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MERCHANT SHIPPING SECRETARIAT
MINISTRY OF PORTS AND SHIPPING**

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Notice to All Approved Medical Practitioners, Ship-Owners, Operators, Training Institutes, Masters and Officers, and Recognized Organizations.

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Medical Standards

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1. General information to Approved Medical Practitioners

1.1 Introduction

It is universally accepted that seafaring is a potentially hazardous occupation which calls for a high standard of health and fitness for all those working in the industry. Regulations place a duty on seafarers on board Sri Lankan ships to take care of their health and safety and to co-operate with their employers.

Ships require a range of expertise at all crew levels and the use of new technology to maximize efficiency is becoming more commonplace. However, despite the development of modern technology it will never replace the most valuable resource on a ship: the crew. The requirement that seafarers must be fully fit to carry out the full range of their duties remains as important today as it did when scurvy took its toll on the first oceanic voyages.

The assessment of medical aspects of fitness is only one part of the arrangements for seafarers' health. Living and working conditions need to be safe and free of health risk, care is needed for injury and illness at sea, and access to onshore health care facilities is required.

1.2 Legal requirements for seafarer's medical certification

All officers and ratings serving on Sri Lankan flagged merchant vessels shall hold relevant certificates as per the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978, as amended, which sets the standards of these certificates and controls watchkeeping arrangements.

A physical examination must be carried out not more than twelve months prior to the date of making applications for a Certificate of Competency, Certificate of Proficiency or an Endorsement. This examination must establish that the applicant is in a satisfactory physical condition for the specific duty assignment undertaken and is generally in possession of all body faculties necessary to fulfill the requirements of the seafaring profession. In addition to what is mentioned above, the applicant shall fulfill the following requirements:

- (a) Medical fitness for seafarers and procedures for the issue of a medical certificate shall be in accordance with section A-I/9 of the STCW Code;
- (b) Approved medical practitioners shall assess the medical and physical fitness of seafarers for the purpose of seafarer medical examinations, in accordance with section A-I/9 of the STCW Code;
- (c) Every seafarer holding a certificate issued under the provisions of the Convention, who is serving at sea, shall also hold a valid medical certificate issued in accordance with the provisions of this regulation and section A-I/9 of the STCW Code.
- (d) The standards of physical and medical fitness shall ensure that seafarers:

- (i) have the physical capability, taking into account paragraph 5 of section A-I/9 of STCW Code, to fulfill all the requirements of the basic training as required by section A-VI/1, paragraph 2 of the STCW Code;
- (ii) demonstrate adequate hearing and speech to communicate effectively and detect any audible alarms;
- (iii) have no medical condition, disorder or impairment that will prevent the effective and safe conduct of their routine and emergency duties on board during the validity period of the medical certificate;
- (iv) are not 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 and safety of other persons on board; and
- (v) are not taking any medication that has side effects that will impair judgment, balance, or any other requirements for the effective and safe performance of routine and emergency duties on board.

1.3 Purpose of the medical assessment

The fundamental purpose of the seafarer medical assessment is to ensure that the individual seafarer is fit for the work for which he or she is to be employed, taking into account the particular risks associated with working at sea. The seafarer medical examination is a key element in this process. As a general principle the Approved Medical Practitioner should be satisfied in each case that no disease or defect is present which could either be aggravated by working at sea, or which represents an unacceptable health risk to the individual seafarer, other crew members or the safety of the ship.

Fitness to undertake the full range of tasks on board ship and to cope with living conditions at sea has long been a requirement. More recently the focus of medical assessment has been on:

- a) fitness to navigate a ship safely.
- b) fitness in both physical and psychological terms to deal with emergencies at sea.
- c) freedom from foreseeable risk of disease while at sea, especially where this might spread to others on board, require emergency treatment or lead to evacuation or diversion.
- d) recognition that seafaring careers can be terminated prematurely by conditions which can be prevented, such as ischemic vascular disease and lung cancer.
- e) absence of discrimination based on disability or medical condition, except where this can be justified by requirements (a) to (c)

1.4 Working conditions onboard ships

The occupational circumstances which apply at sea should be fully considered when a decision on a seafarer's medical fitness is taken. Particular factors to take into account are:

- a) the potentially hazardous nature of seafaring, which calls for a high standard of health and continuing fitness;
- b) the restricted medical facilities likely to be available on board ship (few ships carry doctors and first aid training for crews is limited);
- c) the likelihood of limited medical supplies and delay before full medical treatment is available;
- d) the possible difficulty of providing/replacing required medication; as a general rule a seafarer should not be accepted if the loss of a necessary medicine e.g. treatments for high blood pressure, hay fever or asthma, could precipitate the rapid deterioration of a medical condition;
- e) the limited crew complements which mean that illness of one crew member may place a burden on others or compromise the safe and efficient working of the ship;
- f) the potential need for crew members to play a role in an emergency or emergency drill, which may involve strenuous physical activity in adverse conditions;
- g) the confined nature of life on board ship and the need to be able to live and work in a closed community;
- h) the likelihood that a seafarer will need to join and leave ships by air, which means that they should be free from any condition which precludes air travel or could be seriously affected by it;
- i) the especially high levels of physical fitness required for work on some vessels, such as standby vessels in the oil industry;
- j) the area of operation of the vessel and the effects of climate will affect the risk of diseases and the pattern of work and rest.

Shipping operations and shipboard duties vary considerably. The seafarer's intended position on board ship and, as far as practicable; the physical and psychological requirements of this work should be established. The Approved Medical Practitioner should have knowledge of the living and working conditions on board ships and an understanding of the demands of the different types of work involved.

In many circumstances, the Approved Medical Practitioner and/or the seafarer will not know the particular area of operation, and an unrestricted medical certificate will enable the seafarer to

work anywhere in the world. The following sections give an overview of the range of vessels and types of work for which a seafarer may be employed.

1.5 Types of vessels

The shipping industry is a worldwide activity which uses a whole variety of vessels of which the following are the most common types:

a) Oil Tankers

Used to transport crude oil and petroleum products in bulk.

b) Gas tankers

Used for the transportation of gas cargoes in bulk.

c) Chemical tankers

These ships carry various types of chemical cargoes in bulk.

d) Container ships

Used for the transportation of containers only. Containers are used to carry whole variety of manufactured goods, dangerous / hazardous goods and also sometimes raw materials as well.

e) Bulk carriers

Used for the transportation of raw materials such as iron ore, coal and grain in bulk.

f) Car carriers

Carry only vehicles which includes cars, vans, Lorries, buses etc.

g) General cargo ships

These ships carry packaged goods, cargoes in bulk and also small quantities of liquid cargoes as well.

h) Cruise ships

Floating hotels with large crews up to 2000 or more on the very large ships. The crew will include many support staff and include hairdressers/entertainers/gaming staff.

i) Passenger ferries

The size of the vessel and crew numbers vary considerably. On some of the larger long distance ferries the support staff may include entertainers.

j) Specialist ships

Examples include tugs, heavy lift vessels and support vessels to the oil industry, including standby vessels.

k) Yachts

May be motor or sail, for commercial or pleasure use. Medical standards only apply to commercial yachts and any paid crew of pleasure yachts.

1.6 Seafarer's functions and responsibilities

On all merchant vessels there are two distinct areas of ship operation known as the *deck* department and *engineering* department. Provided they meet the training and medical requirements, and have suitable sea time experience, all officers may be issued with Certificates of Competency by the Director General of Merchant Shipping (DGMS), in order to carry out the functions and serve in the following capacities.

Main functions of the *deck* department:

- Navigation
- Cargo handling and stowage
- Control and operation of the ship and care for persons on board
- Radio communications

Main functions of the *engineering* department:

- Marine engineering
- Electrical, electronic and control engineering
- Maintenance and repair

Certificates of Competency for both *deck* and *engineering* departments are issued for the following levels of responsibility:

- Management level
- Operational level
- Support level

1.7 Deck department

Officers may serve in the following ~~merchant navy~~ capacities:

a) Master

Better known as the Captain, he or she has overall command of the ship with responsibility for its safe navigation, and is ultimately responsible for the safety of all on board and for the cargo carries. The Captain does not keep regular watches but is available 24 hours a day especially when it is necessary to oversee the navigation of the ship. In bad weather, the Captain is usually on duty ensuring the safety of all those on board and the safe carriage of cargo. The welfare and morale of the crew is part of the Captain's management responsibility. The Master holds the most senior *management* post on board ship.

b) Chief mate

The Mate is responsible for the day to day operations of the deck crew and may be responsible for medical and security matters on board ship. They will organise the crew over the stowage, loading, carriage and discharge of cargo. This is very important as attention needs to be paid to the ship's stability for which he or she is responsible. They tend to keep the morning and evening bridge watches. The morning watch is between 4am and 8am and evening watch is between 4pm and 8pm. This is also a post at *management* level and also he/she is the second in command onboard.

c) 2nd officer

Usually the ship's navigator with responsibility for the upkeep of charts and passage planning; usually keeps the 12 noon - 4pm and 12 midnight - 4am watches at sea and may be responsible for health and safety matters on board. When in port he or she will share cargo watches with 3rd officer, usually, 6 hours on and 6 hours off. This is an *operational* level post.

d) 3rd officer

Usually he/she is responsible for the upkeep of life saving appliances and fire fighting appliances on board a ship. 3rd officer keeps the 8 am – 12 noon and 8 pm – 12 mid night watches at sea. When in port he or she will share cargo watches with 2nd officer, usually, 6 hours on and 6 hours off. This is an *operational* level post.

e) Cadet (Deck)

Cadets are trainees who become involved in a wide range of duties as part of their training to gain practical experience. As their training covers such a wide range of duties they must hold a valid medical fitness certificate, irrespective of the size of the ship on which they are working or on which they intend to work. Since they do not have a Certificate of Competency, cadets do not fall into *management* level or *operational* level or *support* level categories. Actually, at the end of their training and after successfully completion of all the examinations, they can sail as 3rd officer or 2nd officer, but they are qualified to sail as 2nd officers.

f) Rating (Deck)

This level includes navigational watch keeping ratings and ratings as able seafarer deck. This post carries out a wide range of duties related to general maintenance by using practical skills. Whilst at sea they can be helmsmen and lookouts. This is a post which requires practical skills which vary from ship to ship. This is a *support* level post.

g) Cooks and stewards

These provide the catering services on board ship. The role will vary considerably between ships.

1.8 Engineering department

Officers do not work the same watch system as the deck department (on automated ships), they tend to work between 9am and 5pm but remain on call between 5pm and 9am and serve in the following capacities:

a) Chief engineer officer

In effect the Chief Engineer is at the same level as the master and is the manager responsible for all technical matters on board ship and the upkeep of all machinery, engineering systems and the general fabric of the ship. This is a *management* level post.

b) Second engineer officer

The Second Engineer has responsibility for the management of all the engineering personnel. They are also responsible for the engines and stores. This is a *management* level post.

c) 3rd engineer officer

He or she will work very closely with the Second Engineer and can have the responsibility for the ship's machineries. They also assist with the general upkeep of the engine room machineries. On non automated ships, he/she is supposed to keep 12 noon to 4 pm and midnight 12 to 4 am engine room watches at sea. This is an *operational* level post.

d) Electrical/Electro technical officer

Not all ships carry electrical/electro-technical officers. His or her role is primarily the upkeep of all electrical, electronic and automated equipment and systems fitted on board ship. The electro technical officer can be called upon to keep 4 hour watches in the engine room during periods of adverse weather or when under pilotage. However, they tend to work a day time routine. This is an *operational* level post.

e) Cadet (Engine)

Cadets are trainees who become involved in a wide range of duties as part of their training to gain practical experience. As their training covers such a wide range of duties they must hold a valid medical fitness certificate, irrespective of the size of the ship on which they are working or on which they intend to work. Since they do not have a Certificate of Competency, cadets do not fall into *management* level or *operational* level or *support* level categories. Actually, at the end of their training and after successfully completion of all the examinations, they can sail as 3rd engineer or 4th engineer, but they are qualified to sail as 3rd engineer.

f) Ratings (Engine)

This level includes engineering watch keeping ratings and ratings as able seafarer engine. This post carries out a wide range of duties related to general maintenance by using practical skills. This is a post which requires practical skills which vary from ship to ship. This is a *support* level post.

1.9 Geographical areas of operation

a) foreign going

Those who are qualified to sail on foreign going ships receive Certificates without any geographical restrictions. They may travel into very cold climate areas, very hot climate areas, inland waters of other countries, remote areas where there are no immediate medical facilities, etc. and also such vessels may stay at sea for extreme long periods without coming to ports where seafarers can entertain shore facilities.

b) Near Coastal Voyages (NCV)

According to Sri Lankan regulations, NCV includes ships visiting between Bangladesh, India, Myanmar, Maldives and Sri Lanka. Even when such vessels are at sea, they can divert to close by ports to get shore assistance when there are medical emergencies onboard except when plying to Maldives.

1.10 Hours of work / fatigue

Life on board most merchant ships is a 24 hour, 7 day a week operation. Work is divided into shifts called watches which are typically 4 hours On Watch followed by 8 hours Off Watch. However, this can vary according to the demands of the ship. STCW 2010 states that, for the prevention of fatigue, ensure that all persons who are assigned duty as an officer in charge of a watch or as a rating forming part of a watch and those whose duties involve designated safety, prevention of pollution and security duties shall be provided with a rest period of not less than:

- (a) a minimum of 10 hours of rest in any 24-hour period; and
- (b) 77 hours in any 7-day period,

The hours of rest in any 24 hour period may be divided into no more than two periods, one of which shall be at least 6 hours in length, and the intervals between consecutive periods of rest shall not exceed 14 hours.

The STCW 2010 recognize that situations may arise in which a master or seafarer may be required to exceed the scheduled duty periods. These include emergencies which threaten the safety of the ship or the environment or put life at risk. Where a master or other seaman exceeds the scheduled

hours of work in this manner, and has worked during their rest period, the same must be recorded.

1.11 Medical stores onboard

The required drugs and medical equipment for ships are intended to provide emergency treatment following an accident and to stabilize a seafarer who is ill. The type of medical stores ships have to carry depends on the distance from shore that the ship operates. The Sri Lankan registered ships are required to carry medical stores as required by “International Medical Guide for Ships” published by ILO, IMO and WHO. This Medical Guide also includes guidance on the use of medicines, specifications for disinfectants and insecticides, precautions against malaria. The Sri Lankan flagged vessels are required to carry this Medical Guide on board.

1.12 Training of seafarers in first aid and medical matters

Under STCW requirements & national legislations, there are three levels of first aid training for seafarers. Before starting work at sea, **all** seafarers are required to undertake training in *elementary first aid*, which is a short course designed to provide a basic knowledge of what to do when faced with an accident or medical emergency. Ships’ officers are required to complete training in *proficiency in medical first aid*, covering the provision of immediate first aid in the event of an accident or illness on board. The ship’s master or anyone who is designated to be responsible for the medical care on board is required to complete training in *proficiency in medical care*, covering provision of medical care to the sick and injured while they remain on board. Each of the courses covers the use of the medical stores which are required to be carried on board. Training Institutes providing the training have to be approved by the DGMS and details of approved training providers can be obtained from the DGMS office or the web site.

1.13 Radio medical advice for ships

To support the first aid training of the ship’s crew, professional medical advice is also available through the radio medical advice service. Under international conventions, countries are required to provide radio medical advice to ships at sea. There are hospitals appointed by certain countries to provide radio medical advice to ships while they are at sea

2. Approved Medical Practitioners (AMP) - qualifications, facilities, standards and other requirements

Majority of our approved medical practitioners are around Colombo and ‘live’ list incorporating any changes as the year progresses can be found on the DGMS’ web page, www.dgshipping.gov.lk

When a need has been identified, for example as a result of an existing AMP retiring or due to increased demand, the normal practice is for the DGMS to advertise through the print media. Any suitable applicant who has approached the DGMS separately at any time will be kept on file, and notified when a vacancy has been advertised. All applications are considered by the

DGMS in relation to their training, competence, facilities and location (described below in Para. 2.4 and 2.5) and the successful applicant is appointed, initially until the end of the current financial year (31 March).

2.1 AMPs appointed by companies

Where a company or organization employing seafarers has a requirement for a comprehensive medical service as well as the performance of statutory medical examinations, it may either apply to the DGMS for a doctor from the General List to act also as their approved company doctor (as a dual appointee), or request approval of their own employed or contracted medical staff to carry out seafarer medical examinations for their own employees only.

When an AMP ceases to act as a company doctor, the doctor should arrange for transfer of records to any new AMP. Where this is not possible, records should be securely and confidentially archived with agreed access procedures either by the doctor or by the Company.

Only the company name, doctor's name and location of company will be published by DGMS, for the information of flag and port state control inspectors.

2.2 Training and competence of AMPs

- a) All AMPs are required to register with the Sri Lanka Medical Council (SLMC) as General Practitioners (GP).
- b) On application to the DGMS for approval, they will be required to provide documentary evidence of their registration with SLMC as GP.
- c) Should registration status change, or should they be under investigation by the registration authorities, they are required to inform DGMS.
- d) Practice must be in an area of medicine where clinical competence is maintained through patient contact and where there are continuing professional development and appraisal arrangements.
- e) Competence in maritime medical assessment must be maintained, normally by performing at least 50 medical examinations per year. There may be flexibility over numbers where the doctor is the sole AMP at a remote location, or where the AMP is appointed to work solely for a single shipping company.
- f) AMPs must participate in any audit activities initiated by the DGMS to evaluate performance standards and are encouraged to identify ways of improving service to seafarers.
- g) In the interests of fair and open competition, and for audit and administrative reasons, AMPs are only approved to carry out medical examinations at the address to which they are appointed. The appointment is not transferable to any other location or practice without the

approval of the DGMS. The appointment is also not transferable to any other doctors either on a temporary or long-term basis.

- h) AMPs are not approved to conduct medicals aboard ships.
- i) All appointments are reviewed and renewed annually by DGMS.
- j) At present, AMPs who have reached the age of 70 or have retired from full time medical practice are generally required to provide evidence of continued competence and professional development on an annual basis.

2.3 Other staff working at the medical examination centre

- a) The medical assessment must always be undertaken by the AMP who must personally complete and/or discuss the medical history and issue the medical certificate. However where there is a continuity of care, the doctor may delegate aspects of the procedure e.g. checking of blood pressure, urinalysis etc. to other non-medical clinical staff. It is the AMP's responsibility to ensure this other staffs have an understanding of the purposes of the procedures which they undertake and the competencies needed to carry them out effectively and to identify matters to be brought to the attention of the doctor. Clinical tasks should only be undertaken by registered members of a relevant health care profession who are professionally accountable for their actions.
- b) Clerical and administrative staff must have the required competencies and have a full understanding of the standards of ethics and confidentiality which apply to clinical information. All staff handling records need to be aware of the procedures for ensuring confidentiality.

2.4 Facilities at the medical examination centre

All AMPs are required to have the facilities needed to conduct examinations effectively and with courtesy. These will normally include:

- a) ready accessibility by public transport
- b) premises which comply with national health and safety and fire regulations (and are so certified) such that seafarers are not put at risk
- c) efficient reception arrangements, even when another medical is in progress
- d) chaperoning arrangements for those examined
- e) a clean, air conditioned and adequately furnished waiting area
- f) an examination room which enables confidential conversation to take place

- g) hand washing facilities in the consulting room
- h) arrangements for urine sampling which are discrete, clean, have hand washing and toilet facilities and which do not involve samples being carried through patient areas
- i) adequate lighting, in terms of brightness and colour balance, for examination and vision testing
- j) a fixed visual acuity chart (Snellen type) and the correct measured and marked distance for vision testing (6m or 3m for half scale)
- k) Ishihara colour vision test plates
- l) examination equipment including an adjustable couch with replaceable covering, normal clinical examination tools and fixed height chart and scales
- m) arrangements for immunisation, audiometry and fitness testing either on site or readily accessible
- n) schedules for servicing and calibration of all equipment in accordance with the manufacturers' recommendations, with records to confirm compliance
- o) lockable facilities for confidential medical records/form storage
- p) Instruments and facilities which enable to evaluate the minimum in-service physical ability of seafarers as required by STCW Table B-I/9.
- q) public liability insurance

The application form for approval includes a facilities checklist, and applicants are required to confirm whether they meet the above criteria before appointment.

2.5 Document control, records and returns

AMPs must ensure that they keep up to date with and make use of the documentation prescribed and supplied to them by DGMS. Records, forms and certificates need to be stored with adequate security in locked containers.

AMPs are required to make a summary of medical examinations conducted by them at the end of each year.

a) Retention of records

AMPs are required to retain all records relating to each medical examination securely and confidentially for a period of **five years** after it has been carried out. This applies even if the

AMP retires or resigns. Records which include occupational health surveillance data, such as audiogram results, must be kept for **ten years**.

b) Maintenance of record

AMPs must arrange for lockable storage facilities to be available at their approved address. It is not acceptable for records to be stored at home or away from the approved address, or stored in a briefcase or un-lockable box. In case of difficulty, contact DGMS office for advice.

Records should be filed or indexed in such a way which enables search by name of seafarer, serial number of the medical certificate issued or date of medical. The rationale for this is to enable quick retrieval of information to answer:

- audit queries
- inquiries by other Approved Doctors, employers, Trade Unions and insurers
- enforcement queries from Port State control inspectors, and DGMS marine surveyors

AMPs are required to make returns to DGMS at the end of each year, containing summary data and results of examinations carried out as specified.

c) Scanned electronic records

With the advent of modern technology and paperless offices, there is no objection in principle to AMPs maintaining their seafarer records as electronically scanned copies, provided there are acceptable safeguards and security features built into the system. In particular, if the system is maintained and updated by delegated staff, we need confirmation that you as the AMP are able to use the system and access information as necessary, particularly in the case of unexpected staff absence. The key criteria to be met when installing a system are as follows:

- All individual record sets should be capable of being accessed using any one of the following fields: name and initials, date of birth, date of medical, and/or medical certificate number
- Ideally there could also be additional functionality so that files can be sorted by job, by age, by employer and by the nature of any health problems identified or restrictions imposed as a result. This would help in the completion of annual returns to the DGMS
- All previous medical certificates withdrawn from seafarers should be scanned into the system before being destroyed
- Confirmation will be required from a person with expertise in IT risk management, that the scanned electronic document record system, as used and backed up, provides sufficient standards of security for holding and recovering information on individuals which may be used as evidence in legal proceedings.

2.6 Audits by DGMS

The aim of the audit is to improve the quality of service provided progressively and to ensure, through clinical audit, that consistent and valid medical decisions are taken. A key aspect of the process is to identify any aspect of the process which is unclear to the AMP and provide guidance where necessary to ensure that the AMP fully understands the requirements of the role. Any lessons learnt will be anonymized and disseminated so that other AMPs can take them into account within their own practices.

AMPs will be notified in advance of a visit and will be expected to make themselves available where possible. Port Health Officer at SLPA or Doctors at Navy may be appointed as auditors by DGMS. At present, the DGMS staff that are familiar with the requirements of the seafarer medical examination system will carry out the visits.

a) Audit objective

- ✓ to monitor the validity of medical standards
- ✓ to assess the quality and performance of AMPs
- ✓ to make use of the information gained with a view to continuous improvement
- ✓ to monitor consistency and identify best practice
- ✓ to seek objective evidence that the appointments of AMP are according to laid down procedures that meet the requirements of the DGMS
- ✓ to ensure that the administrative functions prescribed by the DGMS are carried out according to laid down procedures of this notice.

b) The audit visit

The following will be taken into account in planning the programme of audit visits:

- ❖ complaints or concerns about the performance of an AMP
- ❖ particular classes of AMP e.g. number of medicals done, company or service approvals, geographical, type of seafarer seen
- ❖ opportunistic visits because of other commitments in the area
- ❖ random visits to determine performance of a representative sample of AMPs
- ❖ period since first appointment as an AMP. Where feasible a visit will be arranged within 12 months of appointment.

- ❖ any known sensitive issues relating to local employers
- ❖ the resources available to undertake the programme

c) Areas subject to administrative audit

During a visit, certain administrative aspects will be checked as detailed below.

i. Competence and training

- ✓ evidence that the AMP practices in an area of medicine where clinical competence is being maintained through patient contact and continuing professional development and appraisal arrangements
- ✓ participation in a recognized programme of continuing professional development
- ✓ participation in regular performance appraisal procedures
- ✓ professional independence from employers

ii. Other staff

- ✓ that delegated clinical tasks are only performed by registered members of a relevant healthcare profession
- ✓ that clerical and administrative staff understand the DGMS's requirements and comply with the standards of ethics and confidentiality

iii. Facilities

- ✓ the premises will be assessed for compliance with the requirements set out in 2.5 above and all AMPs are asked to confirm that they comply before they are approved.

iv. Procedures/records keeping

- ✓ the correct recording of outcomes of the seafarer medical examination on medical certificate
- ✓ maintenance, access to and confidentiality of records
- ✓ timely and accurate completion of statistical returns to DGMS
- ✓ document security
- ✓ insertion of amendments to this manual and completion of amendment records

d) Areas subject to clinical audit

The purpose of the clinical audit programme will be to ensure that quality of service and consistency in implementing the standards is maintained. During the visit, the AMP may be asked to describe a typical medical examination and associated procedures. Additional assessment, both before and during the visit may include:

- review of performance against normal patterns of certification (from AMP statistical returns)
- assessment of quality of data recorded from examinations
- assessment of AMP decisions in cases reviewed by Referees
- review of clinical approach to performing medical examinations on seafarers
- review of records from recent medicals, especially those where restriction or failure is specified
- understanding of STCW requirements on Medical Standards.

e) Outcome of the audit results

The findings will be discussed with the AMP at the time of the audit and will be followed up in writing detailing any recommendations which will need to be followed up, and a time scale. Continued approval will depend on corrective action being taken as required. The audit results will be continuously reviewed by the DGMS to ensure that quality standards are being met and that specific procedures and processes remain valid.

Full use will be made of the information gathered as a result of an audit. This is important in order to highlight any difficulty in the interpretation of the standards and to note any trends and difficulties in service provision.

The data and results from audits will be used as follows:

- to analyze statistical returns to establish if there are any variations in the range of findings
- to ensure that newly appointed AMPs meet the agreed standards
- to ensure that all AMPs maintain and improve standards
- to assess any variation in standards from the norm either in the level of service provided or clinical findings
- to help prevent fraud
- to improve the medical examination system
- to identify shortcomings in the system
- to monitor individual AMPs' performances

An AMP's appointment may be terminated if major or persistent shortcomings are found, for example if, despite warnings, facilities or procedures continue not to meet the required standards after an agreed period.

f) Complaints

As part of the DGMS's monitoring of AMPs and measurement of customer satisfaction, any complaints from seafarers / the industry/AMPs will normally be investigated by the DGMS. In most cases, any complaint from a seafarer is received initially by telephone, and DGMS will ask them to put it in writing. They will also be asked to complete a Seafarer Medical Examinations Feedback Report (Annex – III).

Any written complaint will be sent to the AMP concerned who will be asked to comment and to send a copy of the medical certificate for the relevant examination to the DGMS where appropriate. DGMS's service standard for complaints requires us to respond to any complaint within 2 weeks, so we ask for the initial response from the AMP within a week wherever possible.

DGMS will pass the AMP's response to the Sri Lanka Medical Council (SLMC) advisor who may contact the AMP to discuss. Any agreed actions will be confirmed in a formal letter to the AMP and recorded on the AMP's file, for follow-up the next time that the AMP is audited.

3. Application and issue of medical certificates

3.1 Application for a medical certificate

Seafarers who are applying for a seafarer medical certificate should be made directly to one of the DGMS AMP. A list of AMPs is available on the DGMS office website.

A seafarer attending a medical examination must produce personal and photographic identification which will be checked by the AMP. When it is not the first medical examination of the seafarer, the previous medical certificate (or equivalent) should also be brought to the examination.

The AMP is entitled for a payment of the prescribed maximum fee, but where the seafarer is employed or has an offer of employment; this cost should be met by the seafarer's employer or company.

It is the seafarer's responsibility to reveal to the AMP if he or she has previously failed a seafarer medical examination. They should also inform the AMP of any significant medical condition they may have, or medical treatment they are undergoing at the time of the examination. Failure to do so may be considered as obtaining a certificate under false pretences, which is an offence under the current national law.

3.2 Physical fitness standards

AMP are required to determine a seafarer's fitness by reference to the statutory medical and eyesight standards as set out in Annex – II to this document.

Apart from the purely medical aspects, the occupational circumstances which apply at sea should be fully considered, especially in any borderline case. Refer Para 1.4 Working Condition onboard ships.

Additionally, since many seafarers will need to join and leave ships by air, they should be free from any condition which precludes air travel or could be seriously affected by it, such as pneumothorax or conditions which predispose to barotraumas.

The AMP 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.

3.3 Eyesight standards

AMP are required to determine a seafarer's eye sight by reference to the statutory medical and eyesight Standards as set out in Annex- I to this document or use as per interim guidance of colour vision test as per STCW.7/Circ.20 (Annex 1.1).

Candidates will be tested for each eye separately and must meet both the high standard required with visual aids (where needed), and a minimum standard without visual aids, in order to ensure that in an emergency they have adequate vision to carry out emergency procedures safely. For colour vision, candidates are screened using Ishihara plates. It is essential that seafarers applying for Certificates of Competency as deck or dual career (merchant/fishing) officers have full colour vision.

Navigational watch keeping personnel who fails the Ishihara test may arrange for their colour vision to be re-tested free of charge using a DGMS approved lantern at the DGMS Offices. Failure in this test will mean that a medical certificate may only be issued with a restriction precluding lookout duties.

Applicants intending to work as engineer or radio officers must also meet colour vision requirements and those who fail the Ishihara test may be re-tested by any government approved optometrist. Failure in these tests will mean that a certificate will only be issued with a restriction precluding work with colour-coded cables and equipment.

In view of the importance of meeting the eyesight Standards, anyone considering a sea-going career is strongly advised to have a full sight test by an optometrist before beginning training to ensure that they meet the Standards.

3.4 Issue of medical certificates

If the AMP considers the seafarer is fit to perform the duties they are to carry out at sea and meets the medical and eyesight Standards, the AMP will issue a medical fitness certificate with or without restrictions.

If the AMP considers the seafarer is temporarily unfit for a period of more than three months or permanently unfit or issues any certificate subject to a restriction, they must issue the seafarer with a Notice of Failure/Restriction, which the seafarer can appeal. It is helpful to the seafarer in deciding whether or not to apply for a review, if the AMP discloses to the seafarer the medical reasons for the refusal of a certificate or the inclusion of a restriction, unless the AMP considers that such disclosure would be harmful to the seafarer's health. The period of unfitness may range from a few weeks (e.g. to allow simple investigations to be undertaken) to a year or more (e.g. pending treatment). Seafarers considered temporarily unfit for a period of 3 months or less, do not have a right of review.

It is the responsibility of the employer, or those authorized to act on his behalf, to ensure that the decision and any restriction (or, where disclosed, condition) imposed by the AMP is taken fully into account when the engagement or the continued employment of a seafarer is under consideration. This should include considering whether it is possible to accommodate such restrictions by making "reasonable adjustments" to the seafarer's duties or working environment.

The medical certificate is the property of the seafarer and must be carried on board the ship on which they are working. If a certificate is lost or damaged, the AMP who issued the original certificate may, at their discretion, issue a replacement certificate.

3.5 Validity and restrictions of the seafarer's medical certificate

- a) The medical fitness certificate will specify the date that the medical examination was carried out and the expiry date of the certificate.
- b) Medical certificates shall remain valid for a maximum period of two years unless the seafarer is under the **age of 18 or above the age of 55**, in which case the maximum period of validity **shall be one year**.
- c) Provided that, where the period of validity of a medical certificate expires in the course of a voyage, then the medical certificate shall continue in force until the next port of call where a medical practitioner recognized by the Director General is available, subject to a maximum of three months.
- d) Provided also that in urgent cases the Director General may permit a seafarer to work without a valid medical certificate until the next port of call where a medical practitioner recognized by the Director General is available, subject to
 - (i) the period of such permission not exceeding 03 months; and
 - (ii) the seafarer being in possession of an expired medical certificate of recent date.

3.6 Reporting of medical conditions of seafarers

If a seafarer is absent from work for 30 days or more for a medical reason (illness or injury), they must report the reason as soon as possible to an AMP (if practicable the one who issued their certificate) who will advise whether a further medical examination is required before the seafarer returns to work.

Similarly, if a seafarer develops a medical condition which may affect their fitness to work at sea, they must report this to an AMP and if advised to do so, attend for a medical examination for re-issue of their medical certificate.

In either case, once the absence or condition is identified, the seafarer's medical fitness certificate is suspended until they have been assessed by an AMP. This may not require examination, but as a minimum, advice should be sought from the AMP. Failure to seek re-assessment in the light of a newly identified medical condition may put at risk both the seafarer concerned and those they work with.

A seafarer who is the holder of a valid medical certificate may at any time be required by the employer or owner or master of a ship, if in accordance with their terms and conditions, to obtain a new certificate where as a result of illness, injury or reasonable cause it is believed the seafarer may no longer meet appropriate minimum standards.

3.7 Suspension and cancellation of a medical certificate

If an AMP has reasonable grounds for believing that:

- a) there has been significant change in the medical fitness of a seafarer while holding a valid certificate; **or that**
- b) the seafarer is not complying with the terms of a condition of issue of the certificate; **or that**
- c) 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 that**
- d) the medical fitness certificate was not issued in accordance with the Regulations;

the AMP may either:

- a) suspend the certificate until the seafarer has undergone a further medical examination; **or**
- b) suspend it for such period as they consider the seafarer will remain unfit to go to sea; **or**
- c) cancel the certificate if they consider that the seafarer will remain permanently unfit to go to sea
- d) and must notify the seafarer accordingly

In the event of a decision to cancel or suspend the medical certificate, the AMP should exercise his right under the Regulations to, request the seafarer to surrender his/her medical certificate. If for any reason the certificate is not returned, the Approved Doctor should inform the DGMS office.

A seafarer required to hold a valid medical fitness certificate is required to produce it to a proper authority (for example Port State Control inspector) on demand.

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

3.8 Applications for a review

Any seafarer (including new entrants) found permanently unfit, or fit only for restricted service, or whose certificate is cancelled or suspended for more than 3 months by an AMP, has a right of review (appeal) by an independent Medical Practitioner approved by the Government.

A seafarer who wishes to apply for a review should request it in writing from AMP and copying to the DGMS office. The request should be made within **one month** of the date on which the seafarer is given notice by the AMP of refusal, restriction or suspension of a certificate. The DGMS will then arrange for the appeal to be considered by referring the seafarer to Medical Referee (can be another AMP) appointed by DGMS.

In signing the application for review, the seafarer is also giving authority for the AMP 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.

Before exercising the right of review, the seafarer may wish to seek independent medical advice from their General Practitioner (GP), or perhaps from their employer. The cost of the review, and of any additional specialist reports required by the Medical Referee in order to make their decision, shall be met by seafarer. 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.

Medical Referees are empowered, while working to the same medical and eyesight Standards as the approved medical practitioner:

- a) to ensure that the diagnosis has been established beyond reasonable doubt, in accordance with the medical evidence on which the AMP reached their decision and, if necessary with the assistance of a report from a Consultant in the appropriate specialty,
- b) to determine whether the medical and eyesight Standards, especially those with a discretionary element, have been properly interpreted; and
- c) to consider the possibility of a seafarer, previously declared permanently unfit, returning to sea in some capacity. Where a Medical Referee has determined that a seafarer is permanently unfit to go to sea, DGMS will not normally allow a further application for review from that seafarer within five years of that determination.

In cases not specifically covered by the statutory medical and eyesight Standards, or in cases where the AMP has assessed the seafarer as “permanently unfit” and exceptional medical considerations apply, the Medical Referee should decide an appropriate fitness category after obtaining relevant information from the AMP who made that assessment and consideration of all the evidence presented to them.

The Medical Referee should reach a decision within 2 months of the date on which the review was lodged with the DGMS office, or longer where necessary, subject to agreement with the DGMS office.

3.9 Transfer of night workers to day work

Administration defines “night” as a period of 9 consecutive hours including the period between midnight and 5am Ship’s Mean Time (SMT). In assessing the medical fitness of a seafarer with watchkeeping responsibilities, the AMP or Medical Referee will consider whether any health problems are due to the fact that the seafarer performs night work. If so, they should so certify and the seafarer’s employer should, where possible, transfer the seafarer to a suitable job not involving night work.

4. Customer service and lost certificates

4.1 Customer service

The DGMS expects AMPs to provide a good level of customer service to seafarers. This includes providing seafarers with clear information when they initially make their appointment, efficient reception procedures, and if the AMP is not available (for example because of holiday), providing contact details for other AMPs within the area.

The DGMS aims to update the list of AMPs on our website at least monthly. It is important that AMPs notify DGMS office of any changes relating to their details and if for any reason they are likely to be unavailable for a period of 10 days or more. AMPs shall use a standard customer feedback form for internal monitoring of their service by issuing feedback forms randomly to selected seafarers attending for medical examinations.

4.2 Lost or stolen certificates

If a seafarer reports, the loss, theft or destruction of a current medical certificate, he/she should be asked to explain the circumstances in writing. It is then for the issuing AMP to use his/her judgment in deciding whether to:

- a) re-examine the seafarer and issue a new certificate valid from the date of examination; or
- b) issue a new certificate bearing the exact details of the missing certificate
(based on duplicate pad copy of the former medical certificate), and clearly marked 'duplicate'.

However, if a significant period of time has passed since the medical examination was carried out, they may consider that a new examination is required so that they can issue a new certificate.

AMPs may charge an administrative fee for re-issue of a duplicate certificate, without examination.

The written report from the seafarer should be kept with the duplicate copy of the new certificate.

When a duplicate certificate is issued, the DGMS office should be notified of the name and date of birth of the seafarer and the numbers of the lost and replacement certificates.

Issued on 08th June 2016

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Annex - I

Table A-1/9 of STCW Code
Minimum in-service eyesight standards for seafarers

| STCW Convention regulation | Category of seafarer | Distance vision Aided ¹ | | Near/immediate vision | Colour vision ³ | Visual fields ⁴ | Night blindness ⁴ | Diplopia (double vision) ⁴ |
|--|---|------------------------------------|--------------|---|----------------------------|----------------------------|---|---------------------------------------|
| | | 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 of 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 officers, and electro-technical ratings and ratings forming part of an engine-room watch | 0.4 ⁵ | (see note 5) | 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 |
| I/11 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 |

Notes:

1. Values given in Snellen decimal notation.
2. A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease
3. As defined in the *International Recommendations for Colour Vision Requirements for Transport* by the Commission International de l'Eclairage (CIE-143-2001 including any subsequent versions) (See Annex 1.1)
4. Subject to assessment by a clinical vision specialist where indicated by initial examination findings.
5. Engine department personnel shall have a combine eye sight vision of at least 0.4
6. CIE colour vision standard 1 or 2 (See Annex 1.1)
7. CIE colour vision standard 1, 2 or 3 (See Annex 1.1)

Annex – I.1

INTERIM GUIDANCE ON COLOUR VISION TESTING (As Per STCW.7/Circ.20)

- 1 The information presented below aims to assist Approved Medical Practitioners (AMPs) , companies and seafarers in ensuring a common understanding of the confirmatory colour vision testing in impairment cases, which should take into account that:
 - A. table A-I/9 of the STCW Code makes provision for using CIE recommendation 143-2001 as the mandatory basis for colour vision testing;
 - B. the first stage assessments, using Ishihara or equivalent plate tests, given in CIE 143-2001, are readily applicable to decision-taking on seafarer eyesight;
 - C. those tested as described in paragraph 2 who are categorized as having colour vision impairments, may have sufficient colour discrimination to fulfill the minimum in-service eyesight standards, as set out in table A-I/9 of the STCW Code, but will require a confirmatory test;
 - D. some of the tests recommended by CIE 143-2001 for confirmatory testing of those who are identified as colour impaired are no longer manufactured and others are not widely available because of the specialist skills needed to perform them;
 - E. there are a number of new screen-based tests that are under development. Some of these may be practicable alternatives when recognized by the Director General of Merchant Shipping (DGMS) for the confirmatory test proposed in CIE recommendation 143-2001; and
 - F. until amendments to table A-I/9 of the STCW Code are agreed, the DGMS continues to use the existing methods for confirmatory colour vision testing.

Annex – II

Table B-1/9 of the SCTW Code
Assessment of minimum in-service physical ability for seafarers³

| Shipboard task, function, event or condition³ | Related physical ability | A medical examiner should be satisfied that the candidate⁴ |
|--|---|--|
| Routine movement around vessel: <ul style="list-style-type: none"> - on moving deck - between levels - between compartments <i>Note 1 applies to this row</i> | Maintain balance and move with agility. Climb up and down vertical ladders and stairways. Step over coamings (e.g., 600 mm high). Open and 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 ⁵ , able to: <ul style="list-style-type: none"> - climb vertical ladders and stairways - step over high sills - manipulate door closing systems |
| Routine tasks on board: <ul style="list-style-type: none"> – Use of hand tools – Movement of ship’s stores – Overhead work – Valve operation – Standing a four hour watch – Working in confined spaces – Responding to alarms, warnings and instructions – Verbal communication <i>Note 1 applies to this row</i> | Strength, dexterity and stamina to manipulate mechanical devices. Lift, pull and carry a load (e.g., 18 kg). Reach upwards. Stand, walk and remain alert for an extended period. Work in constricted spaces and move through restricted openings (e.g., 600 mm × 600 mm). Visually distinguish objects, shapes and signals. Hear warnings and instructions. Give a clear spoken description. | Does not have a defined impairment or diagnosed medical condition that reduces ability to perform routine duties essential to the safe operation of the vessel Has ability to <ul style="list-style-type: none"> – work with arms raised – stand and walk for an extended period – enter confined space – fulfil eyesight standards (table A- I/9) – fulfil hearing standards set by competent authority or take account of international guidelines – hold normal conversation |
| Emergency duties ⁶ on board: <ul style="list-style-type: none"> – Escape – Fire-fighting – Evacuation <i>Note 2 applies to this row</i> | Don a lifejacket or immersion suit. Escape from smoke-filled spaces. Take part in fire-fighting duties, including use of breathing apparatus. Take part in vessel evacuation procedures. | Does not have a defined impairment or diagnosed medical condition that reduces ability to perform emergency duties essential to the safe operation of the vessel Has ability to: <ul style="list-style-type: none"> – don lifejacket or immersion suit – crawl – feel for differences in temperature – handle fire-fighting equipment – wear breathing apparatus (where required as part of duties) |

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 approved 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 Row 3 of the above table describes (a) ordinary shipboard tasks, functions, events and conditions, (b) the corresponding physical abilities which shall be considered necessary for the safety of a seafarer, other crew members and the ship, and (c) high-level criteria for use by approved 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.
- 3 This table is not intended to address all possible shipboard conditions or potentially disqualifying medical conditions. Approved Medical practitioners should use their professional judgment on physical abilities applicable to the category of seafarers (such as “Deck officer” and “Engine rating”). The special circumstances of individuals and for those who have specialized or limited duties should receive due consideration.
- 4 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.
- 5 The term “assistance” means the use of another person to accomplish the task.
- 6 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.



Ministry of Ports and
Shipping

Annex - III

Seafarer Medical Examinations Feedback Report

In order to help the DGMS to monitor and maintain consistency of standards of seafarer medical examinations, it would be helpful if you would complete the questions below following your seafarer medical examination. Please amplify your replies overleaf if necessary.

Name of AMP :

Date of examination :

Address where examination carried out:

.....
.....

CONDUCT OF MEDICAL EXAMINATION

(Delete as appropriate)

Official use

| | |
|--|----------------------------|
| Were you easily able to obtain an appointment? Yes / No | |
| Were you advised how to get there? Yes / No | |
| Were you advised to bring: (Please tick) photo ID <input type="checkbox"/> your previous certificate <input type="checkbox"/> spectacles <input type="checkbox"/> | |
| Where was the examination undertaken? | |
| What was your impression of the examination room? | |
| Were you asked to produce photographic identity on arrival? Yes / No | |
| If this was not your first seafarer medical, did the doctor ask for your previous certificate Yes / No (to destroy)? | |
| Did you complete the details on the front of the medical examination report yourself? Yes / No If so, did the doctor go through your answers with you? Yes / No | |
| Did the doctor have access to your previous records? Yes / No | |
| Were you asked to undress to your underwear so that a physical examination could be undertaken? Yes / No | |
| Which of the following tests were carried out by the doctor? | Tick as appropriate |
| a) Weight | |
| b) Height | |
| c) Blood pressure | |
| d) Teeth (were you asked when you last saw a dentist?) Yes / No | |
| e) Ears/Hearing | |
| f) Breathing | |
| g) Reflexes | |
| h) Abdominal Examination | |
| Did the doctor examine your eyesight? Yes / No | |
| Was the distance from the chart marked clearly on the floor or wall? | |

| | |
|---|--|
| Yes / No | |
| Did you undertake a colour vision test? Yes / No Were the colour plates presented in a random order? Yes / No If you failed, were you advised to take a supplementary test? (lantern or other) Yes / No | |
| Did the doctor ask you if you would require immunisation? Yes / No | |
| Were you asked to provide a urine sample at the surgery?; or Yes / No did you bring along a sample to the appointment? Yes / No | |
| Did the doctor give you any lifestyle or hygiene advice ? (if applicable) Yes / No | |
| Were you asked to sign your certificate in front of the doctor? Yes / No | |
| If you failed the examination or were issued with a restricted certificate, were you also given a Notice of Failure or Restriction form and advised how to appeal? Yes / No | |
| How long did the examination take? | |
| How much did the examination cost? | |
| Overall, how would you rate the conduct of the examination? Poor <input type="checkbox"/> Satisfactory <input type="checkbox"/> Very Good <input type="checkbox"/> | |
| What was the result of your examination? Pass with no restrictions <input type="checkbox"/> Pass with restrictions <input type="checkbox"/> Temporarily Unfit <input type="checkbox"/> Permanently Unfit <input type="checkbox"/> | |

Please complete the checklist below, as far as you were able to observe

FACILITIES (Tick as appropriate)

| | |
|--|--|
| Ready accessibility by public transport Yes / No | |
| Efficient reception arrangements Yes / No | |
| A clean, warm and adequately furnished waiting area Yes / No | |
| An examination room where confidential conversation could take place Yes / No | |
| Chaperoning arrangements (where required) Yes / No | |
| Arrangements for urine sampling which were discreet, clean, had hand washing facilities and which did not involve samples being carried through patient areas Yes / No | |
| Adequate lighting, in terms of brightness and colour balance, for examination and vision testing Yes / No | |
| Professional examination equipment, including an adjustable couch with replaceable covering Yes / No | |
| Hand washing facilities in the consulting room Yes / No | |

Further details from questions overleaf, and any other comments/observations e.g. Doctor's manner, professionalism, courtesy, cleanliness

All information provided on this form will be treated in **STRICT CONFIDENCE**. However, in order that we can follow up and report back to you on any points you have raised, it would be helpful to have your name and address below, but this is not compulsory. The doctor will be asked to comment on the points raised.

Are you willing for the doctor to be told your name? Yes / No

Name (in full) :

Address :

.....

.....

Tel. No. :

Date :

Signature :

Please return this form to:

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