

(Translation. Only the Faroese version has legal validity.)

Executive Order No. 82 of 6 June 2013 on the medical examination of seafarers

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Under the provisions of section 4, subsection 2 and section 68 in Act No. 4 from 15th January 1988 on seafarers conditions of employment, etc., amended by Act No. 71 from 30th May 2011 and under the provisions of section 11, subsection 1 and section 24, subsection 2 in Act No. 63 from 3rd July 1998 on the manning of ships as amended by Act No. 71 from 30th May 2011 the following shall be laid down:

Chapter 1 Area of Application

Section 1. This executive order shall apply to seafarers that are covered by Section 1 and Section 47 in Act on seafarers conditions of employment, etc., of seafarers who execute seafaring duties on board ships of the size of 20 GT or more irrespective of sailing area.

Subsection 2. In cases of doubt as to who may be covered by the executive order, the Faroese Maritime Authority will make a decision in the case following recommendations from the respective unions of the shipowners and the seafarers.

Subsection 3. Likewise, the executive order is applicable for the owner of the ship if he works on board the ship.

Section 2. The executive order is also applicable for personnel who shall hold a valid health certificate in connection with:

- 1) The issuance and renewal of seafarers' certificates under the provisions of the Act on manning of ships.
- 2) Approved basic safety training for seafaring personnel and proficiency in survival craft and rescue boats under the provisions of the Act on manning of ships.

Subsection 2. For personnel covered by subsection 1, the Faroese Maritime Authority will issue and sign the health certificate if the medical examination according to section 4 has been made in a foreign country.

Chapter 2 The Medical Examination

Section 3. Seafarers who execute seafaring duties onboard a ship shall hold a certificate which confirms the medical examination of the seafarer, and that such examination has been

conducted under the provisions of this executive order, and that the seafarer has been deemed fit for work on board a ship, with possible restrictions (valid health certificate/the blue book).

Subsection 2. The provision of subsection 1 also applies for the owner of the ship if he is employed on board the ship.

Section 4. Medical examinations shall assess that the physical and mental health is such that the person is fit for duty on board a ship as provided by Attachment I. If in Attachment I, the implication of the illness or disability is clearly stated, then the maritime medical practitioner shall observe and make due note of such conditions, yet in congruity with subsection 3.

Subsection 2. The medical practitioner shall issue and sign the health certificate with the following restrictions:

- 1) Time of validity
- 2) Work area on board
- 3) Trading area. Attachment II states which restrictions with respect to trading area that normally apply

Subsection 3. If in special cases, in respect of the first part in Attachment I, the maritime medical practitioner deems that there is reason to deviate from the statements in the Attachment with respect to illness or disability, then the maritime medical practitioner shall make a written explanation of the deviation. This exception does not apply to column V-1, 4 and 7 in the Attachment.

Section 5. For the report from the medical examination the maritime medical practitioner shall make use of the form of the Faroese Maritime Authority.

Subsection 2. Maritime medical practitioners outside the Faroe Islands shall make use of the English version of that same form in addition to the guidelines that may be found in the home pages of the Faroese Maritime Authority, www.fma.fo.

Subsection 3. Maritime medical practitioners and foreign practitioners that undertake medical examinations of seafarers under the provisions of this executive order shall be professionally completely independent in their execution of this work.

Section 6. Medical examinations, cf. section 4 shall, to the extent possible, be done in the Faroe Islands, and may be done only by a maritime medical practitioner that has been approved by the Faroese Maritime Authority to execute such medical examinations. The Faroese Maritime Authority approves maritime medical practitioners following their completion of a course in maritime medical practices, organised by the Faroese Section for Public Health and Health Conditions in the Workplace.

Subsection 2. Seafarers undergoing medical examination under the provisions of this executive order may choose the maritime medical practitioner, however except in those cases when the Faroese Maritime Authority has requested that such examination is done by a practitioner at the Faroese Section for Public Health and Health Conditions in the Workplace as per Section 9, subsection 2 and Section 10.

Subsection 3. The Faroese Maritime Authority may also appoint maritime medical practitioners in a foreign country to undertake medical examinations of seafarers under the provisions of this executive order.

Subsection 4. If the medical examination is done by a maritime medical practitioner outside the Faroe Islands, then the practitioner must be licensed for such work under the provisions of relevant act or executive order in that country.

Section 7. Anyone who is employed on board a ship for the first time, or who has not been employed on board a ship for the previous five years must by a medical examination be declared fit for duty with possible restrictions stated by Attachment I, column A.

Section 8. Personnel under the age of 18 must undergo medical examination with the possible restrictions as stated in Attachment I, column A at intervals not exceeding one year each time.

Subsection 2. Personnel above the age of 18 must undergo medical examination with the possible restrictions as stated in Attachment I, column B at intervals not exceeding two years.

Section 9. A person deemed unfit for duty on board a ship may submit for a new medical examination under the provisions of this executive order if the Faroese Maritime Authority so permits.

Subsection 2. If a person is deemed fit for duty with restrictions, then the Faroese Maritime Authority may request that a renewed examination is done by the Faroese Section for Public Health and Health Conditions in the Workplace.

Section 10. When, in connection with the signing off of a seafarer due to illness, the Faroese Maritime Authority has access to information about a condition, which may cause doubt with respect to the fitness of the seafarer for the assigned duty on board, the authority may request that the seafarer shall undergo another examination at the Faroese Section for Public Health and Health Conditions in the Workplace, even if in position of a valid health certificate.

Subsection 2. If deemed necessary, the Faroese Maritime Authority may decide that a person is not fit for duty on board when a new medical examination has been requested in accordance with subsection 1.

Subsection 3. In the event that the seafarer is already on board when the medical examination is requested, the Faroese Maritime Authority may request the signing off of the seafarer or decide that the medical examination is being undertaken within a given deadline. If the Faroese Maritime Authority requests the off-signing of the seafarer, then the seafarer shall sign off in the first port of call from which the return home is suitable for the seafarer in question. The travel expenses will be covered by the Faroese Maritime Authority.

Subsection 4. The seafarer may not serve on board a ship after the deadline given as per subsection 3 unless another medical examination has confirmed that the seafarer in question is fit for duty on board.

Chapter 3 The Health Certificate

Section 11. The Faroese Maritime Authority makes decisions with respect to the design and content of the health certificate. Upon request, health certificates are forwarded free of charge to maritime medical practitioners and shipowning companies.

Section 12. If in accordance with Section 4 the medical examination has been undergone in the Faroe Islands, then the maritime medical practitioner shall sign the health certificate in line with the medical examination. The maritime medical practitioner shall keep electronic records from the examination. The Faroese Maritime Authority may at any time request a copy of the medical examination from the Faroese Section for Public Health and Health Conditions in the Workplace.

Subsection 2. If the medical examination has been undergone in another country, and if it has not been done by a medical practitioner approved by the Faroese Maritime Authority, then the master of the ship in question shall sign the health certificate in line with the medical examination and the documentation shall be forwarded to the Faroese Maritime Authority as soon as possible. In the event of restrictions, then such restrictions shall be given as well. The master who issues or signs the health certificate shall document that the requirement of Section 6, subsection 4 has been met.

Subsection 3. In cases where the seafarer has previously been found unfit for duty, the Faroese Maritime Authority may request that the seafarer is signed off and repatriated from the ship's first suitable port of call. Such request may be presented irrespective of the results in the latest medical examination.

Section 13. While in service on board, the seafarer shall leave the health certificate with the master for safe-keeping.

Subsection 2. Health certificate in the master's safe-keeping according to section 1, shall be forwarded to the Faroese Maritime Authority if and when requested.

Subsection 3. Upon request from the Faroese Maritime Authority, the seafarer shall forward his valid health certificate to the authority.

Section 14. If the deadline as per Section 8 expires while the seafarer is at sea, then the last date of verification shall be valid until the date of the ship's first port of call, in which the medical examination may be undergone without further delay. However, under no circumstances will the health certificate be valid beyond 3 months following the original date of expiry.

Chapter 4 Complaint

Section 15. In accordance with Section 4, subsection 5, seafarers, shipowners or the Faroese Maritime Directory may submit the outcome of a health examination to the Faroese Health Shipping Tribunal.

Subsection 2. In accordance with Section 10, subsection 1 the seafarer or the shipowner may submit complaint regarding the decision to the Faroese Health Shipping Tribunal.

Subsection 3. Rulings from the Faroese Health Shipping Tribunal are final and cannot be appealed to any other authority.

Subsection 4. Any complaint filed with the Faroese Health Shipping Tribunal shall be in writing and sent to the Ministry of Trade, Att.: Faroese Health Shipping Tribunal, Tinganes, Postboks 377, 110 Tórshavn.

Subsection 5. The conclusions made by the maritime medical practitioner on the importance of the sight and hearing abilities to the work on board a ship following Attachment I, section V, No. 1, 4 and 7 may be submitted by the seafarer or the shipowner to the Faroese Maritime Authority, who will make a decision on each case. Such decision may be made in cooperation and following a dialogue with a specialist in these matters.

Subsection 6. The deadline for complaint regarding the conclusions mentioned in subsections 1, 2 and 5 is 4 weeks. The Faroese Health Shipping Tribunal and the Faroese Maritime Authority may deviate from this deadline if there is special ground for such deviation.

Chapter 5

General provisions

Section 16. Seafarers who depend on glasses or contact lenses in order to meet the requirements to the sight of sailing personnel as stated in Attachment I should wear such correction during their duty on board, and must at any given time keep an additional set of correction aid.

Section 17. Upon request, seafarers, who undergo a medical examination according to the regulations of this executive order shall submit a valid identification document.

Section 18. The expenses incurred for such medical examination according to Section 4 is carried by the seafarer's employer. The seafarer will pay the maritime medical practitioner and will have the expenses reimbursed by the employer. If the seafarer does not have any employer at the time of the medical examination, then he will have the costs reimbursed by the first employer, who offers employment, for which a health certificate is required, yet in accordance with subsection 2.

Subsection 2. The condition, however, for the right to reimbursement under subsection 1 above is that the seafarer prior to this has sailed for at least 6 months on board one of the ships of the employer in question. Furthermore, the seafarer must be able to produce the receipt for the expenses incurred in connection with the medical examination.

Subsection 3. For specialist medical examinations as per Section 15, subsection 5, requested by the Faroese Maritime Authority in co-operation with *Deildin fyri Arbeiðs- og Almannaheilsu* in accordance with Section 10, the Faroese Maritime Authority will carry the costs.

Subsection 4. The Faroese Maritime Authority will reimburse medical examination according to subsection 3 when the conclusion from the examination has been received.

Subsection 5. The remuneration for medical examinations that are undergone in the Faroe Islands has been stipulated in agreement between the shipowners' associations and the Faroese Medical Practitioner's Association.

Section 19. The master shall see to it that the regulations in Section 10, subsection 4, Section 12, subsections 2 and 3, Section 13, subsections 1 and 2 are duly observed.

Section 20. In special cases the Faroese Maritime Authority may grant exemption to the regulations in Sections 1 to 3 and Section 6, subsection 1.

Chapter 6 Penalty

Section 21. Master's violation of Section 19 is punishable by fine.

Subsection 2. Violation of Section 13, subsection 3 is punishable by fine.

Subsection 3. Companies, etc. (legal persons) may incur criminal liability pursuant to the provisions of chapter 5 of the Faroese Penal Code.

Subsection 4. When determining criminal liability according to subsection 2, persons employed to carry out work on board the ship by others than the shipowner shall also be considered as being associated with the shipowner. If a document of compliance has been issued pursuant to the International Safety Management Code or a certificate has been issued according to the Maritime Labour Convention to another organisation or person, then the master of the vessel as well as the seafarer shall be considered to be associated with the one to whom the document has been issued.

Chapter 7 Entry into force

Section 22. This executive order shall enter into force on the day following its day of promulgation.

Subsection 2. Simultaneously, executive order No 131 of 28 December 2010 on medical examination of seafarers shall be repealed, cf however subsection 3 and 4.

Subsection 3. Maritime medical practitioners appointed as per subsection 2 in above mentioned executive order shall retain their permit to carry out medical examinations and issue and endorse health certificates for seafarers.

Subsection 4. Health certificates issued in accordance with the executive order mentioned in subsection 2 shall remain valid on the conditions stipulated in the health certificate.

Vinumálaráðið, 6 June, 2013

Johan Dahl (sign.)

Landsstýrismaður

/ Jóanna Djurhuus (sign.)

List of diseases, defects, etc. that would normally lead to rejection or limitations

Introduction

The purpose of medical examinations is to ensure the health of each individual seafarer as well as the safety of the ship. When assessing whether seafarers are fit to go to sea, the following shall therefore always be taken into account:

1. Does the disease or condition involve an increased risk of acute complications that cannot be treated by a layman on board a ship and that may, consequently, represent a considerable risk to the seafarer himself?
2. Will an acute disease of a seafarer represent a risk to the safety of the ship or place other crewmembers in an unnecessarily difficult situation?
3. Does the disease or condition mean that the seafarer would have difficulties handling an emergency on board?

When assessing persons who sign on for the first time, special account should be paid to whether the disease or condition could, in the future, be expected to become a hindrance to working on board merchant and fishing vessels.

		Column A	Column B
		Persons who sign on for the first time, i.e. anyone who goes to sea for the first time, who has not worked on board a ship within the last five years as well as all seafarers below the age of 18.	Professional seafarers, i.e. seafarers older than 18 years who have worked on board a ship within the last five years and for whom the maritime and fishing business must be considered their main occupation.
I.	MALIGNANT TUMOURS, incl. lymphoma and leukaemia	Absolute rejection in cases where the disease, its consequences and risk of recurrence result in immediate danger or risk of inability to work. Otherwise, possible limitation in time and trade area.	Absolute rejection in cases where the disease, its consequences and risk of recurrence result in immediate danger or risk of inability to work. Otherwise, possible limitation in time and trade area.
II.	ENDOCRINE DISORDERS		
	1. Hyper-hypothyroidism:		
	- well-controlled	Possible limitation in time and trade area.	Possible limitation in time and trade area.
	- not well-controlled	Absolute rejection.	Absolute rejection.
	2. Diabetes mellitus:		
	- Insulin dependent	Well-regulated, no hypoglycaemic episodes with influence on consciousness within the last two years. The treatment shall be under regular supervision by a doctor and the seafarer shall have the necessary understanding of his disease and be able to perform blood sugar measurements. Limitations: Time – no more than one year. Field of work on board – not in a position mentioned in	Well-regulated, no hypoglycaemic episodes with influence on consciousness within the last two years. The treatment shall be under regular supervision by a doctor and the seafarer shall have the necessary understanding of his disease and be able to perform blood sugar measurements. Limitations: Time – no more than one year – and possibly in field of work on board.

		a ship's minimum safe manning document or in a training position leading to such a position. Duty on board fishing vessels not accepted.	
	- Tablet treated	Well-regulated, no hypoglycaemic episodes with influence on consciousness within the last two years. The treatment shall be under regular supervision by a doctor and the seafarer shall have the necessary understanding of his disease. Limitations: Time – no more than one year. Field of work on board – not in a position mentioned in a ship's minimum safe manning document or in a training position leading to such a position.	Well-regulated, no hypoglycaemic episodes with influence on consciousness within the last two years. The treatment shall be under regular supervision by a doctor and the seafarer shall have the necessary understanding of his disease. Limitations: Time – no more than one year – and possibly in field of work on board.
	- Adiposity	The condition shall be stable without any important symptoms. The treatment shall be under regular supervision by a doctor. Possible limitation in time	The condition shall be stable without any important symptoms. The treatment shall be under regular supervision by a doctor. Possible limitation in time
	3. Considerable fatness:		
	A Body Mass Index (BMI) > 40 kg/m ² shall cause a specific evaluation.		
	If the conclusion of the evaluation is that the fat and muscle distribution is a severe limitation to mobility.	Absolute rejection.	Possible limitation in time, field of work on board and trade area.
III.	MENTAL DISORDERS i)		

	1. Psychoses and serious mood (affective) disorders (F2 and F3, possibly F20-F29 and F30- F39):		
	- Present and previous with less than two years without symptoms.	Absolute rejection.	Absolute rejection.
	- Previous, with at least two years without symptoms or without treatment.	Possible limitation in time, field of work on board and trade area.	Possible limitation in time, field of work on board and trade area.
	2. Milder cases of mood (affective) disorders (F3, possibly F30-F39), nervous conditions (F4 and F5, possibly F40-F48 and F50-F59) and personality disorders (F6, possibly F60- F69), causing insufficient functional capability or disabling symptoms.	Absolute rejection.	Absolute rejection.
	- Previous, with at least two years without symptoms or without treatment.	Possible limitation in time, field of work on board and trade area.	Possible limitation in time, field of work on board and trade area.
	3. Pervasive mental functional disorders, including dementia and other organic conditions (F0, possibly F00-F09), mental retardation (F7, possibly F70-F79), pervasive developmental disorders (F84) and hyperkinetic disorders (F90).	Absolute rejection.	Absolute rejection.
	4. Abuse of psychoactive substances, including regular use of psychoactive substances which possibly may have a negative influence on the examined person's judgment in relation to safety and health at sea. Beyond this, dependence syndromes, harmful abuse or psychic disorders caused by psychoactive substances. Psychoactive substances shall mean alcohol and other psychoactive substances, including opiates, sedatives and hypnotics, cocaine and other stimulants, cannabinoids, hallucinogens and volatile solvents (F1, possibly F10-F19).	Absolute rejection.	Absolute rejection.
	- Previous, with at least two years of abstinence from drug use con-	Possible limitations in time, field of work on	Possible limitations in time, field of work on

	firmed by a doctor.	board and trade area.	board and trade area.
IV.	DISEASES OF THE NERVOUS SYSTEM		
	1. Epilepsy:		
	- with attacks within the last two years with or without medical treatment.	Absolute rejection.	Absolute rejection.
	- with attacks within the last ten years, but not within the last two years with or without medical treatment.	Absolute rejection for a position mentioned in a ship's minimum safe manning document or in a training position leading to such a position.	Absolute rejection for a position mentioned in a ship's minimum safe manning document or in a training position leading to such a position.
	- without attacks for at least ten years, of which the last five years shall be without medical treatment.	For a position mentioned in a ship's minimum safe manning document, a declaration on the risk of attacks shall be available from a specialist in neurological diseases.	For a position mentioned in a ship's minimum safe manning document, a declaration on the risk of attacks shall be available from a specialist in neurological diseases.
	2. Cerebrovascular diseases.	Absolute rejection in the first six months after the disease initiated. Hereafter individual assessment of the risk of recurrence. There must not be sequelae of importance and any underlying disease shall be treated. Possible limitation in time, field of work on board and trade area.	Absolute rejection in the first six months after the disease initiated. Hereafter individual assessment of the risk of recurrence. There must not be sequelae of importance and any underlying disease shall be treated. Possible limitation in time, field of work on board and trade area.
V.	DISEASES OF THE SENSORY ORGANS		
	1. Hearing		
	All services - Ability to hear normal speech at a distance of 4 metres, possibly by the use of a hearing aid.	If not: Absolute rejection.	If not: Possible limitation in field of work on board.
	Look-out duty - Ability to hear normal speech at a distance of 4 metres, both ears tested simultaneously without the	If not: No look-out duty.	If not: No look-out duty.

	use of hearing aid.		
	2. Menière's disease.	Absolute rejection.	Possible limitation in time and field of work on board.
	3. Chronic infection of the middle ear.	Limitation in time and trade area.	Possible limitation in time and trade area.
	4. Vision ii) All services - Visual acuity, possibly with correction, shall on either right or left eye or both eyes measured simultaneously be at least 0.3.	If not: Absolute rejection.	If not: Absolute rejection.
	Radio service - Visual acuity, possibly with correction shall, on each eye, be at least 0.4 and test of field of vision, using the finger method, shall not reveal defects in the field of vision. iii) The examined person shall under reduced lighting, have necessary visual acuity to execute all necessary duties without difficulties, see note iii	If not: No radio service.	If not: No radio service.
	Engine room duty - Visual acuity with correction shall, on each eye, be at least 0.4 and test of field of vision, using the finger method, shall not reveal defects in the field of vision.iii). The examined person shall under reduced lighting, have necessary visual acuity to execute all necessary duties without difficulties, see note iii	If not: No service in the engine room.	If not: No service in the engine room.
	Look-out duty - Visual acuity without correction shall on each eye be at least 0.1. Visual acuity with correction shall on each eye be at least 0.5. Field of vision shall be normal, see note iii) The examined person shall under reduced lighting, have necessary visual acuity to execute all necessary duties without difficulties, see note iii	If not: No look-out duty.	If not: No look-out duty.

	5. Serious and possibly recurrent diseases of the inner eye and outer eye (irridocyclitis, glaucoma and similar diseases).	Absolute rejection.	Limitations in time and field of work on board.
	6. Double vision (diplopia).	Absolute rejection.	Limitations in time and field of work on board.
	7. Colour vision.(iiii) Colour blindness.	No look-out duty.	No look-out duty.
VI.	CARDIOVASCULAR DISEASES		
	1. Ischaemic heart disease with symptoms, significant heart cardiac incompensation.	Absolute rejection if treatment cannot normalize the condition. Possible limitation in time and trade area.	Absolute rejection if treatment cannot normalize the condition. Possible limitation in time and trade area.
	2. Cardiac arrhythmia with considerable risk of acute symptoms.	Absolute rejection if treatment cannot normalize the condition. Possible limitation in time and trade area.	Absolute rejection if treatment cannot normalize the condition. Possible limitation in time and trade area.
	3. Hypertension, diastolic blood pressure of > 110 mm Hg, systolic blood pressure of > 180- 200 mm Hg.	Absolute rejection until well-regulated. Possible limitation in time.	Absolute rejection until well-regulated. Possible limitation in time.
	4. Acute myocardial infarction (AMI), bypass operation, Percutaneous Transluminal Coronary Angioplasty (PTCA), implantation of pacemaker.	Absolute rejection in the first two months after AMI and/or intervention. Hereafter careful individual assessment of functional performance and the risk of late complications. Possible limitation in time and trade area.	Absolute rejection in the first two months after AMI and/or intervention. Hereafter careful individual assessment of functional performance and the risk of late complications. Possible limitation in time and trade area.
	5. Diseases demanding anticoagulant therapy.	Absolute rejection in a position mentioned in a ship's minimum safe manning document or in a training position leading to such a position. For others, absolute rejection in a period after initiating the treatment. After the condition has been stabilised, limitation in time, field of work on board and trade	Absolute rejection for a period after initiating the treatment. After the condition has been stabilised, limitation in time, field of work on board and trade area depending on the cause of the treatment and the prognosis of the disease.

		area depending on the cause of the treatment and the prognosis of the disease.	
VII.	DISEASES OF THE RESPIRATORY SYSTEM		
	1. Pulmonary diseases causing major reduction in functional performance and/or with serious attacks demanding medical treatment (for example asthma) within the last two years.	Absolute rejection.	Absolute rejection.
	2. Less severe pulmonary diseases.	Limitation in field of work on board and trade area.	Possible limitation in field of work on board and trade area.
VIII.	INFECTIOUS DISEASES		
	1. Tuberculosis:		
	- in infectious stage or suspicion of this or insufficient treatment.	Absolute rejection.	Absolute rejection.
	- not in infectious stage, but under treatment	Absolute rejection.	Possible limitation in time and trade area.
	2. Other infectious diseases in infectious stage.	Absolute rejection.	Individual evaluation based on symptoms and danger of infection.
	3. HIV positive with complications of importance or AIDS.	Absolute rejection, but may pass if trade area is limited to coastal trade after individual evaluation.	Absolute rejection, but may pass if trade area is limited to coastal trade after individual evaluation.
IX.	GASTROINTESTINAL DISEASES		
	1. Dental and gingival diseases, if unsatisfactorily and incompletely treated.	Limitation in trade area.	Limitation in trade area.
	2. Gastric and duodenal ulcers.	Limitation in time and trade area.	Limitation in time and trade area.
	3. Chronic enteritis or colitis at a pronounced stage.	Absolute rejection.	Possible limitation in time and trade area.
	4. Hernias with risk of incarceration.	Limitation in field of work on board and trade area.	Limitation in trade area and possibly field of work on board.
	5. Gallstones giving symptoms.	Absolute rejection.	Absolute rejection.
	6. Pancreatitis giving symptoms.	Absolute rejection.	Absolute rejection.
X.	UROGENITAL DISORDERS		
	1. Kidney stones:		
	- with acute symptoms.	Absolute rejection.	Absolute rejection.
	- recurring with acute symptoms within the last two years.	Limitation in trade area and possibly field	Limitation in trade area and possibly field of

		of work on board.	work on board.
	2. Chronic and sub-chronic nephritis and nephroses.	Absolute rejection.	Possible limitation in time and trade area depending on certificate from specialist in renal diseases.
XI.	SKIN DISEASES		
	Serious infectious or allergic skin reactions.	Possible limitation in field of work on board and trade area.	Possible limitation in field of work on board and trade area.
XII.	CONGENITAL DISEASES IN THE SKELETON, ORGANS OF LOCOMOTION AND CONNECTIVE TISSUE, OR CONSEQUENCES OF INJURY AND INFECTIONS		
	1. Resulting in reduced performance affecting work and in the event of an emergency situation.	Absolute rejection.	Possible limitation in time, field of work on board and trade area.
	2. Polyarthritis, chronic.	Absolute rejection.	Possible limitation in time, field of work on board and trade area.
	3. Arthroses, spondylosis, severe.	Absolute rejection.	Possible limitation in time, field of work on board and trade area.
	4. Slipped disc (prolapsed intervertebral disc) with serious radicular symptoms.	Absolute rejection.	Absolute rejection.
XIII.	PREGNANCY		
	Pregnancy, uncomplicated.	Up to the end of 6th month, limitation in field of work on board and trade area. Hereafter absolute rejection.	Up to the end of 6th month, limitation in field of work on board and trade area. Hereafter absolute rejection.
XIV.	OTHER DISEASES OF IMPORTANCE FOR SEAFARERS		
	Other conditions which may cause a significant risk for own health or cases where an acute disease contracted by the seafarer has significance for the safety of the ship.	Individual assessment of risk. May result in absolute rejection or possibly limitation in time, field of work on board and trade area.	Individual assessment of risk. May result in absolute rejection or possibly limitation in time, field of work on board and trade area.

i) The designation used starting with an “F” followed by one or more figures refer to the international classification of diseases and health problems (ICD 10).

ii) Visual acuity is indicated according to “Snellen decimal notation” and shall be measured at a distance of 6 metres.

iii) Assessment from a specialist when necessary according to findings at the first medical examination

iii) Colour vision shall be examined according to Ishihara's "Test for Colourblindness Complete Edition." One misreading is accepted. Definition in *International Recommendations for Colour Vision requirements for Transport* after *The Commission Internationale de l'Eclairage* (CIE-143-2001 with later amendments)

Annex 2

List of standard limitations normally used in trade area

Coastal trade:

Trade in Faroese waters, not further than 30 NM from the Faroese coast (the base line as stipulated in the Faroese Act on Commercial Fishing).

Limited waters:

Trade in Faroese waters, not further than 200 NM from the Faroese coast (the base line as stipulated in the Faroese Act on Commercial Fishing).

Defined navigation route

Following a concrete assessment, fitness may be limited to a specific navigational route, normally an inter-island ferry service or similar.

Defined area

Following a concrete assessment, fitness may be limited to a specific sea area, port or inlet.