

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

Executive Order No. 89 of 20 August 2024 on medical examination and health certificate for seafarers

Under the provisions in section 4, subsection 2 and section 68 in Parliamentary Act No. 4 of 15 January 1988 on Seafarers Conditions of Employment, etc., amended by Parliamentary Act No. 124 of 22 December 2010 and Parliamentary Act No. 71 of 30 May 2011 and section 11 subsection 1 and section 24, subsection 3 in Parliamentary Act No. 63 of 3 July 1998 on Manning of Ships as amended by Parliamentary Act No. 75 of 25 May 2009, Parliamentary Act No. 71 of 30 May 2011 and Parliamentary Act No. 52 of 12 May 2015 and in consultation with the shipowner and seafarer organisations, 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 Parliamentary Act on Seafarers Conditions of Employment, etc. Likewise, the executive order applies to the owner of the vessel if he serves on board the ship.

Subsection 2. In case of doubt whether the person concerned is 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.

Section 2. This executive order also applies to persons who are required to hold a valid health certificate in connection with the following:

- 1) the acquisition or renewal of certificates of competency and other certificates pursuant to the Act on the Manning of Ships.
- 2) admission to education or course pursuant to the Parliamentary Act on Training of Manning of Ships and others.

**Chapter 2
Health certificate requirements**

Section 3. Persons serving on board a ship, cf section 1, shall hold a valid health certificate for seafarers issued pursuant to this executive order, cf, however subsection 2.

Subsection 2. Health certificates issued by a foreign authority in a country which has implemented the International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW Convention) and the ILO Maritime Labour Convention (MLC), are considered equivalent to health certificates issued pursuant to this executive order.

**Chapter 3
The health certificate**

Section 4. In order to acquire a health certificate, it is a requirement that the person concerned is 16 years old and has been subject to a medical examination according to the

provisions of this executive order and has been declared fit for ship service, possibly with limitations, cf. section 6 subsection 1, § 13 and the annexes to this executive order.

Section 5. The health certificate is issued by a maritime medical practitioner, cf. however section 7.

Subsection 2. The Faroese Maritime Authority shall determine the content and form of the health certificate.

Section 6. The maritime medical practitioner may endorse the health certificate with the following limitations:

- 1) The validity period of the health certificate.
- 2) The fields of work on board.
- 3) The trade area, pursuant to annex 5.

Subsection 2. The health certificate must not be endorsed with limitations to a particular shipping company, particular vessel or similar.

Subsection 3. The examinee's health information must not appear in the health certificate in connection with possible limitations.

Section 7. Health certificates issued on the basis of a medical examination pursuant to section 13, shall be issued and endorsed by the Hospital Service.

Subsection 2. In addition to possible limitations pursuant to section 6, the health certificate shall, if it in the medical examination pursuant to section 13, is deviated from the requirements to vision laid down in annex 1, be endorsed that this does not give rights for lookout duties on vessels, subject to the Convention on Standards of Training, Certification and Watchkeeping for Seafarers.

Section 8. The health certificate is valid for a period not exceeding:

- 1) two years for persons over the age of 18.
- 2) one year for persons under the age of 18.

Section 9. If the validity period of the health certificate expires during a voyage, the health certificate will remain valid until the first call at a port where a new medical examination can be carried out without undue delay, cf, however subsection 2.

Subsection 2. The health certificate will remain valid for no more than three months after the expiry of the validity period of the health certificate.

Section 10. 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 pursuant to section 1, shall be forwarded to the Faroese Maritime Authority upon request.

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

Chapter 4

The examination

Section 11. Medical examinations must be carried out by an approved maritime medical practitioner, cf. section 20.

Subsection 2. Persons who are to be subject to medical examinations pursuant to this executive order may themselves choose the maritime medical practitioner who is to perform the examination, cf. however section 18 subsection 1.

Section 12. During the examination, the maritime medical practitioner shall assess whether the examined person's physical and mental condition generally is such that the person in question is fit for serving on board a ship, possibly with limitations, cf. section 6 subsection 1 and the annexes to this executive order. In making the assessment, the maritime medical practitioner shall consider:

- (1) whether the disease or condition involves an increased risk of acute complications which cannot be treated by a layman on board a ship and which may, consequently, represent a considerable risk to the person concerned,
- (2) whether an acute disease in the person examined represents a risk to the safety on board or places other crew members in an unnecessarily difficult situation, and
- (3) whether the disease or condition means that the person examined would have difficulties handling an emergency on board.

Subsection 2. For the examination, the maritime medical practitioner shall use the annexes to this executive order.

Section 13. The Hospital Service may, following a statement of the importance of reduced visual and hearing ability for duties on board vessels, from a medical specialist in eye diseases or ear, nose and throat diseases, deviate from the requirements to vision pursuant to annex 1 and the requirements to hearing pursuant to annex 2, cf. section 7.

Section 14. The maritime medical practitioner may collect relevant information about the person examined, including information about any use of medication and medical history where this is deemed necessary to carry out the medical examination, based on a medical assessment and subject to the explicit consent of the person examined. The maritime medical practitioner shall document why the collection of the above-mentioned information is deemed necessary.

Section 15. For the medical examination the maritime medical practitioner shall use the form issued by the Faroese Maritime Authority.

Section 16. The maritime medical practitioner shall document the examination, including noting the medical reasons for their assessment.

Subsection 2. If the maritime medical practitioner, in the medical examination, deviates from the requirements laid down in appendix 3 to the executive order, this must also be stated in the documentation pursuant to subsection 1.

Subsection 3. The Faroese Maritime Authority may at any time request a copy of the medical examination from maritime medical practitioner or the Hospital Service.

Section 17. If a person is found unfit for ship service or fit for ship service with limitations, a new medical examination under the provisions of this executive order may only be carried out if the Faroese Maritime Authority so permits, cf. however subsection 4.

Subsection 2. The Faroese Maritime Authority may grant permission pursuant to subsection 1 when:

- 1) it is documented that there has been a change in the person's state of health, or
- 2) when there are other special circumstances which mean that a new medical examination should be carried out.

Subsection 3. The Faroese Maritime Authority may furthermore permit a person who has been declared unfit for ship service or fit with limitations to obtain a new medical examination pursuant to this executive order, if the examination of the person concerned is carried out by a specialist. The examination at a specialist shall, as a minimum, include a clarification of the significance of a diagnosed illness or condition to the examined person's fitness for ship service.

Subsection 4. Permission from the Faroese Maritime Authority pursuant to subsection 1 is not required if:

- 1) more than two years have elapsed since the last medical examination, or
- 2) a person has been declared fit for ship service with limitations at the last medical examination and a new examination will be carried out not until 6 months prior to the health certificate's expiry date.

Section 18. Person who holds a valid certificate is obliged to undergo a new medical examination, if it in the period of validity of the health certificate are changes in the person's state of health, where the person must consider whether he/she still is suitable for work on board or whether he/she still is fit for lookout duties.

Section 19. The Faroese Maritime Authority may decide that a person who holds a valid health certificate shall undergo a new medical examination at the Hospital Service or that the person's health certificate shall be cancelled when, on the basis of available information, in connection with for instance the signing off of a seafarer due to illness, it must be considered doubtful whether the person in question still is fit for their area of work on board a vessel.

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 pursuant to subsection 1.

Subsection 3. In the event that the seafarer is on board when the medical examination is requested pursuant to subsection 1, 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 still is fit for duty on board.

Chapter 5

Maritime medical practitioners

Section 20. Maritime medical practitioners may be approved by the Faroese Maritime Authority upon application.

Subsection 2. It is a precondition for approval as a maritime medical practitioner that the medical practitioner holds an authorisation as medical practitioner pursuant to Decree on the entry into force for the Faroe Islands of the Act on Authorisation of Health Care Professionals and on Health Care Services (*anordning om ikrafttræden for Færøerne af lov om autorisation af sundhedspersoner og om sundhedsfaglig virksomhed*) and has passed a specific course in maritime medical practices, organised by the Hospital Service.

Subsection 3. If a maritime medical practitioner loses or surrenders the authorisation as a medical practitioner, the approval as a maritime medical practitioner ceases simultaneously.

Section 21. Maritime medical practitioners that undertake medical examinations pursuant to the provisions of this executive order shall be professionally completely independent in their execution of the medical examination.

Section 22. The Faroese Maritime Authority may, following recommendations from the Hospital Service, withdraw the medical practitioner's approval pursuant to section 20, in case of gross or repeated negligence in the performance of medical examinations pursuant to this executive order.

Chapter 6

General provisions

Section 23. Persons wearing glasses, contact lenses, hearing aids or any other aid to meet the requirements set out in the annexes to this executive order shall use the aid during work on board.

Subsection 2. Persons wearing glasses must, at any given time, keep an additional set of full correction glasses on board.

Section 24. Persons who undergo a medical examination pursuant to this executive order shall be able to present legitimation upon request.

Section 25. The master shall see to it that the regulations in section 10 subsection 2 and section 19, subsections 3 and 4 are duly observed.

Section 26. In special cases the Faroese Maritime Authority may grant exemption to the regulations in sections 1 and 2.

Chapter 7 Payment for medical examination

Section 27. The expenses incurred for medical examination pursuant to this executive order and possible Chester Step Test as listed in annex 4 to the executive order of persons who shall hold a valid health certificate pursuant to section 3, shall be carried by the seafarer's employer. If the person examined 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, cf. however subsection 3.

Subsection 2. The condition for the right to reimbursement from the employer pursuant to subsection 1 is that the person examined 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 documentation for the expenses incurred in connection with the medical examination.

Subsection 3. The Faroese Maritime Authority shall pay for medical examinations pursuant to section 19 subsection 1.

Chapter 8 Penalty

Section 28. Master's violation of section 25 is punished by fine.

Subsection 2. Violation of section 10 subsection 3 is punished by fine.

Subsection 3. Companies and other legal persons shall incur criminal liability under the regulations in chapter 5 of the Faroese Penal Code.

Subsection 4. When determining criminal liability according to subsection 3, 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 pursuant to the Maritime Labour Convention or the ILO Convention 188 Work in Fishing has been issued to another company or person, the master of the vessel as well as the seafarers shall be considered to be associated with the person to whom the document has been issued.

Chapter 9 Entry into force and transitional provisions etc.

Section 29. This executive order comes into force the day after it has been promulgated.

Subsection 2. Simultaneously, executive order No 82 of 6 June 2013 on medical examination of seafarers shall be repealed, cf. however section 30.

Section 30. Maritime medical practitioners approved in accordance with section 6 in executive order on the medical examination of seafarers shall retain their permit to carry out medical examinations and issue health certificates.

Subsection 2. Health certificates issued in accordance with the executive order mentioned in section 29 subsection 2 shall remain valid on the conditions stipulated in the health certificate.

Ministry of Foreign Affairs, Industry and Trade, 20 August 2024

Høgni Hoydal

Minister

/ Herálvur Joensen

Vision requirements

Category of seafarers	Distance vision of 6 metres with correction ¹		Near/intermediate vision binocular, with or without correction	Vision without correction	Colour vision ³	Fields of vision ⁴	Night blindness ⁴	Diplopia ⁴
	Best eye	Worse eye						
Masters, deck officers and ratings with look-out duties	0.5²	0.5	Vision required to navigate the vessel. (e.g. reference to charts, nautical publications and use of instruments on the bridge.)	0.1	See note 6	Normal fields of vision	Vision required to perform all necessary functions in the dark without compromising safety.	Only in exceptional cases where all necessary functions can be performed without compromising safety.
All engineer officers, electrotechnical officers, electrotechnical ratings and others forming part of an engine room watch	0.4⁵	0.4⁵	Vision required to read instruments at close range, to operate equipment and to identify systems/components as necessary.	0.1	See note 7	Adequate fields of vision	Vision required to perform all necessary functions in the dark without compromising safety.	Only in exceptional cases where all necessary functions can be performed without compromising safety.
GMDSS radio operators	0.4	0.4	Vision required to read instruments at close range, to operate equipment and to identify systems/components as necessary.	0.1	See note 7	Adequate fields of vision	Vision required to perform all necessary functions in the dark without compromising safety.	Only in exceptional cases where all necessary functions can be performed without compromising safety.

Notes:

1. Values are given in “Snellen decimal notation”.
2. A minimum of 0.7 is recommended in one eye to reduce the risk of undetected underlying eye disease.
3. As defined in the “International Recommendation for Colour Vision Requirements for Transport” by the Commission Internationale de l’Eclairage (CIE-143-2001), including any subsequent editions.
4. Subject to assessment by a clinical vision specialist where the results of the initial examination indicate this.
5. Engine department personnel shall have a combined eyesight vision of at least 0.4.

6. CIE colour vision requirements 1 or 2.
7. CIE colour vision requirements 1, 2 or 3.

Hearing requirements

Hearing tests

All crew members

The hearing ability should average at least 30 dB (without hearing aids) in the better ear and 40 dB (without hearing aids) in the less good ear within the frequencies 500, 1,000, 2,000 and 3,000 Hz which roughly corresponds to the ability to hear speech at 3 metres and 2 metres, respectively.

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

The use of hearing aids can only be accepted if it is confirmed that the person concerned can perform the specific routine and emergency tasks required of them in a safe and effective manner throughout the period of validity of the health certificate.

Seafarers with deck or bridge duties

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

Fitness criteria for common medical conditions

The purpose of the medical examination is to ensure that the person examined is able to perform his duties in the safest way as well as to promote the safety at sea.

When assessing whether the examined person is fit for duty on board a ship, consideration must always be taken pursuant to section 11 in the executive order.

The table in this annex includes an overview of medical conditions which usually result in the examined person not being declared fit for sea service or may be declared fit for sea service with possible limitations.

Reservation must be made that it is not possible to develop a comprehensive list of fitness criteria covering all possible medical conditions and what consequences these have for the possibility of working on board ships, including the seriousness of the medical condition, the prospect of improvement or worsening and possible treatment. The principles stipulated in the table may, however, often be applied analogously to other medical conditions not stipulated in the table.

The table of medical conditions is laid out as follows:

Column 1: Diagnostic codes according to “WHO International Classification of Diseases”, 10th revision (ICD-10)

Column 2: The common name of the medical condition or group of medical conditions, with a brief statement on its relevance to work on sea/duty on board a ship.

Column 3: Description of medical conditions that are expected to be a risk to the safety on board or places other crew members in an unnecessarily difficult situation and the examined person himself i.e. whether the person concerned is able to carry out work in a reliable, safe and incompetent way, either temporarily (T) or permanently (P). This column should always be consulted first.

Column 4: Description of medical conditions that usually should result in a health certificate with limitations in terms of field of work, time or navigation route. This column should be consulted if the examined person’s medical condition does not fit the criteria in column 3.

Column 5: Description of medical conditions that usually should result in a health certificate without limitations. This column should only be consulted if the examined person’s medical condition does not fit the criteria in columns 3 and 4.

For some medical conditions, one or more columns are either not relevant or are not an appropriate certification category. These are identified by the term “Not applicable”.

ICD-10 Code	Medical condition	<p>The medical condition makes the examined person unable to carry out essential duties at sea, including carry out emergency duties safely or effectively.</p> <p>- (T) expected to be temporary.</p> <p>- (P) expected to be permanent.</p>	<p>(R) The examined person is fit for duty to perform certain duties at sea, including emergency duties, however not all of them and/or the examined person is able to perform ship service on certain waters, however not all waters.</p> <p>(L) Increased control of the medical condition needed. (In addition to the normal validity of the health certificate of two years)</p>	The examined person is able to perform all duties at sea, including carry out emergency duties and in all waters.
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A00-B99		Infections		
A00-09	<p>Gastrointestinal infection</p> <p><i>Transmission to others, recurrence.</i></p>	<p>T – Current symptoms or awaiting culture results. Carrier of infection until it is documented that there is no longer a risk of infection.</p>	Not applicable.	<p><i>Non-catering department:</i> When satisfactorily treated or on full recovery.</p> <p><i>Catering department:</i> Fitness decision to be based on individual medical assessment. Bacteriological clearance may be required.</p>
A15-16	<p>Pulmonary tuberculosis</p> <p><i>Transmission to others, recurrence.</i></p>	<p>T – Positive screening test or medical history, until examined at medical practitioner.</p> <p>If infected: until treatment is stabilised and documented infection-free.</p>	Not applicable.	On completion of treatment and full recovery.

		P – Relapse or severe residual damage to the lung.		
A50-64	Sexually transmissible infections	T - Until diagnosed treatment started and symptom-free. P – Late complications that permanently impair functional ability.	R – <i>Consider restriction on trade area:</i> if tablet treatment has been started and is symptom-free.	On completion of treatment and full recovery.
B15	Hepatitis A <i>Transmissible by food or water contamination.</i>	T – Until liver function returned to normal.	Not applicable.	On successful completion of treatment and symptom-free.
B16-19	Hepatitis B, C, etc. <i>Transmissible by contact with blood or other bodily fluids. Possibility of permanent liver impairment and liver cancer.</i>	T – Until liver function returned to normal. P – Persistent liver impairment with symptoms affecting the reliable performance of duties safely or with likelihood of complications.	R, L – Uncertainty about total recovery or lack of infectivity. Case-by-case decision-making based on essential duties and trade area.	On successful completion of treatment and symptom-free.
B20-24	Hiv positive <i>Transmissible by contact with blood or otherbodily fluids. Progression to AIDS.</i>	T – Until stabilised and treatment is so effective that likelihood of complications is low. If the treatment changes and the response to the new medication is uncertain. P –Non-reversible, functional impairing HIV-related disease or functional impairing medication side effects.	R, L – <i>Time limited and/or restriction on trade area:</i> HIV positive and low ⁱ likelihood of progression without treatment: or on stable medication without side effects.	HIV positive, no current impairment and very low ⁱ likelihood of progression. No side effects of treatment or need for frequent surveillance.
A00-B99	Other infections <i>Personal impairment, infection of others.</i>	T – Until free from risk of transmission and capable of	Case-by-case decision based on nature of infection.	On successful completion of treatment and symptom-free,

		performing duties. P – If continuing likelihood of repeated impairing or infectious recurrences.		and confirmed low ⁱ probability of infection.
C00-D48	Cancer diseases			
	<p>Malignant neoplasms</p> <p>- including leukaemia and related diseases.</p> <p><i>Recurrence – especially acute complications.</i></p>	<p>T – Until examined, treated and prognosis is confirmed.</p> <p>P – Continuing impairment with symptoms affecting safety at sea or with high likelihood of recurrence.</p>	<p>R – <i>Restriction on trade area</i>: if any continuing impairment does not interfere with essential duties including emergency duties and any recurrence is unlikely to require emergency medical treatment.</p> <p>L – <i>Time limited</i> to interval between specialist reviews if:</p> <ul style="list-style-type: none"> – cancer diagnosed <5 years ago, – there is no current impairment of performance of any duties at sea including emergency duties; and – there is a lowⁱ likelihood of recurrence or requirement for urgent medical treatment while on board. 	<p>Cancer diagnosed more than 5 years ago ;if specialist reviews no longer required and no current impairment; or lowⁱ continuing likelihood of impairment from recurrence.</p> <p>To be confirmed by specialist report.</p>
D50-89	Diseases of the blood and blood-forming organs			
D50-59	Anaemia and hemoglobinopathies	P – Severe recurrent or persisting anaemia or functional impairing symptoms that cannot be treated.	<p>R – <i>Restriction on duties</i>: until haemoglobin is normal and stable.</p> <p>R, L – <i>Consider restriction on trade area.</i></p>	Normal levels of haemoglobin.

			<i>Time limited:</i> Regular surveillance if reduced haemoglobin level but asymptomatic.	
D73	<p>Splenectomy</p> <p>-no spleen.</p> <p><i>Increased susceptibility to infections.</i></p>	<p>T – Post surgery until fully recovered.</p>	<p>R – Case-by-case assessment: Likely the examined person is fit for duty to perform all duties at sea, including emergency duties, however restriction on trade area.</p> <p>Likely to be fit for work on trade area with temperate climate, but may be unfit for service in trade area with tropical climate.</p>	Case-by-case assessment.
D50–89	<p>Other diseases of the blood and blood-forming organs</p> <p><i>Spontaneous bleeding, reduced work capacity, low resistance to infections.</i></p>	<p>T – while under investigation.</p> <p>P – Chronic coagulation disorder.</p>	Case-by-case assessment.	Case-by-case assessment.
D68	<p>Coagulation disorder due to anticoagulant treatment (except acetylsalicylic acid)</p> <p><i>Increased risk of spontaneous and, in case of injury, persistent bleeding.</i></p>	<p>T – Until examined and treated and while short-term anticoagulation is ongoing.</p> <p>P – Consider if recurrent periodic treatment or if on permanent anticoagulation therapy.</p>	<p>R, L – May be considered fit to perform all duties at sea, including emergency duties, depending on type of anticoagulant treatment.</p> <p><i>Trade area possibly restricted to domestic voyages once stabilised on anticoagulation medication with regular</i></p>	Full recovery and without anti-coagulation.

			monitoring of treatment levels.	
E00-90	Endocrine, nutritional and metabolic diseases			
E10	<p>Diabetes -Insulin treated</p> <p><i>Acute impairment due to hypoglycaemia;</i></p> <p><i>Complications due to inadequate blood sugar control;</i></p> <p><i>Increased likelihood of visual, neurological and cardiac problems.</i></p>	<p>T – From start of treatment until stabilised.</p> <p>P - If poorly controlled; previous severe hypoglycaemia; failure to recognise hypoglycaemia; not sufficient understanding of own disease; or functional impairing diabetes complications.</p> <p><i>NB!</i> Persons who sign on for the first time, may not be in a position listed in the safe manning document or in a training position leading to such position. No service on board fishing vessels.</p>	<p>R,L – Documented well-controlled diabetes with the necessary understanding of own disease and mastery of blood glucose monitoring. Ability to recognise and respond to hypoglycaemia.</p> <p><i>Restriction on trade area.</i></p> <p><i>Restriction on duties:</i> No solo watchkeeping.</p> <p><i>Time limited:</i> until next specialist check-up.</p> <p>Treatment must be under regular medical supervision, well controlled, no hypoglycaemic cases with loss of consciousness within the last two years.</p>	Not possible.
E11-14	<p>Diabetes -Non-insulin treated, on other medication</p> <p><i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems.</i></p>		<p>R - <i>Restriction on trade area.</i></p> <p><i>Restriction on duties:</i> non-watchkeeping duties until stable on treatment.</p> <p><i>Restriction on duties:</i> no solo watchkeeping duties if minor side effects from medication, especially when</p>	When stable without functional impairing complications.

			<p>using sulphonylureas.</p> <p>L – Time limited: if lack of understanding of own illness or if treatment requires frequent review.</p>	
	<p>Diabetes – non-insulin treated, treated by diet only</p> <p><i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems.</i></p>		<p>R - Restriction on trade area.</p> <p><i>Restriction on duties:</i> non-watchkeeping duties until stable on treatment.</p> <p>L – Time limited: When stable, but without sufficient understanding of their illness.</p>	When stable without functional impairing complications.
E65-68	<p>Obesity or abnormal body mass – high or low.</p> <p><i>Increased risk to self, reduced mobility to perform routine and emergency procedures. Increased likelihood of diabetes, arterial diseases and arthritis.</i></p>	<p>T – If routine duties and emergency duties cannot be performed. If physical capacity is significantly reduced.</p> <p>P– If routine duties and emergency duties cannot be performed. If physical capacity is significantly reduced and attempts to improve the situation have failed.</p> <p>NB! BMI is a useful indicator of when to</p>	<p>R, L – Time limited and restriction on trade area or restriction on duties if not able to perform all duties, but can perform routine and emergency procedures related to the given safety function.</p>	Physical functioning is average or better, weight is stable or decreasing, and there is no co-morbidity.

		perform physical tests. BMI should not be the sole basis for an unfitness decision. BMI over 40 kg/m ² must result in a specific assessment according to annex 4.		
E00-90	<p>Other endocrine and metabolic diseases (diseases of the thyroid, adrenal gland, including Addison's disease, pituitary, ovaries and testicles).</p> <p><i>Likelihood of recurrence or complications.</i></p>	<p>T – Until treatment is initiated and stabilised without side effects.</p> <p>P – If persistent functional impairment; need for frequent medication adjustments, or increased likelihood of serious complications.</p>	<p>R, L – Case-by-case assessment based on specialist opinion. The like-lihood of functional impairing complications of illness or treatment must be assessed, including the consequences of infection or injury at sea.</p>	<p>If the treatment is stable, disease control can be infrequent, there is no reduced ability to work, and there is a very lowⁱ likelihood of complications.</p> <p><i>Addison's disease:</i> Due to significant risk of complications, unrestricted fitness is usually not possible.</p>
F00-99	Mental and behavioural disorders			
F 10	<p>Alcohol abuse (addiction)</p> <p><i>Recurrence; accidents, erratic/unpredictable behaviour that threatens safety.</i></p>	<p>T – Until treated and fitness criteria are met. To one year after diagnosis or one year after a relapse.</p> <p>P – If persistent or there is co-morbidity with a likelihood of exacerbation or relapse at sea.</p>	<p>R, L – <i>Time limited.</i></p> <p><i>Restriction on duties:</i> Not to work as master or not master without close supervision and medical supervision, subject to documented sustained abstinence.</p>	After three years without relapse and without co-morbidity.
F11-19	<p>Drug addiction and persistent abuse</p> <p>Includes both illegally acquired drugs and prescription drugs.</p>	<p>T – Until treated and fitness criteria are met. To one year after diagnosis or one year after a relapse.</p>	<p>R, L – <i>Time limited and restriction on duties:</i> Not to work as master or not master without close supervision</p>	After three years without relapse and co-morbidity.

	<p><i>Recurrence; accidents, erratic/unpredictable behaviour that threatens safety.</i></p>	<p>P – If persistent or there is co-morbidity with a likelihood of exacerbation or relapse at sea.</p>	<p>onboard; and medical supervision, provided that:</p> <ul style="list-style-type: none"> - documented drugfree with a minimum of three negative, unannounced drug tests; - documented successful participation in a rehabilitation programme; and - there is continuous participation in drug screening programmes. 	
F20-31	<p>Psychosis (acute) - organic, schizophrenic or other category specified in ICD. Bipolar (manic depressive disorder).</p> <p><i>Relapses that lead to accidents, changes in perception and cognition, inappropriate behaviour that threatens safety.</i></p>	<p><i>(a) After a single episode with known triggers:</i></p> <p>T – Until the condition is examined and stable and the health requirements are met. At least three months after the incidents.</p> <p><i>(b) After a single episode with no known triggers or more than one episode with or without triggers:</i></p> <p>T – Until the condition is examined and stable and the health requirements are met. At least two years</p>	<p>R, L – <i>Restriction on trade area.</i></p> <p><i>Time limited and restriction on duties:</i></p> <p>Not to work as master or not master without close supervision onboard; and medical supervision; provided that:</p> <ul style="list-style-type: none"> - the person concerned has insight into their own illness, - follows the treatment, and -has no side effects from the medication. <p>R, L – <i>Restriction on trade area.</i></p> <p><i>Time limited and restriction on duties:</i></p> <p>Not to work as master or not master without close supervision onboard; and medical supervision, provided that:</p>	<p>Case-by-case assessment at least one year after the episode, provided triggers can always be avoided.</p> <p>Case-by-case assessment to exclude likelihood of relapse, at least five years after the last episode, no residual symptoms and no medication in the last two years.</p>

	<i>Impaired attention and concentration and reduced social skills.</i>	<p>P – If considered to have safety-critical consequences.</p> <p>Individuals, especially persons, who sign on for the first time, must be assessed based on their overall medical history.</p> <p>Individuals with long-term treatment needs will generally not be suitable for a position listed in the safe manning document or in a training position leading to such position.</p>	Case-by-case risk assessment necessary based on specialist advice.	
G00-99	Diseases of the nervous system			
G40-41	<p>Single seizure</p> <p><i>Risk of harm to ship, others and self from seizures.</i></p> <p>Epilepsy – No provoking factors Multiple seizures.</p> <p><i>Risk of harm to ship, others and self from seizures.</i></p>	<p>T– During the assessment and one year after the seizure.</p> <p>T – During the assessment and two years after last seizure.</p> <p>Persons, who sign on for the first time: Seizure-free for at least the last ten years, of which at least five years without medical treatment.</p> <p>P – Recurrent seizures, not controlled by medication.</p>	<p>R - Restriction on duties: Case-by-case assessment. Possibly no watchkeeping duties.</p> <p>L– One year after seizure and on stable medication.</p> <p>R– With seizures within the last ten years, but not within the last two years with or without treatment: Absolute rejection for a position listed in the safe manning document or in a training position leading to such position.</p>	<p>At the earliest one year after seizure and one year after end of treatment. If provoked, there should be no continuing exposure to the provoking agent.</p> <p>No seizures for at least the last ten years, has not taken anti-epilepsy drugs during that ten-year period and does not have a continuing likelihood of seizures.</p>

	<p>Epilepsy – provoked by alcohol, medication, head injury Multiple seizures.</p> <p><i>Risk of harm to ship, others and self from seizures.</i></p>	<p>T – During the assessment and two years after last seizure.</p> <p>P – Recurrent seizures, not controlled by medication.</p>	<p>R – Case-by-case assessment after two years’ abstention from any known provoking factors, no seizures without medication or with medication and good compliance.</p> <p><i>Restriction on trade area.</i></p> <p><i>Restriction on duties: no watchkeeping duties.</i></p>	<p>No seizures (without medication) for at least five years, provided there is no continued exposure to triggers.</p>
G43	<p>Migraine Frequent attacks causing incapacity.</p> <p><i>Likelihood of recurring functional impairment.</i></p>	<p>P- Frequent attacks leading to functional impairment.</p>	<p>R – If only able to perform limited tasks.</p>	<p>No anticipated functional impairment while at sea. No incidents during previous periods of sea service.</p>
G47	<p>Sleep apnoea</p> <p><i>Fatigue and episodes of sleep while working.</i></p> <p>Narcolepsy</p> <p><i>Fatigue and episodes of sleep while working.</i></p>	<p>T – Until treatment initiated and has been successful for three months.</p> <p>P – Treatment unsuccessful or there is poor compliance.</p> <p>T – Until controlled with treatment for at least two years.</p> <p>P – Treatment unsuccessful or there is poor compliance.</p>	<p>L - Once treatment demonstrably working effectively for three months, including compliance with CPAP (continuous positive airway pressure) machine use confirmed.</p> <p><i>Time limited: Six-monthly assessments of compliance based on CPAP machine recording.</i></p> <p>R, L –Specialist confirms full control of treatment for at least two years.</p>	<p>Case-by-case assessment based on job and emergency and safety requirements, informed by specialist advice.</p> <p>Not applicable.</p>

			<p><i>Restriction on trade area.</i></p> <p><i>Restriction on duties: No solo watchkeeping.</i></p> <p><i>Time limited: Annual review.</i></p>	
G00-99	<p>Other organic nervous disease, e.g. multiple sclerosis, Parkinson's disease.</p> <p><i>Recurrence/progression. Limitations on muscular power, balance, coordination and mobility.</i></p>	<p>T – Until diagnosed and stable.</p> <p>P – If the limitations affect the ability to perform the work in a reliable and safe manner or if the person's physical functioning is too poor for the work.</p>	<p>R, L – Case-by-case assessment based on job and emergency requirements, informed by specialist advice.</p>	<p>Case-by-case assessment based on job and emergency requirements, informed by specialist advice.</p>
R55	<p>Syncope and other disturbances of consciousness</p> <p><i>Recurrence causing injury and loss of control.</i></p> <p>a) <i>Simple faint</i></p> <p>b) <i>not a simple faint; unexplained disturbance; not recurrent; without any detected underlying cardiac, metabolic or neurological cause.</i></p> <p>(c) <i>Syncope recurrent or syncope with possible underlying cardiac, metabolic or neurological cause.</i></p>	<p>T – Until investigated, the cause is identified and control of the underlying condition is ensured.</p> <p>T – Four weeks.</p> <p>T – With possible underlying cause that is not identified or treatable; for six months after event if no new seizures occur.</p> <p>T – With possible underlying cause or cause identified and treated; for one month after</p>	<p>R, L – Case-by-case assessment.</p> <p><i>Restriction on trade area.</i></p> <p><i>Restriction on duties: No solo watchkeeping.</i></p> <p>R, L – Case-by-case assessment.</p> <p><i>Restriction on trade area.</i></p> <p><i>Restriction on duties: No solo watchkeeping.</i></p>	<p>If single event.</p> <p>If single event: At least three months after the incidents and unlikely to reoccur.</p> <p>With possible underlying cause but no treatable cause found; At least one year after the incident and unlikely to reoccur.</p> <p>With possible underlying cause found and treated; At least three months after successful treatment.</p>

		successful treatment. P – If recurrent incidents continue despite full investigation and appropriate treatment.		With signs of seizures – not applicable.
T90	Intracranial surgery/injury including treatment of vascular anomalies or serious head injury with brain damage. <i>Risk of harm to ship, others and self from seizures.</i> <i>Defects in cognitive, sensory or motor function. Recurrence or complication of underlying disease.</i>	T – For one year or longer until seizure likelihood low ⁱ based on advice from specialist. P – Continuing impairment from underlying disease/condition or recurrent epileptic seizures.	R – After at least one year after the incident: <i>Restriction on trade area.</i> <i>Restriction on duties:</i> No solo watchkeeping if the likelihood of epileptic seizures is low ⁱ and there is no functional impairment due to underlying disease or injury. Provided there is good compliance to treatment and regular check-ups as prescribed by a specialist.	No functional impairment due to underlying disease or injury, not on epilepsy medication. Likelihood of seizures low ⁱ . Provided there is good compliance to treatment and regular check-ups as prescribed by a specialist.
H00-99	Diseases of the eyes and ears			
H00-59	Eye diseases: Progressive or recurrent (e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration or retinal detachment). <i>Likelihood of future inability to meet vision standards; risk of recurrence.</i>	T – Temporary inability to meet relevant vision standards (Annex 1) and low ⁱ likelihood of subsequent deterioration or impairing recurrence once treated or recovered. P – Inability to meet relevant vision standards (Annex 1) or, if treated, but increased likelihood of subsequent deterioration or	R – <i>Restriction on trade area:</i> If recurrence is unlikely, albeit possible, and treatment is possible with early medical inter-vention. L – If recurrence is possible but unlikely and can be detected by regular medical checkups.	Very low ⁱ likelihood of recurrence. Progression to a level where vision standards (Annex 1) are not met, is not likely during the validity period of the health certificate.

		impairing recurrence.		
H65-67	Otitis externa; otitis media <i>Recurrence, risk of infection for persons who handle food.</i>	T – Until treated. P – If chronic ear discharge from persons who handle food.	Case-by-case assessment. Consider effects of heat, humidity and hearing protection use in otitis externa.	Effective treatment and no likelihood of recurrence.
H68-95	Ear diseases Progressive e.g.otosclerosis.	T – Temporary inability to meet relevant hearing standards (Annex 2) and low ⁱ likelihood of functional impairment or recurrence once treated. P – Inability to meet relevant hearing standards (Annex 2) or, if treated, but increased likelihood of subsequent deterioration or impairing recurrence.	L – If recurrence is possible but unlikely and can be detected by regular medical checkups.	Very low ⁱ likelihood of recurrence. Progression to a level where hearing standards (Annex 2) are not met, is not likely during the validity period of the health certificate.
H81	Ménière’s disease and other forms of chronic or recurrent vertigo. <i>Balance disturbances leading to movement impairment and nausea.</i>	T - During acute phase. P - Frequent attacks leading to functional impairment.	R – Case-by-case assessment if only able to perform limited duties. R, L – If frequent specialist surveillance required.	Low ⁱ likelihood of functional impairment.
I00-99	Heart and vascular diseases			
I05-08	Congenital heart disease and valve disease (including surgery for these conditions) Heart murmurs not previously investigated. <i>Likelihood of progression and limited functional capacity.</i>	T – Until investigated and, if necessary, treated. P – If work capacity is reduced or there are episodes of reduced work capacity; or if on anticoagulation medication; or if permanently high likelihood of a	R – <i>Restriction on trade area:</i> If case-by-case assessment indicates either likelihood of acute complications or rapid progression. L – If frequent surveillance is necessary.	Heart murmurs: If considered benign or based on assessment by a specialist. Other conditions: Case-by-case assessment based on specialist advice, but not possible with anticoagulation (except

		functional impairing event.		acetylsalicylic acid).
I10-15	<p>Hypertension</p> <p><i>Increased likelihood of ischaemic heart disease, eye and kidney damage or stroke.</i></p> <p><i>Possibility of acute hypertensive episode.</i></p>	<p>T– Normally if >160 systolic or >100 diastolic mm Hg until investigated and treated in accordance with national guidelines.</p> <p>P – If persistently >160 systolic or >100 diastolic mm Hg with or without treatment.</p>	<p>L – If additional surveillance is required to ensure that levels remain within recommended limits.</p>	<p>If treated in accordance with national guidelines, without functional impairing side effects.</p>
I20-25	<p>Cardiac event, e.g. myocardial infarction. Newly or previously discovered myocardial infarction: or newly discovered left-sided bundle-branch block, angina, cardiac arrest, coronary bypass or angioplasty.</p> <p><i>Acute functional impairment or reduced work capacity. Problems dealing with cardiac emergencies at sea.</i></p>	<p>T– For three months after initial investigation and treatment is initiated; longer if symptoms are not controlled.</p> <p>P – If, in general, the criteria for issuing a health certificate are not present and improvement of the condition cannot be expected.</p>	<p>L – If the probability of recurrence is very lowⁱ and the person concerned is fully compliant with risk reduction recommendations and no relevant co-morbidity:</p> <p><i>-Time limited:</i> Issue no more than six-months health certificate initially and subsequent no more than one year health certificate.</p> <p>R, L – If the probability of recurrence is lowⁱ:</p> <p><i>- Time limited:</i> Issue no more than six-months health certificate initially and subsequent no more than one year health certificate.</p> <p><i>-Restriction on duties:</i> - no lone working or solo watch-keeping: and</p> <p><i>- Restriction on trade area.</i></p>	<p>Not applicable.</p>

			<p>R, L – If likelihood of recurrence is moderateⁱ and the person concerned is asymptomatic.</p> <p>Sufficient physical fitness to perform routine work and emergency duties: <i>-Restriction on duties:</i> - no lone working or solo watch-keeping; and <i>Restriction on trade area:</i> No more than one hour from ashore or only work on vessels with a doctor onboard.</p> <p>Case-by-case assessment.</p> <p><i>Time limited:</i> Annual review.</p>	
I44-49	<p>Hearth rhythm and conduction disorders. Including pacemakers and ICDs.</p> <p><i>Likelihood of functional impairing relapse and sudden functional impairment and limited work capacity.</i></p> <p><i>Pacemaker/ICD can be affected by strong electrical fields.</i></p>	<p>T - Until examined and treated, and satisfactory efficacy of the treatment is documented.</p> <p>P – If there are functional impairing symptoms present; increased likelihood of functional impairment at relapse; or if treated with an ICD implant.</p>	<p>R- <i>-Restriction on duties:</i> No solo watchkeeping; and/or <i>restriction on trade area:</i> If lowⁱ likelihood of functional impairment from recurrence.</p> <p><i>Time limited:</i> The follow-up regime must be specified. If treated with a pacemaker, the duration of the health certificate must coincide with the need for pacemaker control.</p> <p>L – If needing check ups at shorter intervals, there are no</p>	<p>Checks not needed or needed at intervals of more than two years. No impairing symptoms present and very lowⁱ likelihood of recurrence, based on specialist advice.</p>

			symptoms and very low ⁱ likelihood of relapse, based on a specialist opinion.	
I61-69 G46	<p>Ischaemic cerebrovascular disease (apoplexy or TCI).</p> <p><i>Increased likelihood of recurrence and acute functional impairment. Risk of developing other circulatory diseases that may lead to acute functional impairment.</i></p>	<p>T- Until treated and stabilised and at least three months after the incident.</p> <p>P – If residual symptoms lead to doubt as to whether the person concerned is able to perform the duties satisfactorily or if there is significant excess likelihood of recurrence.</p>	<p>R, L – Case-by-case. Assessment should include likelihood of future cardiovascular events. No physical functional impairment.</p> <p><i>Restriction on duties:</i> No solo watchkeeping</p> <p><i>Time limited:</i> Annual assessment.</p>	Not applicable.
I73	<p>Arterial claudication</p> <p><i>Likelihood of other circulatory disease that may lead to a sudden loss of ability to work. Limited ability to work.</i></p>	<p>T- Until examined.</p> <p>P – If unable to perform the work satisfactorily.</p>	<p>R, L – Consider possible <i>restriction on duties</i>, provided: Symptoms are mild and do not impair essential duties; or if surgically treated and no physical functional impairment in relation to field of work. No solo watchkeeping.</p> <p>Individual assessment of the likelihood of future cardiac events (follow criteria in I20–25). <i>Time limited:</i> Annual assessment.</p>	Not applicable.
I83	<p>Varicose veins</p> <p><i>Possibility of bleeding from an injury, skin changes and ulceration.</i></p>	T – Until treated for functional impairing symptoms. Up to	Not applicable.	No symptoms or complications.

		one month after surgery.		
180. 2-3	<p>Deep vein thrombosis/pulmonary embolus</p> <p><i>Likelihood of recurrence or severe pulmonary embolus. Likelihood of bleeding due to anticoagulant treatment.</i></p>	<p>T – Until investigated and treated and while on short-term anticoagulation treatment.</p> <p>P – If recurrent functional impairing symptoms, or on permanent anticoagulation treatment.</p>	<p>R, L – May be considered fit for work where low¹ probability of injury.</p> <p><i>Restriction on trade area:</i> Limited to domestic voyages once stabilised on anticoagulants with regular monitoring of treatment levels.</p>	Full recovery without anticoagulation.
100-99	<p>Other heart diseases, e.g. cardio-myopathy, pericarditis, heart failure.</p> <p><i>Likelihood of recurrence, sudden loss of ability to work and limited work capacity.</i></p>	<p>T – Until investigated and treated and a satisfactory effect of the treatment is confirmed.</p> <p>P – If recurrent functional impairing symptoms or likelihood of recurrence due to relapse.</p>	Case-by-case assessment based on specialist advice.	Case-by-case assessment. Very low ¹ likelihood of recurrence.
J00-99	Respiratory system			
J02-04 J30-39	<p>Nose, throat and sinus conditions</p> <p><i>Reduced ability to work. Relapses may occur. Transmission of infection to food and/or other crew members.</i></p>	<p>T – Until treated.</p> <p>P – If there is a recurring functional impairment.</p>	Case-by-case assessment.	Once treatment is complete, and relapse is not expected.
J40-44	<p>Chronic bronchitis and/or emphysema</p> <p><i>Reduced work capacity and symptoms of functional impairment.</i></p>	<p>T – If acute episode.</p> <p>P – If repeated severe episodes, or if physical functional impairment, or if functional impairing dyspnoea.</p>	<p>R, L – Case-by-case assessment.</p> <p><i>Restriction on trade area:</i> More stringent if no restriction on trade area. Consider functional ability in emergency situations and physical fitness in relation to work.</p> <p><i>Time limited:</i> Annual review.</p>	Not applicable.

J45-46	<p>Asthma (detailed specialist report for all persons who sign on for the first time).</p> <p><i>Unpredictable episodes of breathlessness.</i></p>	<p>T – As long as the episode lasts until diagnosed (including the possibility of occupational asthma) and treatment is initiated.</p> <p>In persons under 20 years of age with hospitalisation or use of oral steroids within the last three years.</p> <p>P – If likelihood of acute life-threatening asthma attack while at sea or history of uncontrolled asthma, e.g. multiple hospitalisations.</p>	<p>R, L – <i>Restriction on trade area:</i> If history of moderateⁱⁱ adult asthma, well controlled, treated with inhaled medication, and no episodes requiring hospitalisation or oral steroids in the last two years; or history of mild or exercise-induced asthma requiring regular treatment.</p>	<p>Under 20 years old: If history of mild or moderateⁱⁱ childhood asthma, but without hospitalisation, or oral steroids in the last three years and without the need for regular treatment.</p> <p>Over 20 years old: If history of mildⁱⁱ or exercise-induced asthma and without the need for regular treatment.</p>
J93	<p>Pneumothorax spontaneous or traumatic.</p> <p><i>Acute functional impairment in lung function upon relapse.</i></p>	<p>T – For 12 months after the first episode or shorter if advised by specialist.</p> <p>P – After recurrent episodes, unless pleurectomy or pleurodesis has been performed.</p>	<p>R – <i>Restriction on trade area:</i> Once recovered, the health certificate may only be valid for duties in harbour areas and roads.</p>	<p>Possible 12 months after the first episode or shorter duration as advised by specialist.</p> <p>After surgery or on the advice of the treating specialist.</p>
K00-93	Diseases of the digestive system			
K01-06	<p>Dental health and oral diseases</p> <p><i>Acute toothache. Recurrent mouth and gum infections.</i></p>	<p>T – If visibly untreated dental or oral disease.</p> <p>P – If there is an increased likelihood of severe dental problems persisting after treatment has been completed, or if the person does not follow recommended dental treatment.</p>	<p>R – <i>Restriction on trade area:</i> Does not meet the requirements for health certificate without limitations.</p>	<p>If teeth and/or dentures in good conditions.</p>
K25-28	Ulcus pepticum	<p>T – Until healed, cured or with</p>	<p>R - <i>Restriction on trade area:</i></p>	<p>Once cured and on normal diet</p>

	<i>Recurrence with pain, bleeding or perforation.</i>	helicobacter control, and on a normal diet for three months. P – If ulcer persists despite treatment.	Case-by-case assessment.	for at least three months.
K40-41	Hernias – Inguinal and femoral <i>Likelihood of strangulation.</i>	T – Until diagnosed by a surgeon and strangulation is unlikely or if necessary treated.	R – Untreated: <i>Restriction on trade area:</i> Case-by-case assessment.	When satisfactorily treated, or exceptionally, when the surgeon deems strangulation unlikely.
K42-43	Hernias; inguinal and femoral <i>Instability of abdominal wall on bending and lifting.</i>	Case-by-case assessment depending on symptoms and functional impairment. Consider the importance of regular heavy physical exertion.	Case-by-case assessment depending on symptoms and functional impairment. Consider the importance of regular heavy physical exertion.	Case-by-case assessment depending on symptoms and functional impairment. Consider the importance of regular heavy physical exertion.
K44	Hiatus hernia <i>Reflux of stomach contents and stomach acid, which may cause heartburn.</i>	Case-by-case assessment based on severity of symptoms.	Case-by-case assessment based on severity of symptoms.	Case-by-case assessment based on severity of symptoms.
K50,51,57,58,90	Enteritis, colitis, Crohn’s disease, diverticulitis, etc. <i>Functional impairment and pain.</i>	T – Until investigated and treated. P – If severe or recurrent.	R – <i>Restriction on trade area:</i> Does not meet the requirements for health certificate without limitations but rapidly developing recurrence unlikely.	Case-by-case specialist assessment. Fully controlled with low ⁱ likelihood of recurrence
K60,184	Anal diseases: haemorrhoids, fissures, fistulas <i>Likelihood of episode causing pain and functional impairment.</i>	T – If external haemorrhoids with repeated bleeding or symptoms. If fissure or painful fistula and/or infected, recurrent bleeding or faecal incontinence.	R - Untreated: <i>Restriction on trade area:</i> Case-by-case assessment.	When satisfactorily treated.

		P – Case-by-case assessment if treatment not possible or recurrent.		
K70,72	Cirrhosis of liver <i>Liver failure. Bleeding oesophageal varices.</i>	T – Until satisfactorily investigated. P – If severe or complicated by ascites or oesophageal varices.	R, L – Case-by-case assessment based on specialist opinion.	Not applicable.
K80-83	Biliary tract disease <i>Gallstone colic and liver impact.</i>	T – Biliary colic: until cured. P – Advanced liver disease, recurrent or persistent functional impairing symptoms.	R, L – Case-by-case assessment based on specialist opinion. Does not meet the requirements for health certificate without limitations. Acute biliary colic unlikely.	Case-by-case assessment based on specialist opinion. Very low ¹ likelihood of recurrence in next two years.
K85-86	Pancreatitis <i>Likelihood of recurrence.</i>	T – Until cured. P – If recurrent or alcohol related, unless abstinence is documented.	Case-by-case assessment based on specialist opinion.	Case-by-case assessment based on specialist opinion. Very low ¹ likelihood of recurrence.
Y83	Stoma (ileostomy or colostomy) <i>Functional impairment due to loss of control, need for bags, etc. Potential problems in prolonged emergency situations.</i>	T – Until stable. P – Poorly controlled.	R – Case-by-case assessment.	Case-by-case assessment based on specialist opinion.
L00-99	Skin diseases			
L00-08	Skin infections <i>Recurrence; transmission to others.</i>	T – Until satisfactorily treated. P – Case-by-case assessment if the catering employee has recurrent problems.	R, L – Based on nature and severity of infection.	Cured with low likelihood of recurrence.
L10-99	Other skin diseases, e.g. eczema, dermatitis, psoriasis. <i>Recurrence; possible occupational cause.</i>	T – Until investigated and satisfactorily treated.	Case-by-case assessment. R – If aggravation due to heat or	Stable with no impact on ability to work.

			workplace influences.	
M00-99	Diseases of the musculoskeletal system and connective tissue			
M10-23	Osteoarthritis , other joint diseases, possibly with joint replacements. <i>Pain and reduced mobility affecting ability to work and safety.</i> <i>Replacement joints: Likelihood of infection and dislocation. Limited life of replacement joints.</i>	T – Full recovery of physical function and specialist report before resuming work after hip or knee replacement. P – Advanced and severe cases.	R – Case-by-case assessment based on medical history and job requirements. Consider emergency duties and evacuation from ship. Not physical functional impairment.	Case-by-case assessment. Able to fully meet routine and emergency duty requirements. Very low likelihood of worsening that result in these duties not being able to be performed.
M24. 4	Recurrent instability of shoulder or knee joint <i>Acute limitation of mobility with pain.</i>	T – Until satisfactorily treated.	R – Case-by-case assessment of possible joint instability.	When satisfactorily treated; very low likelihood of recurrence.
M54. 5	Back pain <i>Pain and mobility limitation affecting normal and emergency duties. Acute exacerbation..</i>	T – In acute stage. P – If recurring or permanently reduced ability to work.	Case-by-case assessment.	Case-by-case assessment.
Y83. 4 Z97. 1	Limb prosthesis <i>Mobility limitation affecting normal and emergency duties.</i>	P – If essential duties and emergency duties cannot be performed.	R – If work and emergency duties can be performed, but there are limitations on specific non-essential activities.	Not physical functional impairment. Arrangements for fitting prosthesis in emergency must be confirmed.
N00-99	Diseases of the urinary and genital organs			
N00, N17	Acute nephritis <i>Kidney failure, hypertension.</i>	T – Until healthy.	Case-by-case assessment.	Successfully treated and no symptoms.
N03-05, N18-19	Sub-acute nephritis or chronic nephritis or nephrosis <i>Kidney failure, hypertension.</i>	T – Until investigated.	R, L – Case-by-case assessment based on specialist report, renal function and likelihood of complications.	Case-by-case assessment based on specialist report, renal function and likelihood of complications.
N20-23	Kidney or urinary tract stones <i>Pain attacks.</i>	T – Until investigated and treated. P – Recurrent stone formations.	R – Assess whether there is uncertainty about the ability to work in tropical conditions or in	Case-by-case assessment based on specialist report, with normal urinary function and low

			high temperatures. <i>Restriction on trade area:</i> Case-by-case assessment.	likelihood of relapse.
N33, N40	Prostatic enlargement/urinary obstruction <i>Acute retention of urine.</i>	T – Until investigated and treated. P – If the condition is untreatable.	R – <i>Restriction on trade area:</i> Case-by-case assessment.	Successfully treated with low ⁱ likelihood of relapse.
N70-98	Gynaecological diseases Severe vaginal bleeding, severe menstrual pain, endometriosis, prolapse. <i>Functional impairment due to bleeding or pain.</i>	T – If reduced ability to work or investigation is necessary.	R – Case-by-case assessment if condition is likely to require treatment at sea or affect the ability to work.	Fully cured with low likelihood of relapse.
R31, 80, 81, 82	Proteinuria, haematuria or glycosuria or abnormal findings in urine. <i>Indicator of kidney disease or other disease.</i>	T – If clinically significant. P – Severe, untreatable underlying cause, e.g. renal impairment.	L – When regular monitoring is required. R, L – When uncertainty about cause but no immediate problem.	Very low ⁱ likelihood of serious underlying condition.
Z90, 5	Removal of kidney or a non-functioning kidney. <i>Impaired fluid regulation in specific conditions if the remaining kidney is not fully functional.</i>	P – <i>Persons who sign on for the first time:</i> Renal impairment in remaining kidney. <i>Serving seafarers:</i> Significantly reduced renal function in remaining kidney.	R – Previously seafarers with minor functional impairment of the remaining kidney: <i>Restriction on trade area:</i> No sailing in the tropics or exposure to high temperatures.	Normal function in the remaining kidney, no progressive kidney disease. Based on specialist report.
O00-99	Pregnancy			
O00-99	Pregnancy <i>Complications, limited mobility. Possibility of harm to mother and child in the event of premature delivery at sea.</i>	T – Late stage of pregnancy and early postnatal period. Complicated pregnancy that requires increased monitoring.	R, L – Case-by-case assessment. May consider working later in pregnancy (however, no more than until 24 th week) with a limited work area.	Uncomplicated pregnancy until 24 th week. General recommendations for pregnancy prophylaxis should be followed.
	General			

R47, F80	<p>Speech disorders</p> <p><i>Limitations to communication ability.</i></p>	<p>P – If doubtful that the person concerned is able to perform essential duties and emergency duties safely and effectively.</p>	<p>R – If assistive technology for communication is required to ensure that the person concerned is able to perform essential duties and emergency duties safely and effectively.</p>	No issues with essential speaking and communication.
T78, Z88	<p>Allergies (other than allergic asthma and dermatitis)</p> <p><i>Likelihood of recurrence and severe seizures. Reduced ability to work.</i></p>	<p>T – While under investigation by specialist.</p> <p>P – If likelihood for life-threatening reactions.</p>	<p>Case-by-case assessment of seizure likelihood, severity and treatment options and access to emergency medical care.</p> <p>R – When the reaction impairs the ability to work but is not life-threatening and the likelihood of recurrence can be reduced by simple measures.</p>	When the reaction impairs the ability to work but is not life-threatening and can be controlled with non-steroidal medication or lifestyle changes without the risk of safety-critical side effects.
Z94	<p>Transplants – Kidney, heart, lung, liver.</p> <p>For prosthetics joints, lenses, ears, heart valves, etc. see the relevant section in this annex.</p> <p><i>Likelihood of rejection. Side effects of medication.</i></p>	<p>T – Until the effects of surgery or medication have stabilised.</p> <p>P – Case-by-case assessment based on specialist advice.</p>	<p>R, L – Case-by-case assessment based on specialist advice.</p>	Not applicable.
Classify by disease	<p>Progressive conditions, that currently do not fulfil the health requirements, e.g. Huntington’s chorea and keratoconus.</p>	<p>T – Until investigated and if necessary treated.</p> <p>P – Assess when persons who sign on for the first time.</p>	<p>Case-by-case assessment with specialist advice.</p> <p>If unlikely with progression of the disease within the period of validity of the health certificate in such a way that duties including emergency duties cannot be performed.</p>	<p>Case-by-case assessment with specialist advice.</p> <p>If unlikely with progression of the disease within the period of validity of the health certificate in such a way that duties including emergency duties cannot be performed.</p>

Classify by disease	Diseases not listed	<p>T – Until investigated and, possible treated if indicated.</p> <p>P – If permanently reduced ability to work.</p>	<p>The guidelines for above-mentioned medical conditions in this annex shall be used as guidance in connection with the assessment.</p> <p>Consider likelihood of sudden recurrence or progression, acute functional impairment, risk of incapacity on performing duties including emergency duties</p>	<p>The guidelines for above-mentioned medical conditions in this annex shall be used as guidance in connection with the assessment.</p> <p>Consider likelihood of sudden recurrence or progression, acute functional impairment, risk of incapacity on performing duties including emergency duties</p>
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Notes

- i. Likelihood of recurrence/relapse: When the terms “very low”, “low” and “moderate” are used in relation to the likelihood of a change/worsening in the person's state of health, this shall generally be based on clinical judgement. In some cases, however, quantitative evidence of the likelihood of a change/worsening in the person's state of health is available. When quantitative evidence is available, e.g. for epilepsy or cardiovascular disease, additional examinations may be required to determine the individual likelihood of deterioration of the health condition.

The quantitative recurrence/relapse levels are set to:

- Very low: < 2 % per year
- Low: 2 -5 % per year
- Moderate: 5 -20 % per year

ii. Asthma

Childhood asthma:

- Mild: Onset after age 10, few or no hospitalisations, normal activity level between episodes, treated with inhaled therapy alone, remission by age 16 and normal lung function.
- Moderate: Few hospitalisations, regular use of inhaled therapy, affected functional level, remission at age 16, normal lung function.
- Severe: Frequent episodes (occurring at regular intervals) with hospitalisation, oral steroid treatment, affected lung function.

Adult asthma:

Asthma that persists from childhood or onset after the age of 16.

In people with adult onset asthma, the relationship to possible specific allergens and occupational asthma should be investigated. Less specific agents such as cold, workload and respiratory infection should also be identified.

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

- Mild asthma: Frequent episodes of breathing difficulties requiring the use of beta agonist or steroid inhalation.
- Exercise-induced asthma: Episodes of breathing difficulties and breathlessness triggered by physical exertion, especially in the cold. The episodes can be effectively treated with inhaled therapy (steroid or long-acting beta agonists) or other oral treatment.
- Moderate asthma: Frequent episodes of breathing difficulties despite treatment with inhaled steroids or other medication, sometimes requiring oral steroids.
- Severe asthma: Frequent episodes of breathing difficulties and breathlessness. Frequent hospitalisation. Frequent use of oral steroids.

Special conditions for examinations when the examined person's BMI exceeds 40

In cases where an examined person's BMI (Body Mass Index) exceeds 40, a specific assessment must be made of whether the person in question is able to perform routine and safety-critical tasks on board. Reference is also made to annex 3, ICD code E65-68.

In this connection it might be relevant to carry out physical tests as part of an overall assessment whether the examined person is found fit for ship service.

The Chester Step Test can be used as part of this examination. The Chester Step Test is a reproducible method to provide insight into a person's cardiovascular capacity and physical ability.

Alternatively, informal tests can be used, such as having the examined person walk three to six flights of stairs and assessing the examined person's condition accordingly. The informal tests are not reproducible tests, but can give an immediate assessment of physical ability, including strength, mobility and motor skills.

The maritime medical practitioner can use the following parameters in informal tests to assess the examined person's ability to perform routine and safety-critical tasks on board.

Routine physical tasks on board a ship	Is the examined person, without assistance from others, able to: - climb ladders and stairs, - step over high door frames
Routine tasks on board a ship	Is the examined person able to: -work with raised arms, - bend down and pick up objects from floor level, - stand and walk for longer periods, - move into tight spaces and areas, and - maintain a normal conversation with a normal workload
Tasks in case of emergencies	Is the examined person able to: -put on a life jacket or survival suit, -escape from a smoke-filled room or area, -assist in the evacuation of other seafarers or passengers -crawl, and -handle firefighting equipment

Overview of commonly used trade area restrictions

Following specific assessment, the health certificate may be limited to a specific trade area.

Examples of restrictions:

Near coastal voyages

Voyages at a distance of not more than 30 nautical miles from the straight baselines as stipulated in royal decree on the Delimitation of the Territorial Sea around the Faroe Islands. Or in near coastal voyages in other countries (Near coastal trade).

Domestic voyages

Voyages at a distance of not more than 200 nautical miles from the straight baselines as stipulated in royal decree on the Delimitation of the Territorial Sea around the Faroe Islands.

Limited international voyages

International voyages mean a trade beyond the limits set for near coastal- and domestic voyages. The rights in international voyages may be limited. For instance, the right to navigate in international voyages, but without navigating on overseas areas which not are further out than a certain limit from ashore. For instance, the right to navigate in the North Atlantic Sea, but not in the Bering Sea, or on the Flemish Cap or up to Iceland, in the North Sea or in British Waters.

Other trade areas

May be limited to a specific trade area, for instance an inter-island ferry service or between a port or inlet.