



## INFORMATION BULLETIN No. 103

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### SEAFARER MEDICAL EXAMINATION AND CERTIFICATES

Guidance and Instructions for Bahamas Recognised Organisations, Bahamas Approved Nautical Inspectors, Ship Owners, Managers, Masters, Seafarers, Recruitment & Placement Service and Duly Authorised Manning Agents

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#### 1. Purpose

- 1.1. This Bulletin provides all parties with guidance on the medical examination and certification requirements for seafarers in accordance with the Bahamas Merchant Shipping Act, International Convention on Standards of Training, Certification and Watchkeeping for Seafarers 1978, as amended, (STCW) and the International Labour Organisation (ILO) Maritime Labour Convention, 2006 (MLC 2006) requirements.
- 1.2. This Bulletin should be read in conjunction with BMA Information Bulletins 81, 127 and ILO/IMO *Guidelines on the Medical Examinations of Seafarers*.

#### 2. Application and Interpretation

##### 2.1 This applies to:

- .1 All persons serving onboard who are required be trained and certified in accordance with STCW and IMO Resolution A. 1079 (28) and the High Speed Craft Code,
- .2 All persons, to whom MLC 2006 is applicable, as outlined in BMA Information Bulletin No. 127.

2.2.1 The Bahamas accepts medical certificates<sup>1</sup> satisfying the requirements of the STCW as documentary evidence that a seafarer is medically fit to serve onboard a Bahamian ship.

2.2.2 For seafarers who do not require STCW certification, the BMA may accept a medical certificate provided that the standards meet the substance of the STCW requirements, the certificate is issued by a country that has ratified and is party to either STCW or MLC 2006. **Annex IV** provides a list of the countries whose medical certificates will be accepted if issued by an approved medical practitioner. The Company or seafarer should provide details of the certification to the BMA for consideration.

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<sup>1</sup> See also section 6.1.4

- 2.3.1 In accordance with the provisions of STCW Regulation I/14, the Company and the Master shall ensure that all seafarers are medically fit prior to being employed or assigned any tasks onboard a Bahamian registered ship. The Company also has this responsibility under Section 6.2 of the ISM Code.
- 2.3.2 The Company should accept a medical fitness certificate issued by an approved medical practitioner in accordance with the provisions of STCW or MLC 2006 as documentary evidence of the seafarer being medically fit although the Company may require an additional medical examination in accordance with the Company's terms and condition of employment. **Annex I** provides guidance on assessment of the minimum entry level and in service physical abilities for seafarers.

### 3. General Requirements

- 3.1.1 The Bahamas will accept a medical certificate following a medical examination carried out in accordance with the *ILO/IMO Guidelines on the Medical Examinations of Seafarers* by one of the following parties:
- .1 Approved medical practitioners in The Bahamas. For this purpose, the medical practitioner must hold a valid medical approval certificate issued by the Bahamas Medical Council (BMC),
  - .2 Medical practitioners approved by the Administration of a country that has ratified and is party to either STCW (**See Annex IV**) or MLC 2006.
- 3.1.2 The BMA is aware that some Medical Companies conduct medical examinations for Company and specific industry employment purposes and that such medical examination may include requirements and/or standards that are not required by STCW or ILO provisions. Medical certificates issued following such Company or industry specific employment examination may be accepted subject to:
- .1 The medical practitioner being approved, by the BMC or an Administration of a STCW or MLC 2006 ratifying country, to conduct STCW or MLC 2006 examination. The certificate should have reference to the authorizing Administration or country.
  - .2 The medical certificate being in English and containing the information as noted in *Section 5* of this Bulletin.
  - .3 The seafarer is not a Master, Chief Engineer, Chief Mate, Second Engineer, Officer in Charge of a Navigation Watch, Officer in Charge of an Engineering Watch, Electro-Technical Officer, Able Seafarer Deck or Engine, Electro-Technical Rating, Navigational or Engineering Rating, Offshore Installation Manager, Maintenance Supervisor, Barge Supervisor or Ballast Control Operator.

3.2.1 Where the medical examination is carried out in The Bahamas, the medical practitioner must hold a valid medical approval certificate issued by the BMC and the following process shall be followed:

- .1 The seafarer must provide the medical practitioner with a photographic identity document and a copy of the last medical fitness certificate, if the medical examination is not the first examination,
- .2 The seafarer shall advise the medical practitioner if he or she has previously failed a seafarer medical examination and/or any significant medical condition they may have, or medical treatment they are undergoing at the time of the examination,
- .3 The medical practitioner shall undertake the medical examination and advise the seafarer of the outcome which should be recorded in the format as noted in *Annex II*. As the outcome is confidential, the content of this must not be provided to a third party unless specifically authorized by the seafarer. The seafarer shall be provided with a certificate as specified in Section 5 and *Annex III* of this Bulletin,
- .4 The medical practitioner shall maintain records of the medical examination for six (6) years and such records shall be available for examination by the BMC or the BMA.

3.2.2 Subject to process outlined in 3.2.1 above, a medical examination may be carried out onboard a Bahamian registered vessel subject to the following additional conditions:

- .1 the medical practitioner must hold a valid medical approval certificate issued by the BMC or an Administration of a STCW or MLC 2006 ratifying country,
- .2 The medical examination is conducted prior to the seafarer being assigned duties or in the case of a medical certificate that is due to expire, then prior to the expiry of that certificate,
- .3 The medical practitioner has professional independence in exercising their medical judgment when undertaking medical examination procedures and the confidentiality of the seafarer is maintained with the outcome of the examination only being made available to the seafarer,
- .4 The vessel has appropriate facilities and equipment to enable a medical examination to be carried out,
- .5 The medical practitioner maintains records of all medical examination carried out,
- .6 The BMA is advised of any seafarer who has failed a medical examination recognizing the provisions for an appeal.

- 3.3.1 The approved medical practitioners should be satisfied in each case that no disease or defect is present which could either be aggravated by working at sea or represent an unacceptable health risk to the individual seafarer, other crew members or the safety of the ship.
- 3.3.2 Apart from the purely medical aspects, the occupational circumstances which apply at sea should be fully considered, especially in any borderline case. Particular factors which should be taken into account are:
- .1 the potentially hazardous nature of seafaring, which calls for a high standard of health and continuing fitness;
  - .2 the restricted medical facilities likely to be available on board some ships which may not carry a qualified medical Doctor and there maybe delay before full medical treatment is available;
  - .3 the possible difficulty of providing or replacing required medication. As a rule, a seafarer should not be accepted for service if the loss of a necessary medicine could precipitate the rapid deterioration of a medical condition;
  - .4 the confined nature of life on board ship and the need to be able to live and work in a closed community;
  - .5 the limited crew complements which mean that illness of one crew member may place a burden on others or impair the safe and efficient working of the ship;
  - .6 the potential need for crew members to play a role in an emergency or emergency drill, which may involve strenuous activity in adverse conditions;
  - .7 since many seafarers will need to join and leave ships by air, they should be free from any condition which precludes air travel or could be seriously affected by it, such as pneumothorax or conditions which predispose to barotraumas.
- 3.3.3 The approved medical practitioner should be satisfied that no condition is present which is likely to lead to problems during the voyage and no treatment is being followed which might cause adverse side effects. It would be unsafe practice to allow a seafarer to go to sea with any known medical condition where there was the possibility of serious exacerbation requiring expert treatment. Where medication is acceptable for seafarers, the individual seafarer should arrange for a reserve stock of the prescribed drugs to be held in a safe place, with the agreement of the ship's master.

#### 4 Medical Standards

The Bahamas applies the medical standards as specified in the STCW and the *ILO/IMO Guidelines on the Medical Examinations of Seafarers* for the purpose of seafarer's medical examination and certification.

## 5 Medical Certificate

5.1.1 The medical certificate shall be in English or if the language used is not English, the text shall include a translation into English. The certificate shall include the following minimum information:

- a) a title to signify that it is a "Seafarer's Medical Certificate"
- b) reference to STCW Regulation I/9 or ILO-73 (1946) or ILO-147 (1976) or ILO Maritime Labour Convention 2006 (MLC-2006) or ILO/IMO "*Guidelines on the Medical Examinations of Seafarers*"
- c) reference to approval by the Administration (where applicable)
- d) seafarer's name, nationality, gender and date of birth: (day/month/year)
- e) Identity document reference number
- f) Declaration of approved medical practitioner
  - Confirmation that identification documents were checked at the point of examination
  - Hearing meets medical standards
  - Unaided hearing satisfactory?
  - Visual acuity meets standards?
  - Colour vision\* meets standards? (Colour vision assessment only needs to be conducted every six (6) years).
  - Date of last colour vision test
  - Fit for duties?
  - Any limitations or restrictions on fitness? If "Yes", specify limitations or restrictions.
  - Is the seafarer free 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 board? Y/N
- g) Date of medical examination: (day/month/year)
- h) Expiry date of certificate: (day/month/year)
- i) Approved medical practitioners name, signature (a seal or stamp is preferable)
- k) Seafarer signature (confirming that the seafarer has been informed on the content of the certificate and the right to a review/appeal)

5.1.2 A draft format capturing the information outlined in 5.1.1 above is contained in ***Annex III*** and may be used by an approved medical practitioner.

5.2 Provided the seafarer does not develop any medical condition that may render the medical certificate invalid, the certificate shall remain valid for a period of two (2) years (from the date of issue) in the case of seafarers aged over 18 years and one (1) year for seafarers aged under 18 years.

## 6. Exceptions

6.1.1 A seafarer whose certificate has expired during the course of a voyage may continue to work until the next port of call at which a medical examination can be conducted, or for up to three months from the date of expiry of the certificate, whichever period is earlier. The validity of the certificate cannot be extended.

6.1.2 The BMA may permit a seafarer to work without a valid medical certificate until the next port of call where a medical practitioner approved by a country which has ratified and is party either ILO MLC 2006 or STCW, provided that:

- a) the period of such permission does not exceed three months; and
- b) the seafarer concerned is in possession of an expired medical certificate of recent date.

6.1.3 Under the provisions noted in section 6.1.2 above, the Company shall apply for a dispensation by submitting an application in writing to the BMA providing:

- Details of the affected seafarer
- Details of the affected ship and intended voyage
- Copy of medical certificate
- Reason for the application
- Applicable fee for assessment of application. An exemption fee will apply, see *BMA Information Bulletin No. 81*

6.1.4 [The BMA may accept other medical certificate \(e.g. Oil and Gas UK\) which is not in accordance with STCW/ILO guidelines, but these medical certificates are only accepted for Seamans Record Books and not national certificates and endorsements.](#)

6.2 Notwithstanding the provisions outlined above and in accordance with the ISM requirements in relation to effective planning, the Company and master should monitor the validity of seafarers medical certificates in order to ensure that all documents will be valid for the intended voyage(s) and if not, make the necessary arrangements to avoid certificates expiring during a voyage.

## 7. Suspension and Cancellation of a Medical Certificate

7.1 If a medical practitioner approved by the Bahamas or medical practitioner who has conducted a medical examination onboard a Bahamian ship has reasonable grounds for believing that:

- .1 there has been significant change in the medical fitness of a seafarer while holding a valid certificate; or
- .2 the seafarer is not complying with the terms of a condition of issue of the certificate; or
- .3 they did not have full details of the seafarer's condition at the time of examination, and if they had done so he could not reasonably have considered that the seafarer met the required standards; or
- .4 the medical certificate was not issued in accordance with the provisions;

the medical practitioner may either:

- .1 suspend the certificate until the seafarer has undergone a further medical examination; or
- .2 suspend it for such period as they consider the seafarer will remain unfit to go to sea; or
- .3 cancel the certificate if they consider that the seafarer will remain permanently unfit to go to sea and must notify the seafarer accordingly.

7.2 In the event of a decision to cancel or suspend the medical certificate, the medical practitioner may require that the affected seafarer returns the issued medical fitness certificate. If for any reason the certificate is not returned, the medical practitioner should inform the BMA.

7.3 A seafarer whose medical fitness certificate is suspended for more than three (3) months or cancelled has a right of review of that suspension or cancellation.

## **8 Application for a Review or Appeal of a Decision**

8.1 Any seafarer (including new entrants) found permanently unfit, or fit only for restricted service, or whose certificate is cancelled or suspended for more than three (3) months by medical practitioner approved by the Bahamas or medical practitioner who has conducted a medical examination onboard a Bahamian ship in accordance with section 3.2 on this Bulletin, has a right of review or appeal by an independent Medical Referee appointed by the BMC. Such appeal can only be made by a seafarer who has either:

- a) served at sea at any time during the two (2) years immediately preceding the date on which these Regulations come into operation, or
- b) held a valid medical certificate at any time during the two (2) years immediately preceding that refusal, imposition of a restriction, suspension or cancellation.

8.2 A seafarer who wishes to apply for a review should submit a request in writing to the BMC. The application should be made within one (1) month of the date on which the seafarer is given notice by the Approved medical practitioner of refusal, restriction or suspension of a certificate. The BMC will then arrange for the appeal to be considered by a Medical Referee.

8.3 In making a submission for review, the seafarer is also giving authority for the Approved medical practitioner to release his or her report to the Medical Referee. If the applicant wishes to submit additional medical evidence in support of their application, they should arrange for this to be sent to the Medical Referee before the appointment date. The cost of the review, and of any additional specialist reports required by the Medical Referee in order to make their decision, will be to the BMC account.

The seafarer is responsible for their travel costs to their appointment, and if having agreed the appointment time with the referee they fail to attend without giving due notice, may be required to cover the cost of the missed appointment.

- 8.4 Where a Medical Referee has determined that a seafarer is unfit to go to sea, the BMC may not allow a further application for review from that seafarer within five (5) years of that determination.
- 8.5 In cases not specifically covered by the medical standards, or in cases where the Approved medical Doctor has assessed the seafarer as “*unfit*” and exceptional medical considerations apply, the Medical Referee should decide an appropriate fitness category after obtaining relevant information from the Approved Doctor who made that assessment and consideration of all the evidence presented to them.
- 8.6 The Medical Referee should reach a decision within two (2) months of the date on which the review was lodged with the BMC, or longer where necessary, subject to agreement with the BMC.

## 9 Revision record

- Rev. 02 (31 August 2012) – Second issue. Complete Revision
- Rev. 03 (19 April 2013) – Third issue. Editorial amendments, revision of 2.2, complete revision of section 3; revision of 5.1; new section 9; re-numbered section 10.
- Rev. 04 (27<sup>th</sup> November 2019) – Fourth issue. Update. [Amended sections in blue.](#)



ANNEX I

Guidance on Assessment of the Minimum Entry Level and In Service Physical Abilities  
for Seafarers<sup>3</sup>



Shipboard Task, Function, Event or Condition <sup>3</sup>	Related Physical Ability	A Medical Examiner Should Be Satisfied that the Candidate <sup>4</sup>
Routine movement around vessel: <ul style="list-style-type: none"> <li>● on a moving deck</li> <li>● between levels</li> <li>● between compartments</li> </ul> Note 1 applies to this row	Maintain balance and move with agility.  Climb up and down vertical ladders and stairways. <small>(the Loadline Convention requires coamings to be 600mm high).</small>  Open & close watertight doors	Has no disturbance in sense of balance,  Does not have any impairment or disease that prevents relevant movements and physical activities,  Is, without assistance <sup>5</sup> , able to: <ul style="list-style-type: none"> <li>● climb vertical ladders &amp; stairways,</li> <li>● step over high sills and</li> <li>● manipulate door closing systems.</li> </ul>
Routine tasks on board: <ul style="list-style-type: none"> <li>● Use of hand tools</li> <li>● Movement of ship's stores</li> <li>● Overhead work</li> <li>● Valve operation</li> <li>● Standing a four-hour watch</li> <li>● Working in confined spaces,</li> <li>● Responding to alarms, warnings and instructions</li> </ul>  Verbal communication      Note 1 applies to this row	Strength, dexterity and stamina to: <ul style="list-style-type: none"> <li>● Manipulate mechanical devices</li> <li>● Lift, pull and carry a load (e.g. 18 kg)</li> <li>● Reach upwards</li> <li>● Work in constricted spaces and move through restricted openings  <small>(e.g., SOLAS requires minimum openings in cargo spaces and emergency escapes to have the minimum dimensions of 600 mm × 600 mm – SOLAS regulation 3.6.5.1)</small></li> <li>● Visually distinguish objects, shapes and signals,</li> </ul> <ul style="list-style-type: none"> <li>● Hear warnings &amp; instructions and</li> <li>● Give a clear spoken description</li> </ul>	Does not have: <ul style="list-style-type: none"> <li>● a defined impairment or diagnosed medical condition that reduces ability to perform routine duties essential to the safe operation of the vessel,</li> </ul> Has ability to: <ul style="list-style-type: none"> <li>● work with arms raised,</li> <li>● be able to stand and walk for an extended period and</li> <li>● enter a confined space</li> </ul> Fulfil eyesight standards (table A-I/9)   Fulfil hearing standards set by competent authority or take account of international guidelines and hold normal conversation.

Notes:

- 1 Rows 1 and 2 of the above table describe
  - a. ordinary shipboard tasks, functions, events and conditions,
  - b. the corresponding physical abilities which may be considered necessary for the safety of a seafarer, other crew members and the ship, and
  - c. high-level criteria for use by medical practitioners assessing medical fitness, bearing in mind the different duties of seafarers and the nature of shipboard work for which they will be employed.
- 2 This table is not intended to address all possible shipboard conditions or potentially disqualifying medical conditions. Physical abilities applicable to the category of seafarers (such as "Deck officer" and "Engine rating") may be specified by the BMA. The special circumstances of individuals and for those who have specialized, or limited duties should receive due consideration.
- 3 If in doubt, the medical practitioner should quantify the degree or severity of any relevant impairment by means of objective tests, whenever appropriate tests are available, or by referring the candidate for further assessment.
- 4 The term "assistance" means the use of another person to accomplish the task.
- 5 The term "emergency duties" is used to cover all standard emergency response situations such as abandon ship or fire-fighting as well as the procedures to be followed by each seafarer to secure personal survival.

Annex II  
Medical Examination Form



Medical Examination Form**CONFIDENTIAL FORM**Pre-sea Exam       Periodic Exam 

Name (last, first, middle): \_\_\_\_\_

Date of Birth (day/month/year): \_\_\_\_ \_\_\_\_ \_\_\_\_      Sex:  male    female

Nationality: \_\_\_\_\_

Home address: \_\_\_\_\_  
\_\_\_\_\_

Identity Document No: \_\_\_\_\_

Type of Ship (e.g. container, tanker, passenger, fishing): \_\_\_\_\_

Trade Area (e.g., coastal, tropical, worldwide): \_\_\_\_\_

**Examinee'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. Sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you smoke?	<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	<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 Headaches	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	30. Ear/Nose/Throat Problems	<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 problems	<input type="checkbox"/>	<input type="checkbox"/>
16. Genital disorders	<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 any of the above questions were answered "yes," please give details.

**Additional questions**

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| 35. Have you ever 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 medications?  | <input type="checkbox"/> | <input type="checkbox"/> |

Comments.

42. Are you taking any non-prescription or prescription medications?

If yes, please list the medications taken and the purpose(s) and dosage(s).



I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of Examinee: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yyyy)

Witnessed By: \_\_\_\_\_ Name: \_\_\_\_\_  
(Signature) (Typed or printed):

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. \_\_\_\_\_ (the approved medical practitioner carrying out the medical examinations).

Signature of Examinee: \_\_\_\_\_ Date: \_\_\_\_\_  
(dd/mm/yyyy)

Witnessed by: \_\_\_\_\_ Name: \_\_\_\_\_  
(Signature) (Typed or printed)

Medical Examination:  Pre-Sea  Periodic  Other

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

Visual Fields		
	Normal	Defective
Right Eye		
Left Eye		

Colour Vision:  Not tested  Normal  Doubtful  Defective

HEARING	Pure Tone & Audiometry (threshold values in dB)					
	500 Hz	4,000 Hz	2,000 Hz	3,000 Hz	4,000 Hz	6,000 Hz
Right Ear						
Left Ear						

Speech & Whisper Test (metres)		
	Normal	Whisper
Right Ear		
Left Ear		

Height: \_\_\_\_\_ (cm) Weight: \_\_\_\_\_ (kg)

Pulse rate: \_\_\_\_\_ (bpm) Rhythm: \_\_\_\_\_

Blood pressure: Systolic: \_\_\_\_\_ (mm Hg) Diastolic: \_\_\_\_\_ (mm Hg)

Urinalysis: Glucose: \_\_\_\_\_ Protein: \_\_\_\_\_

	Normal	Abnormal		Normal	Abnormal
Head	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses, Nose & Throat	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>
Mouth / Teeth	<input type="checkbox"/>	<input type="checkbox"/>	Vascular <small>(inc. pedal pulses)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Ears <small>(general)</small>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen & Viscera	<input type="checkbox"/>	<input type="checkbox"/>
Tympanic Membrane	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Anus <small>(not rectal exam).</small>	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>	G-U System	<input type="checkbox"/>	<input type="checkbox"/>
Pupils	<input type="checkbox"/>	<input type="checkbox"/>	Upper & Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input type="checkbox"/>	<input type="checkbox"/>	Spine <small>(C/S, T/S &amp; L/S)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic <small>(full brief)</small>	<input type="checkbox"/>	<input type="checkbox"/>
Breast Examination	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	General Appearance	<input type="checkbox"/>	<input type="checkbox"/>

Chest X-Ray:  Not performed  Performed on: \_\_\_\_\_  
(day/month/year)

Results:

Test

Result

Medical practitioner's comments:

Vaccination status recorded:  Yes  No

Assessment of Fitness for Service at Sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

Fit for look-out duty       Not fit for look-out duty

	Deck Service	Engine Service	Catering Service	Other Services
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Without restrictions       With restrictions

Describe Restrictions (e.g., specific positions, type of ship, trade area):

Action Taken by Medical Examiner (e.g. referral):

Place of Examination: \_\_\_\_\_

Date of Examination: \_\_\_\_\_  
(day/month/year)

Medical Certificate's Date of Expiration: \_\_\_\_\_  
(day/month/year)

Signature of Medical Practitioner: \_\_\_\_\_

Name of Medical Practitioner:  
(Printed)

Authorized By:

Official Stamp



Annex III

Draft Format of a Seafarer Medical Certificate



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

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

**SEAFARER INFORMATION**

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

**DECLARATION OF APPROVED\*\* MEDICAL PRACTITIONER**

I confirm that identification documents were checked:	<u>NO</u>
The seafarers hearing meets the required medical standards:	<u>NO</u>
Unaided hearing is satisfactory:	<u>Not Applicable</u>
Vision acuity meets the required medical standards:	<u>NO</u>
Colour vision meets the required standard:	<u>NO</u>
Date of last colour vision test (dd/mm/yyyy):	
Seafarer fit for lookout duties:	<u>NO</u>
Is the seafarer free from any medical condition likely to be aggravated by service at sea or render the seafarer unfit for such service or to endanger the health of other persons on board? Choose an item.	
Is the seafarer fit for service?	<u>NO</u>
Are there any limitations or restrictions on fitness? If so, specify the limitation.	
I hereby confirm that the medical examination has been carried out in accordance with the ILO/IMO <i>Guidelines on the Medical Examinations of Seafarers</i> and the national guidelines of the authorising Administration.	
Name of Approved** Medical Practitioner:	_____
Signature of Approved** Medical Practitioner:	_____
Date of Examination (dd/mm/yyyy): _____	Stamp / Seal
Expiry date of certificate (dd/mm/yyyy): _____	
<b>SEAFARER ACKNOWLEDGEMENT</b>	
I, _____ confirm that I have been informed of the content of certificate and the right to get a review***.	
Signature: _____	Date: _____

*\* For persons who are assigned shipboard safety, security or environmental protection duties, the medical standards referenced on the certificate are the standards as specified in STCW Regulation 1/9 and any other standards as specified by the authorizing Administration. For any other persons serving onboard, the medical standards shall be as specified by ILO and the authorizing Administration.*

*\*\* The Medical Practitioner shall be approved by the national Administration, after inspection of medical facilities/recordkeeping, to carry out STCW/ILO medical examination.*

*\*\*\* The review shall be carried out by a body/Medical Practitioner authorized by national Administration and this information should be made available to the seafarer*



ANNEX IV

List of Countries, whose Seafarer Medical Certificates  
(Issued by a Qualified Medical Practitioner Licensed by the National Administration) are  
accepted by The Bahamas



<i>Algeria</i>	<i>Greece</i>	<i>Panama</i>
<i>Antigua and Barbuda</i>	<i>Honduras</i>	<i>Papua New Guinea</i>
<i>Argentina</i>	<i>Hungary</i>	<i>Peru</i>
<i>Australia</i>	<i>Iceland</i>	<i>Philippines</i>
<i>Azerbaijan</i>	<i>India</i>	<i>Poland</i>
<i>Bahamas (the)</i>	<i>Indonesia</i>	<i>Portugal</i>
<i>Bahrain</i>	<i>Iran (Islamic Republic of)</i>	<i>Qatar</i>
<i>Bangladesh</i>	<i>Ireland</i>	<i>Republic of Korea</i>
<i>Barbados</i>	<i>Italy</i>	<i>Romania</i>
<i>Belgium</i>	<i>Israel</i>	<i>Russian Federation</i>
<i>Belize</i>	<i>Jamaica</i>	<i>Saint Vincent and the Grenadines</i>
<i>Brazil</i>	<i>Japan</i>	<i>Samoa</i>
<i>Brunei Darussalam</i>	<i>Jordan</i>	<i>Saudi Arabia</i>
<i>Bulgaria</i>	<i>Kenya</i>	<i>Senegal</i>
<i>Cambodia</i>	<i>Kiribati</i>	<i>Serbia</i>
<i>Canada</i>	<i>Kuwait</i>	<i>Singapore</i>
<i>Cape Verde</i>	<i>Latvia</i>	<i>Slovak Republic</i>
<i>Chile</i>	<i>Lebanon</i>	<i>Slovenia</i>
<i>China Includes: Hong Kong, China</i>	<i>Liberia</i>	<i>Solomon Islands</i>
<i>Colombia</i>	<i>Lithuania</i>	<i>South Africa</i>
<i>Comoros</i>	<i>Luxembourg</i>	<i>Spain</i>
<i>Cook Islands (the)</i>	<i>Libyan Arab Jamahiriya (the)</i>	<i>Sri Lanka</i>
<i>Côte d'Ivoire</i>	<i>Madagascar</i>	<i>Sweden</i>
<i>Croatia</i>	<i>Malaysia</i>	<i>Switzerland</i>
<i>Cuba</i>	<i>Malawi</i>	<i>Syrian Arab Republic</i>
<i>Cyprus</i>	<i>Maldives</i>	<i>Thailand</i>
<i>Czech Republic</i>	<i>Malta</i>	<i>Togo</i>
<i>Democratic People's Republic of Korea</i>	<i>Marshall Islands</i>	<i>Tonga</i>
	<i>Mauritania</i>	<i>Trinidad &amp; Tobago</i>

Denmark Includes: Faroe Islands	<i>Mauritius</i>	<i>Tunisia</i>
<i>Dominica</i>	<i>Mexico</i>	<i>Turkey</i>
<i>Ecuador</i>	Micronesia (Federated States of)	<i>Tuvalu</i>
<i>Egypt</i>	<i>Montenegro</i>	<i>Ukraine</i>
<i>Eritrea</i>	<i>Morocco</i>	<i>United Arab Emirates</i>
<i>Estonia</i>	<i>Mozambique</i>	United Kingdom Includes: Bermuda, British Virgin Islands, Cayman Islands, Gibraltar and The Isle of Man
<i>Ethiopia</i>	<i>Myanmar</i>	<i>United Republic of Tanzania</i>
<i>Fiji</i>	<i>Netherlands: includes</i>	<i>United States</i>
<i>Finland</i>	<i>Aruba,</i>	<i>Uruguay</i>
<i>France</i>	Curacao & St. Maarten	<i>Vanuatu</i>
<i>Georgia</i>	<i>New Zealand</i>	Venezuela (Bolivarian Republic of)
<i>Germany</i>	<i>Nigeria</i>	<i>Viet Nam</i>
<i>Ghana</i>	<i>Norway</i>	
	<i>Oman</i>	
	<i>Pakistan</i>	