,</i> <i>cardiovascular disease</i> <i>and osteoarthritis.</i>	M - If safety-critical tasks cannot be performed, physical capacity is significantly reduced. P - If safety-critical tasks cannot be performed, physical capacity is significantly reduced and attempts to improve the situation have failed. Note: BMI is a useful indicator of when to perform physical tests. BMI should not be the sole basis for an unfitness decision. BMI over 40 kg/m2 must	F, T - Temporary and trade area restriction or task restriction if not able to perform all tasks, but can perform routine and emergency procedures related to the given safety function.	Physical functioning is average or better, weight is stable or decreasing, and there is no co-morbidity.

		result in a specific assessment according to Appendix 4.		
E00-90	Other endocrine and metabolic diseases(diseases of the thyroid, adrenal gland, including Addison's disease, pituitary gland, ovaries, testicles) <i>Likelihood of relapse or</i> <i>complications.</i>	M - Until treatment is initiated and stabilised without side effects. P - If persistent functional impairment, need for frequent medication adjustments and increased likelihood of serious complications.	F, T - Individual assessment based on specialist opinion. The likelihood of functional impairing complications of illness or treatment must be assessed, including the consequences of infection or injury at sea.	If the treatment is stable, disease control can be infrequent, there is no reduced ability to work, and there is a very low <sup>i</sup> likelihood of complications. <i>Addison's disease:</i> Due to significant risk of complications and relapse, unrestricted fitness is usually not possible.
F00-99	Mental and behavioural	disorders		
F10	Alcohol abuse(addiction) Relapses, accidents, erratic/unpredictable behaviour that threatens safety.	<ul> <li>M - Until treated and fitness criteria are met.</li> <li>To one year after diagnosis or one year after a relapse.</li> <li>P - If persistent or if there is co-morbidity with a likelihood of exacerbation or relapse at sea.</li> </ul>	F, T - Temporary, not as master or not master without close supervision and medical supervision, subject to documented sustained abstinence.	After three years without relapse. Without co- morbidity.
F11-19	Drug addiction/persistent abuse Includes both illegally acquired drugs and prescription drugs. <i>Relapses, accidents,</i> <i>inappropriate</i> <i>behaviour/behaviour</i> <i>affecting safety.</i>	M - Until diagnosed, treated and fitness criteria are met. To one year after diagnosis or one year after a relapse. P - If persistent or there is co-morbidity with likelihood of exacerbation or relapse at sea.	F, T - Temporary, restriction in work area in the form of non-master or non- master without close supervision and medical supervision, provided that: - documented drug- free with a minimum of three negative, unannounced drug tests, - documented successful participation in a rehabilitation programme and - there is continuous participation in drug screening programmes.	After three years with no recurrence after the last episode and no co- morbidities.

F20-31	<b>Psychosis</b> (acute) - organic, schizophrenic or other category specified in ICD. Bipolar (manic depressive disorder). <i>Relapses that lead to</i> <i>changes in perception</i> , <i>cognition, accidents,</i> <i>inappropriate</i> <i>behaviour that threatens</i> <i>safety.</i>	<ul> <li>(a) After a single episode with known triggers:</li> <li>M - Until the condition is examined and stable and the health requirements are met. At least three months after the incident.</li> <li>(b) After a single episode with no known triggers or more than one episode with or without triggers:</li> <li>M - Until the condition is examined, stable and health requirements are met. At least two years after the last episode.</li> <li>P - More than three episodes or persistent likelihood of relapse.</li> <li>The health requirements with or without restrictions are not met.</li> </ul>	F, T - Temporary, trade area restriction, restriction in work area in the form of not master or not master without close supervision and medical control provided that: - the employee has insight into their own illness and - follows the treatment - has no side effects from the medication. F, T - Temporary, trade area restriction, restriction in work area in the form of not master or not master without close supervision and medical control provided that: - the employee has insight into their own illness and - follows the treatment - has no side effects from the medication.	Individual assessment at least one year after the episode, provided triggers can always be avoided. Individual assessment to rul out the likelihood of relapse at least five years after the last episode, no residual symptoms and no medication in the last two years.
F32-38	Mood/affective disorders Severe anxiety, depression or other mental conditions that can affect functional ability. <i>Relapses, reduced</i> <i>performance, especially</i> <i>in emergencies.</i>	M - While acute, under investigation, or if functional impairing symptoms or side effects of the medication. At least three months on stable medication. P - Persistent or recurring symptoms that affect functional ability.	F, T - Trade area restriction, restriction in work area in the form of not master, only master if: - good functional ability, - insight into their own illness, - follows the treatment without side effects - probability of relapse is low <sup>i</sup> .	Individual assessment to eliminate the likelihood of relapse. At least two years relapse-free, off medication or on stable medication without functional impairing side effects.
	Mood/affective disorders Minor or reactive symptoms of anxiety and depression. <i>Relapses, reduced</i> <i>performance, especially</i> <i>in emergencies.</i>	M - Until symptom-free. If treated with medication, then at a stable dose and without functional impairing side effects. P - Persistent or recurring symptoms that affect functional ability.	F, T - Temporary, consider a trade area restriction if on stable medication dose and without functional impairing symptoms or medication side effects.	Individual assessment one year from the end of the last episode, if symptom-free and without medication or on medication without functional impairing side effects.
F00-99	Other disorders, e.g. personality disorders, ADHD, developmental disorders (autism).	M - Undergoing assessment or testing of medication until the final level of function is established.	F - If only able to perform limited tasks. An individual risk assessment is required	No expected symptoms or side effects on board. There have been no incidents during previous periods at sea.

	Impaired attention and concentration and reduced social skills.	P - If it is assumed to have safety implications. Individuals, especially first-time cancers, must be assessed based on their overall medical history. Individuals with long-term treatment needs will generally not be suitable for a position listed in a ship's crew or in a training position leading to such a position.	based on specialist opinion.	
G00-99	Diseases of the nervous	system		
G-40-41	Single seizure Risk to the ship, other people on board or themselves.	M - During the assessment and one year after the seizure.	F - One year after the seizure and on stable medication. Restriction in the work area, possibly not on duty.	One year after the seizure and one year after the end of treatment. If there are triggers, these should not be able to reoccur.
	Epilepsy - no triggering factors (multiple seizures) <i>Risk to the ship, other</i> <i>people on board or</i> <i>themselves.</i>	M - During the assessment and two years after the last seizure. First-time onset: Without seizure phenomena for at least 10 years, of which at least five years without medical treatment P - Recurrent seizures that cannot be controlled with medication.	F - With seizure phenomena within the last 10 years, but not within the last two years with or without treatment: Absolute rejection for a position mentioned in a ship's crew determination or in a training position leading to such a position.	No seizures in the last ten years, no epilepsy medication in the same 10- year period and no likelihood of new seizures.
	Epilepsy triggered by alcohol, drugs, head trauma(multiple seizures) Risk to the ship, other people on board or themselves.	M - Under investigation and for two years after the last seizure. P - Recurrent seizures that cannot be controlled with medication.	F - Individual assessment after two years with no known triggers, seizure-free without medication or with medication and good compliance; restriction in the work area and not on duty and restriction in the work area.	No seizures, without medication, for at least five years, provided there is no continued exposure to triggers.
G43	Migraines(frequent attacks resulting in incapacity to work) Likelihood of recurring functional impairment.	P - Frequent seizures leading to functional impairment.	F - If only able to perform limited tasks.	No anticipated functional impairment at sea. No incidents have occurred during previous periods at sea.
G47	<b>Sleep apnoea</b> Fatigue and episodes where the worker falls asleep while working.	M - Until treatment has started and has been successful for three months. P - Treatment has not been successful or there is poor compliance.	T - Documented efficacy of treatment for three months, compliance with continuous positive airway pressure (CPAP) machine confirmed. Semi-	Individual assessment based on work tasks and safety functions, as well as the opinion of a specialist.

190	surgery/head trauma, including treatment for vascular anomalies or severe head trauma with brain injury.	M - For one year or longer until the likelihood of seizures is low <sup>i</sup> based on a specialist opinion.	F - After at least one year, trade area restriction, restriction in work area and not on duty alone, if the likelihood of epileptic	No functional impairment due to underlying illness or injury, not on epilepsy medication. Probability of seizures very low <sup>i</sup> .
Т90	(d) Disturbance of consciousness suggestive of seizures. Go to G-40-41 Intracranial	P - If the recurrent seizures continue despite a full examination and appropriate treatment.	E. After at least one	Not possible if there are signs of seizures.
	(c) Recurrent syncope or syncope with possible underlying cardiac, metabolic or neurological cause	M - For a possible underlying cause that is undiagnosed or untreatable; six months after the event if no new seizures occur. M - For possible underlying cause or cause identified and treated; for one month after successful treatment.	F, T - Individual assessment, trade area restriction and workspace restriction and not on duty alone.	With possible underlying cause, but no treatable cause found - one year after the incident, if no new cases occur. With possible underlying cause found and treated; three months after successfu treatment.
	(b) Not common fainting; without known cause, not recurrent, without proven underlying cardiac, metabolic or neurological disease	M - Four weeks.	F, T - Individual assessment, trade area restriction and workspace restriction and not on duty alone.	Three months after the incident if there are no new cases.
	(a) Common fainting	ensured.		If a single incident.
R55	Syncope and other loss of consciousness Relapses can lead to injury and loss of control.	M - Until investigated, the cause is identified and control of the underlying condition is		
	disease Relapse/progression; limited muscle strength, balance, coordination and mobility.	affect the ability to perform the work in a reliable and safe manner, or if the seafarer's physical functioning is too poor for the work.	function and specialist medical opinion.	medical specialist.
G00-99	Other organic nerve disorders, e.g. multiple sclerosis, Parkinson's	M - Until diagnosed and stable. P - If the limitations	F, T - Individual assessment based on work tasks, safety	Individual assessment based on work tasks, safety function and the opinion of a
	Fatigue and episodes where the worker falls asleep at work	with treatment for at least two years. P - Treatment is ineffective or there is poor compliance.	restriction and restriction in work area and not on duty if a medical specialist confirms full control of the treatment for at least two years. Annual checks.	
	Narcolepsy	M - Until controlled	records. F, T - Trade area	Not possible.
			annual compliance checks based on CPAP	

	Risk to the ship, other occupants and self due to seizures. Impaired cognitive, sensory or motor function. Relapse or complication of underlying disease.	P - Persistent functional impairment due to underlying condition or recurrent epileptic seizures.	seizures is low <sup>i</sup> and there is no functional impairment due to underlying illness or injury. Provided there is good compliance to treatment and regular check-ups as prescribed by a specialist.	Provided there is good compliance to treatment and regular check-ups as prescribed by a specialist.
H00-99	Diseases of the eye and e	ear	•	
H00-59	Eye diseases: Progressive or recurrent (e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration or retinal detachment) <i>Probability that vision</i> <i>requirements cannot be</i> <i>met in the future,</i> <i>probability of relapse.</i>	M - Transient, failure to fulfil relevant vision requirements, see Appendix 1, and low <sup>i</sup> probability of progressive visual impairment or relapse once the condition is treated or cured. P - Inability to fulfil relevant vision requirements, see Appendix 1, or - if treated - increased likelihood of subsequent visual impairment or relapse.	F - Trade area restriction if relapse is unlikely, albeit possible, and treatment is possible with early medical intervention. T - If relapse is possible but unlikely and can be detected by regular medical check- ups.	Very low <sup>i</sup> likelihood of relapse. Progression so that vision requirements are not met, cf. Appendix 1, is not likely during the validity period of the certificate.
H65-67	Otitis externa; otitis media Relapse, risk of infection for people who handle food. Problem with wearing hearing protection.	M - Until treated. P - If there is chronic ear discharge from people who handle food.	Individual assessment. Assess the effect of heat, humidity and hearing protection on otitis externa.	Effectively treated and no likelihood of relapse.
H68-95	Ear diseases: Progressive (e.g. otosclerosis)	M - Transient failure to meet hearing requirements, see Appendix 2 low <sup>i</sup> probability of subsequent functional impairment or relapse after the condition is treated. P - Persistent inability to fulfil the hearing requirements, see Appendix 2, or if treated subsequently, increased likelihood of further deterioration.	T - If relapse is possible but unlikely and can be detected with regular check- ups.	Very low <sup>i</sup> likelihood of relapse. Progression to a level where hearing requirements, see Appendix 2, are not met is unlikely during the validity period of the certificate.
H81	Ménière's disease and other forms of chronic or recurrent dizziness. Balance disturbances leading to movement impairment and nausea.	M - In the acute phase. P - Frequent seizures leading to functional impairment.	F - Individual assessment if only able to perform limited tasks.	Low <sup>i</sup> probability of functional impairment at sea.

			F, T - If frequent specialist monitoring is required.	
100-99	Heart and vascular diseases			
105-08	Congenital heart disease and valve disease (incl. surgery for these diseases) Heart murmurs that have not been previously investigated. <i>Likelihood of</i> <i>progression and limited</i> <i>functional ability</i> .	M - Until diagnosedand - if necessary - treated. P - If work capacity is reduced or there are episodes of reduced work capacity or if on anticoagulation medication or if permanently high probability of a functional impairing event.	F - Trade area restriction if individual assessment indicates a likelihood of acute complications or rapid progression. T - If frequent monitoring is required.	Heart murmurs - If benign after specialist assessment. Other - Individual assessment based on specialist opinion, but not possible with anticoagulation (except acetylsalicylic acid).
I10-15	Blood pressure elevation Increased likelihood of ischaemic heart disease, eye and kidney damage or brain haemorrhage. Possibility of acute hypertensive episode.	M - Usually if >160 systolic or >100 diastolic mm Hg, until diagnosed and treated according to national guidelines. P - If persistently >160 systolic or >100 diastolic mm Hg with or without treatment.	T - If additional monitoring is required to ensure that levels remain within recommended limits.	If treated according to national guidelines, without functional impairing side effects.
120-25	Heart attack, e.g. myocardial infarction, previous myocardial infarction or newly discovered left-sided bundle branch block, angina, cardiac arrest, coronary bypass or angioplasty. Acute functional impairment or reduced work capacity. Problems dealing with cardiac emergencies at sea.	M - For three months after initial investigation and treatment is initiated; longer if symptoms are not controlled. P - If the criteria for issuing a health certificate are not present and improvement of the condition cannot be expected.	T - If the probability of recurrence is very low <sup>i</sup> and the worker is fully compliant with risk reduction recommendations, no relevant co- morbidities: Issue initial six-month health certificate and subsequent annual health certificate. F, T - If the probability of relapse is low <sup>i</sup> , limited to: - work area in the form of not working alone or not on duty alone; and - trade area restriction. Initially issue a six- month health certificate and then an annual health certificate. F, T - If the likelihood of relapse is <sup>moderate</sup> and the seafarer is asymptomatic. Sufficient physical	Not possible.

			fitness to perform routine work and safety functions: - Restriction in the work area in the form of not working alone or not on duty alone; and - trade area restriction or only work on board a ship with a doctor on board. Individual assessment of limitations. Annual checks.	
I44-49	Heart rhythm and conduction disorders(incl. pacemakers and ICDs). Likelihood of functional impairing relapse and sudden functional impairment and limited work capacity. Pacemaker/ICD can be affected by strong electrical fields.	M - Until examined and treated, and satisfactory efficacy of the treatment is documented. P - If there are functional impairing symptoms present or increased likelihood of functional impairment at relapse, and if treated with an ICD implant.	T - If needing check- ups at shorter intervals, there are no functional impairing symptoms and very low <sup>1</sup> likelihood of relapse, based on a specialist opinion. F - Work area restriction and not on duty alone and/or restriction in the trade area if low <sup>1</sup> probability of acute functional impairment due to a relapse. The follow-up regime must be specified. If treated with a pacemaker, the duration of the health certificate must coincide with the need for pacemaker control.	Checks not required or at intervals of more than two years. No symptoms and very low likelihood of relapse based on a specialist opinion.
I61-69 G46	Ischaemic cerebrovascular disorder(apoplexy or TCI). Increased likelihood of relapse, acute functional ability. Risk of developing other circulatory disorders that may lead to acute functional ability.	M - Until treated, stable and for three months after the incident. P - If residual symptoms interfere with job performance or there is a significantly increased likelihood of a relapse.	F, T - Individual assessment of fitness, restriction in scope of work and not on duty alone. The assessment should include the likelihood of future cardiovascular events. No physical functional impairment in relation to the work area. Annual assessment.	Not possible.
173	Arterial claudication Likelihood of other circulatory disease that can cause a sudden loss	M - Until assessed. P - If unable to perform the work.	F, T - Consider restriction of work area and not on duty provided symptoms are mild and do not	Not possible.

	of ability to work. Limited ability to work.		interfere with essential job duties, or if surgically treated and no physical functional impairment to work. Individual assessment of the likelihood of future heart disease	
			(criteria in I20-25). Reassess at least annually.	
183	Varicose veins Possibility of bleeding from an injury, skin changes and ulceration.	M - Until treated for functional impairing symptoms. Up to one month after surgery.	Not possible.	No symptoms or complications.
180. 2-3	Deep vein thrombosis/pulmonary embolism Likelihood of recurrence or severe pulmonary embolism. Likelihood of bleeding due to anti-coagulation treatment.	M - Until investigated and treated, and while on short-term anti- coagulation treatment. P - Consider if recurrent or on permanent anti- coagulation treatment.	F, T - May be suitable for work where low <sup>i</sup> probability of injury, restriction in work area to domestic travel when stabilised on anti-coagulation medication with regular monitoring of treatment levels.	Full recovery without anticoagulation.
100-99	Other heart conditions, e.g. cardiomyopathy, pericarditis, heart failure. <i>Likelihood of relapse,</i> <i>acute loss of ability to</i> <i>work and limited work</i> <i>capacity.</i>	M - Until the patient has been examined and treated and a satisfactory effect of the treatment is confirmed. P - If recurrent functional impairing symptoms or likelihood of recurrence due to relapse.	Individual assessment based on a specialist opinion.	Individual assessment. Very low <sup>i</sup> likelihood of relapse.
J00-99	Diseases of the respirato			
J02-04 J30-39	Nose, throat and sinus conditions Reduced ability to work; relapses may occur. Transmission of infection to food and/or other crew members.	M - Until treated. P - If there is a recurring functional impairment.	Individual assessment.	Once treatment is complete relapse is not expected.
J40-44	Chronic bronchitis and/or emphysema Reduced work capacity and symptoms of functional impairment.	M - If an acute episode. P - If recurrent severe episodes, or if physical functional impairment, or if functional impairing dyspnoea.	F, T - Individual assessment. More stringent, if not trade area restriction. Assess functional ability in emergency situations and physical fitness in relation to work. Annual reassessment.	Not possible.
J45-46	Asthma (detailed specialist report for all first-time hires) Unpredictable episodes of breathlessness.	M - As long as the episode lasts until diagnosed (including the possibility of occupational asthma)	F, T - Trade area restriction if <sup>moderate</sup> adult asthma, well controlled, treated with inhaled	Under 20 years old: If mild or <sup>moderate</sup> paediatric asthma, but without hospitalisation or oral steroids in the last three

		and treatment is initiated. In people under 20 years of age with hospitalisation or use of oral steroids within the last three years. P - If likelihood of acute life-threatening asthma attack at sea or history of uncontrolled asthma, e.g. multiple hospitalisations.	medication and without episodes requiring hospitalisation or oral steroids in the last two years or mild or exercise-induced asthma requiring regular treatment.	years and without the need for regular treatment Over 20 years old: If <sup>mild</sup> or exertion <sup>triggering</sup> and without the need for regular treatment.
J93	<b>Pneumothorax</b> (spontaneous or traumatic) <i>Acute functional</i> <i>impairment upon</i> <i>relapse</i>	M - 12 months after the first episode or shorter if advised by a specialist. P - After repeated episodes, unless pleurectomy or pleurodesis has been performed.	F - Duty only in port areas when recovered.	Possible 12 months after the first episode or shorter duration on specialist advice. After surgery - on the advice of the treating specialist.
K00-93	Diseases of the digestive	system		
K01-06	Dental health and oral diseases Acute toothache, recurrent infections of the mouth and gums.	M - If visibly untreated dental or oral disease. P - If there is an increased likelihood of severe dental problems persisting after treatment has been completed; or if the seafarer does not follow recommended dental treatment.	F - Trade area restriction if the criteria are not met and the ship's operation allows for dental treatment without compromising the safety of the ship's crew.	Teeth and/or dentures in good condition.
K25-28	<b>Peptic ulcer</b> <i>Relapse with pain,</i> <i>bleeding or perforation.</i>	M - Until healed, cured or with helicobacter control and on a normal diet for three months. P - If the ulcer persists despite treatment.	F - Individual assessment for possible service earlier with a trade area restriction.	Once cured and on a regular diet for at least three months.
K40-41	Hernias - inguinal and femoral Probability of entrapment.	M - Until diagnosed by a surgeon and entrapment is unlikely or - if necessary - treated.	F - Untreated: Individual assessment with a trade area restriction.	When satisfactorily treated, or exceptionally, when the surgeon deems strangulation unlikely.
K42-43	Umbilical and ventral hernias Instability of the abdominal wall during bending and lifting.	Individual assessment depending on the symptoms and functional impairment. Assess the importance of regular heavy physical exertion.	Individual assessment depending on the symptoms and functional impairment. Assess the importance of regular heavy physical exertion.	Individual assessment depending on the symptoms and functional impairment. Assess the importance of regular heavy physical exertion.
K44	Hiatus hernia Reflux of stomach contents and stomach acid, which can cause heartburn/upper dyspepsia.	Individual assessment based on the severity of symptoms.	Individual assessment based on the severity of symptoms.	Individual assessment based on the severity of symptoms.
K50, 51, 57, 58, 90	Non-infectious enteritis, colitis,	M - Until the patient is assessed and treated.	F - Does not fulfil the conditions for an unrestricted health	Individual assessment based on a specialist report. Under

	<b>Crohn's disease,</b> <b>diverticulitis, etc.</b> <i>Functional impairment</i> <i>and pain.</i>	P - If severe or recurring.	certificate, but acute deterioration is unlikely: Trade area restriction.	full control with a low <sup>i</sup> likelihood of relapse.
K60, 184	Anal diseases: Haemorrhoids, fissures, fistulas Likelihood of episodes of pain and functionality.	M - If external haemorrhoids with repeated bleeding or symptoms. If painful fissure or fistula or infected, recurrent bleeding or faecal incontinence. P - Individual assessment if treatment not possible or recurrent.	Individual assessment for untreated conditions trade area restriction.	When satisfactorily treated.
K70, 72	<b>Cirrhosis of the liver</b> Liver failure, haemorrhagic oesophageal varices.	M - Until satisfactorily investigated. P - If severe or complicated with ascites or oesophageal varices.	F, T - Individual assessment based on a specialist report.	Not possible.
K80-83	<b>Biliary tract disorder</b> <i>Gallstone colic and</i> <i>liver impact.</i>	M - Biliary colic until cured. P - Advanced liver disease, recurrent or persistent functional impairing symptoms.	F, T - Individual assessment based on a specialist report. Does not fulfil the requirements for the unlimited health certificate. Acute biliary colic unlikely.	Individual assessment based on a specialist report. Very low <sup>i</sup> probability of relapse within the next two years.
K85-86	<b>Pancreatitis</b> Probability of recurrence.	M - Until cured. P - If repeated or alcohol-related, unless abstinence is documented.	Individual assessment based on a specialist report.	Individual assessment based on a specialist report. Very low <sup>i</sup> likelihood of relapse.
¥83	Stoma (ileostomy or colestomy) Functional impairment due to loss of control, need for bags, etc. Potential problem in prolonged emergency situations.	M - Until stable. P - Poorly controlled.	F - Individual assessment.	Individual assessment based on a specialist report.
L00-99	Skin and subcutaneous	diseases		
L00-08	Skin infections Recurrent transmission of infection to others.	M - Until satisfactorily treated. P - Individual assessment if the catering employee has recurring issues.	F, T - Based on the nature and severity of the infection.	Cured with a low likelihood of relapse.
L10-99	Other skin diseases, e.g. eczema, dermatitis, psoriasis Recurrence, possible occupational disease.	T - Until diagnosed and satisfactorily treated.	Individual assessment F - If aggravation due to heat or workplace influences.	Stable with no impact on ability to work.
M00-99	Diseases of the musculo connective tissue	skeletal system and		

M10-23	Osteoarthritis, other joint diseases, possibly with joint replacements Pain and reduced mobility affecting ability to work and safety function. Prosthetics: Likelihood of infection and dislocation. Limited service life of prosthetics.	M - Full recovery of physical function and specialist report before resuming work after hip or knee replacement. P - Advanced and severe cases.	F - Individual assessment based on job requirements and medical history. Assess tasks in emergency situations and evacuation from a ship. Not physical functional impairment.	Individual assessment. Can perform routine and safety functions. Very low likelihood of deterioration that results in these tasks not being able to be performed.
M24. 4	Recurrent instability of the shoulder or knee joint Acute limitation of movement with pain.	M - Until satisfactorily treated.	F - Individual assessment of possible joint instability.	Treated; very low risk of relapse.
M54. 5	Back pain Pain and movement restriction affecting the ability to work and safety function. Acute exacerbation.	M - In the acute phase. P - If recurring or permanently reduced ability to work.	Individual assessment.	Individual assessment.
Y83. 4 Z97. 1	<b>Prosthetic limbs</b> Mobility impairment affecting the ability to work and safety function.	P - If essential work tasks cannot be performed.	F - If work and safety function can be performed, but specific limitations in non-essential work functions.	Not physical functional impairment. The planning of how to fit the prosthesis in emergency situations must be confirmed.
N00-99	Diseases of the urinary a	and genital organs		
N00, N17	Acute nephritis Kidney failure, hypertension.	P - Until healthy.	Individual assessment of residual condition.	Healthy with normal kidney function.
N03-05, N18-19	Sub-acute or chronic nephritis or nephrosis Kidney failure, hypertension.	M - Until diagnosed.	F, T - Individual assessment based on specialist report, kidney function and likelihood of complications.	Individual assessment based on a specialist report, kidney function and likelihood of complications.
N20-23	<b>Kidney or urinary tract stones</b> <i>Pain attacks.</i>	M - Until diagnosed and treated. P - Recurrent stone formations.	F - Assess whether there is uncertainty about the ability to work in tropical conditions or in high temperatures. Individual assessment in relation to a trade area restriction.	Individual assessment based on a specialist report, with normal urinary function and low likelihood of relapse.
1100 1140	Prostate	M - Until diagnosed and	F - Individual assessment in relation	Successful treatment with a low <sup>i</sup> likelihood of relapse.
N33, N40	enlargement/urinary tract obstruction Acute urinary retention	treated. P - If the condition is untreatable.	to a trade area restriction.	-

	Functional impairment due to bleeding or pain		affect the ability to work.	
R31, 80, 81, 82	Proteinuria, haematuria, glucosuria or abnormal findings in urine Indicator of kidney disease or other illness.	M - If clinically significant. P - Severe and untreatable underlying cause, e.g. renal impairment.	T - When regular monitoring is required. F, T - When uncertain of the cause, but not an acute problem.	Very low <sup>i</sup> probability of underlying serious illness.
Z90. 5	Kidney removal or a non-functioning kidney. Impaired fluid regulation in extreme conditions if the remaining kidney is not functioning optimally.	P - Renal impairment in the remaining kidney of the first-time discharged patient. Significantly reduced renal function in the remaining kidney of the previously discharged patient.	F - No sailing in the tropics or exposure to high temperatures. Previously discharged with minor functional impairment of the remaining kidney.	Normal function in the remaining kidney, no progressive kidney disease. Based on a specialist opinion.
O00-99	Pregnancy			
O00-99	<b>Pregnancy</b> Complications, limited mobility. Possibility of injury to mother and baby in pre-term birth at sea.	M - Late pregnancy and early postnatal. Complicated pregnancy that requires increased monitoring.	F, T - Individual assessment. May be able to work later in pregnancy with a limited work area.	Uncomplicated pregnancy until 24 weeks of pregnancy Recommendations for pregnancy prophylaxis should be followed.
	General			
R47, F80	<b>Speech disorders</b> <i>Limited communication</i> <i>skills.</i>	P - If incompatible with the reliable and efficient performance of work tasks and tasks in emergency situations.	F - If assistive technology for communication is required to ensure reliable and efficient performance of work tasks in normal and emergency situations.	No issues with essential speech communication.
T78, Z88	Allergies (other than allergic dermatitis and asthma) Likelihood of relapse and more severe seizures. Reduced ability to reliably perform work tasks.	M - Until fully diagnosed by a specialist. P - If life-threatening reactions are likely.	Individual assessment of seizure likelihood, severity and treatment options, access to emergency medical care. F - When the reaction impairs the ability to work but is not life- threatening and the likelihood of recurrence can be reduced by simple measures.	When the reaction impairs the ability to work but is not life-threatening and can be controlled with non-steroidal medication or lifestyle changes without the risk of safety-critical side effects.
Z94	Transplants -kidney, heart, lung, liver. (For prosthetic joints, lenses, ears, heart valves, etc., see the relevant section). <i>Likelihood of rejection,</i> <i>side effects of the</i> <i>medication.</i>	M - Until the effects of surgery and medication have stabilised. P - Individual assessment based on a specialist opinion.	F, T - Individual assessment based on a specialist report.	Not possible.

Classify by disease	<b>Progressive diseases</b> that currently fulfil the requirements, e.g. Huntington's chorea and keratoconus.	M - Until the patient is examined and possibly treated. P - Assess on a first-time deployment.	Individual assessment with a specialist opinion. Acceptable if progression of the disease with functional impairment is unlikely within the validity period of the health certificate.	Individual assessment with a specialist opinion. Acceptable if progression of the disease with functional impairment is unlikely within the validity period of the health certificate.
Classify by disease	Diseases that are not listed	M - Until examined and treated if indicated. P - If permanently reduced ability to work.	Use an analogy based on the listed conditions as a guideline. Assess the likelihood of an acute functional ability, relapse or progression, and limitations in the performance of normal and tasks in emergency situations.	Use an analogy based on the listed conditions as a guideline. Assess the likelihood of an acute functional ability, relapse or progression, and limitations in the performance of normal and tasks in emergency situations.

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### Note:

i. Incidence/frequency: When the terms very low, low and moderate are used in relation to the likelihood of a medical event, this is based on clinical judgement, but in some cases quantitative evidence of the likelihood of a medical event is available. When quantitative evidence is available, e.g. for epilepsy or cardiovascular disease, additional examinations may be required to determine the individual likelihood of deterioration of the health condition.

- The quantitative probability limits are set to:
- Very low: < 2% per year
- Low: 2-5% per year
- Moderate: 5-10% per year
- ii. Asthma; definition of severity levels

### Paediatric asthma:

Mild: Onset after age 10, few or no hospitalisations, normal activity level between episodes, treated with inhaled therapy alone, remission by age 16, normal lung function.
Moderate: Few hospitalisations, regular use of inhaled therapy, affected functional level, remission at age 16, normal lung function.

- Severe: Frequent episodes, with hospitalisations, oral steroid treatment, affected lung function.

Adult onset asthma:

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Asthma that persists from childhood or onset after the age of 16. In people with adultonset asthma, the relationship to specific allergens should be investigated, including occupational asthma. Less specific agents such as cold, workload and respiratory infection should also be identified.

- Mild intermittent asthma: Episodes of mild breathing difficulties occurring less frequently than one-two weeks apart and with good response to inhaled beta2-agonists.

- Mild asthma: Frequent episodes of breathing difficulties requiring the use of beta2agonist or steroid inhalation.

- Exercise-induced asthma: Episodes of breathing difficulties and breathlessness triggered by physical exertion, especially in the cold. The episodes can be effectively treated with inhaled therapy (steroid or long-acting beta2-agonists) or other oral treatment.

- Moderate asthma: Frequent episodes of breathing difficulties despite treatment with inhaled steroids or other medication, sometimes requiring oral steroids.

Severe asthma: Frequent episodes of breathing difficulties. Frequent hospitalisation.
 Frequent use of oral steroids.

**Appendix 4** 

### Use of tests for obesity

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In cases where a seafarer's BMI exceeds 40, a specific assessment must be made of whether the person in question is able to perform routine and safety-critical tasks on board. To support this assessment, physical tests can be carried out.

Physical tests, including the Chester Step Test, cannot be the sole basis for rejection or restriction of the seafarer's fitness for ship service, but must be part of an overall assessment. It must also be assessed whether the person's fat distribution and muscle density are severely hampering mobility.

The physical tests should allow the seafarer to demonstrate that they are able to handle the physical demands and stresses associated with working at sea.

For this purpose, the Chester Step Test can be used, which is a reproducible method to provide insight into a person's cardiovascular capacity, physical ability and endurance.

Alternatively, informal tests can be used, such as having the seafarer walk three to six flights of stairs and assessing the seafarer's condition accordingly. The informal tests are not a reproducible test, but can give the ship's doctor an immediate assessment of strength, mobility, motor skills, etc.

The ship's doctor can use the following parameters in informal tests to assess the seafarer's ability to cope with everyday life and emergencies on a ship.

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Routine movement around the ship	Is the seafarer, without assistance from others, able to: - Climb ladders and stairs - Step over high door frames - Operate heavy fire and watertight doors.
Perform routine tasks on board a ship	Is the seafarer able to: - Work with raised arms - Bend down and pick up objects from floor level - Stand and walk for longer periods - Move into tight spaces and areas - Maintain a normal conversation with a normal workload
Obligations in case of emergencies on a ship	Is the seafarer able to: - Wear a life jacket or survival suit - Escape from a smoke-filled room - Assist in the evacuation of people - Crawl - Handle firefighting equipment

### **Appendix 5**

### Overview of commonly used trade area restrictions

### **Coastal vessels:**

Sail in the North Sea east of 3 degrees E. longitude and south of 62 degrees N. latitude,

speed in the Baltic Sea south of 58 degrees N. latitude and sail along the coasts of

Greenland at a distance of not more than 30 nautical miles from the coast (baseline).

Individual assessment of whether to exempt Greenland's coasts.

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### Local trade:

Coastal vessels and sailing south of 62 degrees N. latitude, north of 48 degrees N. latitude and east of 12 degrees W. longitude, sailing in the Baltic Sea north of 58 degrees N. latitude, sailing in the Faroe Islands and sailing along the coasts of Greenland at a distance of not more than 200 nautical miles from the coast (baseline).

Individual assessment of whether sailing in the Faroe Islands and sailing along the coasts of Greenland should be exempt.

### **Defined sailing route:**

After individual assessment, fitness can be limited to a specific shipping route, usually a ferry crossing or similar.

### **Defined** area:

After individual assessment, fitness can be limited to a specific lake, harbour or fjord.

### Official notes

<sup>1)</sup> The Executive Order contains provisions implementing parts of Council Directive 2009/13/EC of 16 February 2009 implementing the Agreement entered into 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 of the European Union 2009, L 124, p. 30-50, parts of Council Directive 2003/88/EC of 4 November 2003 concerning certain aspects of the organisation of working time, Official Journal 2003, L 299, p. 9-19, parts of Council Directive 2017/159/EU of 19 December 2016 implementing the Agreement on the implementation of the International Labour

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Organisation's Working Conditions in the Fishing Sector Convention, 2007, entered into on 21 May 2012 by the Confederation of Agricultural Trade Unions in the European Union (Cogeca), the European Transport Workers' Federation (ETF) and the Association of National Fishermen's Organisations 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 (reworked), Official Journal 2008, No. L 323, p. 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 certificates of competency issued by the Member States, Official Journal 2019, No. L 188, page 94.

<sup>1</sup>) First-time hires, i.e. anyone going to sea for the first time, who has not worked in a ship within the last five years and all seafarers and fishermen under the age of 18.

<sup>2)</sup> Professional seafarers, i.e. seafarers and fishermen over the age of 18 who have worked on a ship within the last five years and for whom the seafaring or fishing profession must be considered their main occupation.