



REPUBLIC OF MAURITIUS

Ministry of Ocean Economy, Marine Resources,
Fisheries, Shipping and Outer Islands
3rd Floor, Ken Lee Building
Edith Cavell Street
Port-Louis

MERCHANT SHIPPING NOTICE Ref: 2 of 2016

Title: New requirements for Medical examination of Seafarers under STCW manila 2010 amendments and the Maritime Labour Convention 2006.

Notice to: Ship owners, Masters, Operators, Seafarers, Manning Agents of Mauritian Seafarers and other Shipping Industry stakeholders

The objectives of this Merchant Shipping Notice is to inform the seafarer community of the new requirements under STCW Manila 2010 amendments and the Maritime Labour Convention (MLC) 2006 regarding Medical Examination for seafarers.

MEDICAL EXAMINATION FOR SEAFARERS

Seafarers and all those concerned are hereby informed that with the new requirements under both the STCW Convention known as the Manila amendments and the Maritime Labour Convention (MLC) 2006, Medical examination for seafarers will be conducted as per **Annex 1** of this Notice.

This Merchant Shipping Notice supersedes Notice No 1 of 2007 and enters into force on 15 September 2016.

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(Shipping Division)
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ANNEX 1



REPUBLIC OF MAURITIUS

MINISTRY OF OCEAN ECONOMY, MARINE RESOURCES,
FISHERIES, SHIPPING AND OUTER ISLANDS

MEDICAL EXAMINATION FOR SEAFARERS

(in compliance with ILO/IMO Guidelines of the Medical examinations for Seafarers)

AS REQUIRED UNDER

The Standards Training Certification and Watchkeeping
Convention 78 as amended

(Regulation I/9 & STCW-Code Section A-I/9)

and

The Maritime Labour Convention 2006

(Regulation 1.2)



Medical fitness certificate issued in compliance with ILO/IMO

Guidelines of the Medical examinations for Seafarers

(Section A-1/9 of the STCW-Code and Regulation 1.2 of the MLC 2006)

PART A – To be completed by applicant

<i>Surname (Family Name)</i>	<i>First Name</i>	<i>Maiden Name</i>
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<i>Date of Birth</i>	<i>Country of Birth</i>	<i>Nationality</i>
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Department

Deck Engine Radio Other Please specify: _____

<i>Passport No./Discharge Book No./Identity Card No.</i>	<i>Gender</i> Male <input type="checkbox"/> Female <input type="checkbox"/>
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Address

Applicant's personal declaration (Assistance should be offered by medical staff)

- Have you ever had any of the following conditions:

Condition	Yes	No	Condition	Yes	No
1. Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>	18. Sleep problem	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you smoke, use alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart/vascular disease	<input type="checkbox"/>	<input type="checkbox"/>	20. Operation/surgery	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	21. Epilepsy/seizures	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins/piles	<input type="checkbox"/>	<input type="checkbox"/>	22. Dizziness/fainting	<input type="checkbox"/>	<input type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	23. Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	24. Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	25. Depression	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>	26. Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>
10. Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>	27. Loss of memory	<input type="checkbox"/>	<input type="checkbox"/>
11. Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>	28. Balance problem	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin problem	<input type="checkbox"/>	<input type="checkbox"/>	29. Severe headache	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	30. Ear (hearing/tinnitus)/nose/throat problem	<input type="checkbox"/>	<input type="checkbox"/>
14. Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>	31. Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	32. Back or joint problem	<input type="checkbox"/>	<input type="checkbox"/>
16. Genital disorder	<input type="checkbox"/>	<input type="checkbox"/>	33. Amputation	<input type="checkbox"/>	<input type="checkbox"/>
17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	34. Fractures/dislocations	<input type="checkbox"/>	<input type="checkbox"/>

If you answered yes to any of the above questions, please write details below:

**Medical fitness certificate issued in compliance with ILO/IMO
Guidelines of the Medical examinations for Seafarers**
(Section A-I/9 of the STCW-Code and Regulation 1.2 of the MLC 2006)

	Additional questions:	Yes	No
35.	Have you been signed off as sick or repatriated from a ship?	<input type="checkbox"/>	<input type="checkbox"/>
36.	Have you ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>
37.	Have you ever been declared unfit for sea duty?	<input type="checkbox"/>	<input type="checkbox"/>
38.	Has your medical certificate ever been restricted or revoked?	<input type="checkbox"/>	<input type="checkbox"/>
39.	Are you aware that you have any medical problems, diseases or illnesses?	<input type="checkbox"/>	<input type="checkbox"/>
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	<input type="checkbox"/>	<input type="checkbox"/>
41.	Are you allergic to any medication?	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
		Yes	No
42.	Are you taking any non-prescription or prescription medications?	<input type="checkbox"/>	<input type="checkbox"/>
If yes , please list the medications taken, and the purpose/s and dosage/s:			
<p><i>Applicant must sign personal declaration in the presence of a duly qualified medical practitioner who will be filling PART B of this medical report</i></p> <p>I hereby certify that the personal declaration above is a true statement to the best of my knowledge. Furthermore, I authorize the release of all my records from any health professionals, health institutions and public authorities to the appointed medical practitioner.</p>			
Applicant's Signature (Signed in the presence of medical practitioner)		Date:	

Medical fitness certificate issued in compliance with ILO/IMO Guidelines of the Medical Examinations for Seafarers

(Section A-I/9 of the STCW-Code and Regulation 1.2 of the MLC 2006)

PART B – To be completed by a duly qualified medical practitioner

Medical Examination

Height	(cm)	Weight	(kg)	Pulse Rate	/(minute)	Rhythm	
Blood pressure (mm HG)				Urinalysis			
Systolic		Diastolic		Glucose		Protein	Blood

Sight (Table on the "Minimum in-service eyesight standards for seafarers" is found on page 6 of this medical report)

Use of glasses or contact lenses: Yes No

	Visual acuity						Visual fields		
	Unaided			Aided				Right eye	Left eye
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular			
Distant							Normal		
Near							Defective		

Colour vision Not tested Normal Doubtful Defective

Hearing

	Pure tone and audiometry (threshold values in dB)						Speech and whisper test (metres)		
	500 Hz	1000Hz	2000Hz	3000Hz	4000Hz	6000 Hz		Normal	Whisper
Right ear							Right ear		
Left ear							Left ear		

		Normal	Abnormal			Normal	Abnormal
1.	Head	<input type="checkbox"/>	<input type="checkbox"/>	13.	Skin	<input type="checkbox"/>	<input type="checkbox"/>
2.	Sinuses, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	14.	Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>
3.	Mouth/teeth	<input type="checkbox"/>	<input type="checkbox"/>	15.	Vascular (inc. Pedal pulses)	<input type="checkbox"/>	<input type="checkbox"/>
4.	Ears (general)	<input type="checkbox"/>	<input type="checkbox"/>	16.	Abdomen and viscera	<input type="checkbox"/>	<input type="checkbox"/>
5.	Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>	17.	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
6.	Eyes	<input type="checkbox"/>	<input type="checkbox"/>	18.	Anus (not rectal exam)	<input type="checkbox"/>	<input type="checkbox"/>
7.	Ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>	19.	G-U system	<input type="checkbox"/>	<input type="checkbox"/>
8.	Pupils	<input type="checkbox"/>	<input type="checkbox"/>	20.	Upper and lower extremities	<input type="checkbox"/>	<input type="checkbox"/>
9.	Eye movement	<input type="checkbox"/>	<input type="checkbox"/>	21.	Spine (C/S, T/S and L/S)	<input type="checkbox"/>	<input type="checkbox"/>
10.	Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>	22.	Neurologic (full brief)	<input type="checkbox"/>	<input type="checkbox"/>
11.	Breast examination	<input type="checkbox"/>	<input type="checkbox"/>	23.	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
12.	Heart	<input type="checkbox"/>	<input type="checkbox"/>	24.	General appearance	<input type="checkbox"/>	<input type="checkbox"/>

Chest X-ray **Not performed** **Performed on**

Results:

Other diagnostic test/s and results:

Test:

Result:

Medical practitioner's comments and assessment for fitness, with reasons for any limitations:

Vaccination status recorded: Yes No

**Medical fitness certificate issued in compliance with ILO/IMO
Guidelines of the Medical Examinations for Seafarers**

Medical certificate for service at sea

Medical certificate for service at sea		
<i>Surname (Family Name)</i>	<i>First Name(s)</i>	<i>Maiden Name</i>
<i>Date of Birth</i>	<i>Country of Birth</i>	<i>Nationality</i>
<i>Department</i>		
<i>Deck</i> <input type="checkbox"/> <i>Engine</i> <input type="checkbox"/> <i>Radio</i> <input type="checkbox"/> <i>Other</i> <input type="checkbox"/> <i>Please specify:</i>		
<i>Passport No./Discharge Book No./Identity Card No.</i>		<i>Gender</i>
		<i>Male</i> <input type="checkbox"/> <i>Female</i> <input type="checkbox"/>
Declaration of duly qualified medical practitioner		
	Yes	No
Confirmation that applicant's identification documents were checked?	<input type="checkbox"/>	<input type="checkbox"/>
Hearing meets the standards in STCW Code, section A-1/9?	<input type="checkbox"/>	<input type="checkbox"/>
Visual acuity meets standards in STCW Code, section A-1/9?	<input type="checkbox"/>	<input type="checkbox"/>
Colour vision meets standards in STCW Code, section A-1/9? (Tested on/...../.....)	<input type="checkbox"/>	<input type="checkbox"/>
Fit for lookout duties?	<input type="checkbox"/>	<input type="checkbox"/>
Is applicant suffering from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on boards?	<input type="checkbox"/>	<input type="checkbox"/>
This is to certify that I have examined the applicant and that my findings are recorded in this medical report		
Result: Fit for Sea Duty <input type="checkbox"/> Unfit for Sea Duty <input type="checkbox"/> **Fit with limitations or restrictions <input type="checkbox"/>		
**Please specify limitations or restrictions, if any:		
Name and Signature and stamp of duly qualified medical practitioner	Applicant's Signature <small>(Signed in the presence of medical practitioner after taking cognizance of the report and the right for a review under Par.6 of Section A-1/9 of the STCW Code & standard A1.2.5 of MLC 2006)</small>	
Date of Examination:...../...../.....	Date of Issue of Medical Certificate...../...../.....	
Validity: (years).....		
<i>This medical certificate shall remain valid for a maximum period of two years unless it is deemed necessary by the medical practitioner .Colour Vision Test Certificate shall be valid for six years.</i>		
<i>Deck</i> <i>Engine</i> <i>Radio</i> <i>Other</i> <i>Please specify:</i>		

Medical fitness certificate issued in compliance with ILO/IMO Guidelines of the Medical Examinations for seafarers (Section A-I/9 of the STCW-Code and Regulation 1.2 of the MLC 2006)

Table A-I/9 (Minimum in service eyesight standards for seafarers)

STCW Convention regulation	Category of seafarer	Distance Vision Aided		Near/immediate vision	Colour Vision	Visual fields	Night blindness	Diploma (double vision)
		One Eye	Other eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	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 aids to navigation)	See Note 6	Normal Visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electro-technical ratings and ratings or others forming part of an engine room watch	0.4 ⁵	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment and to identify system/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident.
I/II IV/2	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	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident.

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 the International Recommendations for Colour Vision Requirements for Transport by the 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.