



MARINE NOTICE No. 30 of 2005

Last updated 08/05/2013

Notice to Ship Owners, Managers, Agents, Masters, Seafarers,
Approved Doctors, Medical Referees and Training Establishments

Seafarer Medical Examination System, Medical & Eyesight Standards and List of Approved Doctors

A: Introduction

1. The Merchant Shipping (Medical Examinations) Regulations 2005 (Statutory Instrument (SI) No.701 of 2005) make it a legal requirement for any seafarer, as defined in the regulations, to hold a valid certificate attesting to their medical fitness for the work for which they are employed.
2. These Regulations come into operation on 12th December 2005.
3. The requirements of the legislation apply to seafarers employed or engaged in any capacity on board every seagoing ship, whether publicly or privately owned, which is registered in the state and is ordinarily engaged in commercial maritime operations.
4. The requirements of these regulations do not apply to seafarers employed or engaged on sail training vessels, fishing vessels, pleasure vessels, dredgers and barges employed in harbours or off shore installations whilst on their working stations.
5. A seafarer is a person employed or engaged in any capacity on board a seagoing ship on the business of the ship and employed either directly by a shipping company or through a manning agency, whose usual place of work is on board a seagoing ship, and includes Master, crew member, resident entertainer and franchise employee on passenger ships.
6. For the purposes of these regulations a seagoing ship is one that is certified under Merchant Shipping Legislation for navigation at sea. Commercial maritime operations will normally be taken to include all vessels engaged in trade, carrying cargo or fare-paying passengers. State-owned ships, which are not ordinarily engaged in commercial maritime operations, are not covered by the regulations, although it is expected that they will generally comply with the standards.

7. There are a number of annexes in this Marine Notice as follows:

Annex A: List of Approved Doctors in Ireland

Annex B: List of countries whose Medical Certificates are accepted as equivalent to the Irish Medical Certificate:

Annex C: Medical Standards

Annex D: List of Medical Referees & Designated Centre for Confirmatory Colour Vision Testing

Annex E: Fees

B: Medical Examination System

The medical standards are itemised in Annex C and replace those set out in Marine Notice No. 37 of 1984.

1. Applications for a seafarer medical certificate should be made directly to one of the Approved Doctors published in this document and on the Department's website: www.transport.ie Any seafarer attending a medical examination must produce personal and photographic identification, which will be checked by the Approved Doctor.

When it is not a first medical the previous medical certificate should also be brought to the examination. The Approved Doctor is entitled to require payment up to the prescribed maximum fee and this cost should be met by the seafarer or seafarer's employer or company. Maximum fees are published in the Approved Doctor's Manual and in Annex E attached.

2. Medical fitness certificates are issued by an Approved Doctor in accordance with the provisions of the regulations.
3. Approved Doctors are required to keep full clinical notes of any detailed medical examination and records must be retained for 10 years. Approved Doctors will also be required to send statistical returns to the Maritime Safety Directorate, Department of Transport, on examinations carried out, and, for record purposes, details of seafarers who have been issued with restrictions or failures. These returns shall be submitted on an annual basis.
4. Approved Doctors are required to determine a seafarer's fitness by reference to the statutory medical and eyesight standards set out in Annex C of this notice. The new standards seek to provide greater flexibility to reflect relative risk while at the same time recognising the particular hazards of working at sea.

5. As a general principle the Approved Doctor should be satisfied in each case that no disease or defect is present which could either be aggravated by working at sea, or represent an unacceptable health risk to the individual seafarer, other crew members or the safety of the ship. The occupational circumstances, which apply at sea, should be fully considered, especially in any borderline case. Particular factors which should be taken into account are:
- The potentially hazardous nature of seafaring.
 - The restricted medical facilities likely to be available on board ship.
 - The possible difficulty of providing or replacing required medication.
 - The confined nature of life on board ship.
 - The limited crew complement which means that the illness of one crew member may place a burden on others or impair the safe and efficient working of the ship.
 - The potential need for crewmembers to play a role in an emergency which may involve strenuous activity in adverse conditions.
 - The requirement to join and leave ships by air means that they should be free from any condition which precludes air travel or could seriously be effected by it.
6. The Approved Doctor must also ensure that the seafarer meets the visual acuity and colour vision standards and will include testing during the medical examination. The screening for colour vision will involve the use of Ishihara Plates. It is essential that seafarers applying for certificates of competency as deck or dual career officers have full colour vision. A deck applicant who fails the Ishihara test may arrange for their colour vision to be retested using the Holmes Wright B Lantern at the designated centre. Failure in this test will mean that a medical certificate may only be issued with a restriction excluding navigational watch/lookout duties.
7. Applicants intending to work as engineer or radio officers must also meet the colour vision requirements and those who fail the Ishihara test may be retested at the designated centre using the City University test. Failure in these tests will mean that a certificate will only be issued with a restriction excluding work with coloured cables and equipment.
8. In view of the importance of meeting the eyesight standards, anyone considering a seagoing career is strongly advised to have a full eyesight test before beginning training to ensure that they meet the standards.

9. The following categories are applied in assessing whether or not a seafarer is fit in terms of medical and eyesight standards.

- Fit without restriction.
- Fit with restriction.
- Temporarily unfit for seafaring duties.
- Permanently unfit for seafaring duties.

If an Approved Doctor issues the seafarer with a notice of failure/restriction it is recommended the Approved Doctor discloses to the seafarer the medical reasons for the refusal of a certificate or the inclusion of a restriction.

10. The medical fitness certificate under the regulations is valid up to a maximum period of 2 years or 1 year for seafarers under the age of 18. If the seafarer's health demands it, an Approved Doctor may issue a certificate valid for a period of less than 2 years.

11. If a certificate expires while a seafarer is in a location, where medical examination in accordance with the regulations is impracticable, the seafarer may continue to be employed for a period of no more than 3 months from the date of expiry of the certificate.

12. If an Approved Doctor has reasonable grounds to believe that:

- There has been a significant change in the medical fitness of a seafarer while holding a valid certificate.
- He/she did not have the full details of the seafarer's condition at the time of examination and if he/she had done so he/she could not reasonably have considered that the seafarer met the required standards, or
- The medical fitness certificate was not issued in accordance with the regulations.

Then the Approved Doctor may:

- Suspend the certificate until the seafarer has undergone a further medical examination; or
- Suspend the certificate for such period as he/she considers the seafarer will remain unfit to go to sea; or
- Cancel the certificate if he/she considers that the seafarer will remain permanently unfit to go to sea.

In any of the above cases the Approved Doctor is obliged to notify the seafarer accordingly.

13. In the event of a decision to cancel or suspend the medical certificate, the Approved Doctor should exercise his/her right under the regulations to require the surrender of the medical certificate. If the certificate is not returned, the Approved Doctor should inform the Maritime Safety Directorate who will take the appropriate action. If a seafarer holding a valid medical fitness certificate suffers a condition, has been incapacitated by injury or illness covered by the medical standards, or has been discharged or evacuated from a ship for health reasons, the seafarer should not use his or her medical certificate until an Approved Doctor has re-examined the seafarer and is satisfied that the seafarer meets the standards for the category of certificate held. It is also the seafarer's responsibility to reveal to the Approved Doctor if he or she has previously failed a seafarer medical examination.
14. A seafarer who is the holder of a valid medical certificate may at any time be required by the employer or owner or Master of a ship to obtain a new certificate where as a result of illness, injury or reasonable cause it is believed that the seafarer may no longer meet appropriate minimum standards. Reassessments will also be allowed within 3 months of the expiry of the current certificate.
15. Any seafarer, including new entrants found permanently unfit, restricted or whose certificate is cancelled or suspended for more than 3 months by an Approved Doctor, has a right of review by an independent medical referee appointed by the Department of Transport.

C: Summary of Appeals Process

- A seafarer may make an appeal to the Department, where a medical certificate has been refused on the grounds of being not fit to carry out seafaring duties.
- To appeal a decision the seafarer should apply to the Department for a further examination. The Department will refer the appeal to a medical referee.
- A seafarer who wishes to appeal should submit his/her own medical evidence to the medical referee, which should be substantial and evidence-based.
- There is a time scale for submission of this evidence, which should be within 1 month from the date of notification of the restriction/unfitness (temporary or permanent).
- The appeal will look at the process to determine whether the criteria set down have been met. A paper sift may be satisfactory or a further medical assessment either with the referee or with an appropriate specialist may be required.

- The time scale for the appeal to be heard and the results to be obtained should be within a 2-month period of the appeal being lodged.
- The results of the appeal will be either a rejection of the appeal or an upholding of the appeal. The decision of a medical referee is final and conclusive.
- If the appeal is rejected then the incapacity, which was originally stipulated by the Approved Doctor, will stand and this appeal will either be on the basis of permanent incapacity or temporary incapacity.
- If the appeal is upheld then the individual may move from permanent unfitness to a level of unfitness that determines a time period or review; or the individual may be declared suitable for seafaring duties.
- The results of the appeal will be sent to the Seafarer, Maritime Safety Directorate and the Approved Doctor with a copy retained by the medical referee.

Further information if required is available from the Maritime Safety Directorate, Department of Transport, Leeson Lane, Dublin 2, Ireland.

Tel.; + 353 1 6783480 / 6783400 / 6783418 Fax: + 353 1 6783419

e-mail: MedicalRegulations@transport.ie

Annex A**List of Approved Doctors in Ireland (as of 18/11/2011)**

Name	Address	Phone/Fax	Email
CORK			
Dr Brian Gallagher	Employment Health Advisors Ltd., Block B, Heritage Business Park, Mahon Industrial Estate, Blackrock, Cork.	Tel: 021 4536000 Fax: 021 4536016	brian@eha.ie
Dr Colin Gleeson	Bank Place Clinic, Castletownbere, Co. Cork	Tel: 027 70209 Fax: 027 70567	gleesonc@eircom.net
Dr Frank Matthews	The Medical Centre, Ballinlough Road, Co. Cork	Tel: 021 4293884 Fax: 021 4295474	fmatthews@eircom.net
Dr Jacqueline Glisson	The Surgery, North Road, Castletownbere, Co. Cork	Tel: 027 70848 Fax: 027 70853	
Dr John Murphy	Bridge House Surgery, Carrigaline, Co. Cork	Tel: 021 4372663 Fax: 021 4373672	
Dr. Matt Murphy	Marino Medical Centre, Bantry, Co. Cork	Tel: 027 50504 Fax: 027 51988	
Dr. Oriel Perrott	Clonakilty Medical Clinic, Larkin Street, Clonakilty, Co. Cork	Tel: 023 8833386 Fax: 023 8833096	orielperrott@gmail.com
Dr. Patrick Bailey	8 Cork Road, Skibbereen, Co. Cork	Tel: 028 51878 Fax: 028 51890	
Dr Vivian John Foley	Owenabue Medical Centre, Ballea Road, Carrigaline, Co. Cork	Tel: 021 4374997 Fax: 021 4834400	vivianjfoley@eircom.net
DONEGAL			
Dr. Brendan Woods	Killybegs Family Health Centre, Shore Road, Killybegs, Co. Donegal	Tel: 074 9741122 Fax: 074 9741133	

Name	Address	Phone/Fax	Email
Dr. Charles Bourke	The Health Centre, Killybegs, Co. Donegal	Tel: 074 9731148 Fax: 074 9732167	drcbourke@eircom.net
Dr. Garrett Duffy	Health Centre, Glencrow, Merville, Co. Donegal	Tel: 074 9382049 Fax: 074 9382538	
Dr. John Bannon	Medical Centre, Dungloe, Co. Donegal	Tel: 074 9521099 Fax: 074 9521944	drpetersweeney@eircom.net
Dr. Paul Stewart	Effective Offshore, Unit 3, Ballyconnell Industrial Estate, Falcarragh, Co. Donegal	Tel: 074 9135999 Fax: 074 9136077	
Dr. Tony Delap	Bunbeg, Letterkenny, Co. Donegal	Tel: 074 9532445 Fax: 0749532448	tonydelap@eircom.net
DUBLIN			
Dr. Alice Quinn	56 Adelaide Road, Dublin 2	Tel: 0831005001 or 0863611224	
Dr. Colm Killeen	Mountjoy Family Practice, Bakers Yard, Portland Street North, Dublin 1	Tel: 01 8560040 Fax: 01 8560056	ckilleen@mountjoyfamilypractice.com
Conor McLoughlin	The Well, Beacon Clinic, Sandyford, Dublin 18	Tel: 01 294 5444 Fax: 01 294 5466	
Dr. Dermot J Halpin	250 Swords Road, Santry Dublin 9	Tel: 01 8428970 Fax: 01 8378387	djhohms@indigo.ie
Dr. Donal Buckley	Fitzwilliam Medical Centre, 79 Fitzwilliam Lane, Dublin 2	Tel: 01 6785100 Fax: 01 6785300	info@fitzmedical.com
Dr. Jacqueline Furlong MacCarthy	The Meridian Clinic, Roselawn Shopping Centre, Blanchardstown, Dublin 15	Tel: 01 8208233 Fax: 01 8242111	info@meridianclinic.ie
Dr. Mark Wheeler	Edenmore Health Centre, Raheny, Dublin 5	Tel: 01 8480666 Fax: 01 8473903	doctorwheeler@eircom.net

Name	Address	Phone/Fax	Email
Dr. Nicola Gilliland	Sutton Cross Surgery, Sutton, Dublin 13	Tel: 01 8326438 Fax: 01 8167677	suttoncrosssurgery@gmail.com
Dr. Patricia Holland	Medmark Ltd., 69 Lower Baggot Street, Baggot Street Bridge, Dublin 2	Tel: 01 6761493 Fax: 01 6614787	trish@themedics.com
Dr. Tom McMahon	CHI, 10/11 Exchange Place, IFSC Dublin 1	Tel: 01 6701820 Fax: 01 6700617	info@chi.ie

Name	Address	Phone/Fax	Email
GALWAY			
Dr. Deirdre Sugrue	D'Alton House, D'Alton Drive, Salthill, Galway	Tel: 091 528667 Fax: 091 529747	deirdre@psychmed.iol.ie
Dr. Des Bluett	4 Centrepoint, Liosban Business Park, Galway	Tel: 091 767449 Fax: 091 767440	casmed@eircom.net
Dr. Eddie Harty	Annaghvane Island, Bealadangan, Co. Galway	Tel: 091 572121 Fax: 091 551183	
Dr. Gregory Little	Crescent House Mews, St. Mary's Road, Galway	Tel: 091 582453	
Dr. John McCormack	Health Centre, Rosmuc, Connemara, Co. Galway	Tel: 091 574107 Fax: 091 574109	doctorjohn@eircom.net
Dr. Keiran Whyte	42 Father Griffin Road, Galway	Tel: 091 522011 Fax: 091 527714	

Dr. Sinead O'Beirn	Spiddal Medical Centre, Spiddal, Co. Galway	Tel: 091 5535135 Fax: 091 504921	
KERRY			
Dr. Conor Brosnan	Dingle Medical Centre, The Mall, Dingle, Co. Kerry	Tel: 066 9152225 Fax: 066 9152344	
Dr. David Buckley	The Ashe Street Clinic, 36 Ashe Street, Tralee, Co Kerry	Tel: 066 7125611 Fax: 066 7122626	info@asctralee.com
Dr. Peadar Ó Fionnaín	Clinic Cois Abhann, Dingle Co. Kerry	Tel: 066 9151465	
KILDARE			
Dr. Deirdre Gleeson	3A Sycamore House, Millenium Park, Naas	Tel:045 894449 Fax: 045 896470	deirdregleeson@medwise.ie

Name	Address	Phone/Fax	Email
LIMERICK			
Dr. Liam Holmes	Unit 26A, Whitethorns, Castletroy, Limerick	Tel: 061 330721	liamholmes@eircom.net
Dr. Michael F O'Flynn	The Surgery, 22 William Street, Limerick	Tel/Fax: 061 416533	
Dr. Eileen Cassidy	Arus Ide, Foynes, Co. Limerick	Tel: 069 65196 Fax: 069 65393	
LOUTH			
Dr. John Kennedy	Carrick Road Medical Centre, Lisnadara, Dundalk, Co. Louth.	Tel: 042 9320038 Fax: 042 9320947	carrickroadmedicalcentre@gmail.com
Dr. John McKeown	Carlingford Medical Centre, Trinity Close, Dundalk St., Carlingford, Co. Louth	Tel: 042 9373110 Fax: 042 9373048	john.mckewn@nepc.ie
Dr. John Murphy	58 McSweeney Street, Dundalk	Tel: 042 9320039 Fax: 042 9320966	
MAYO			
Dr. Michael Brendan Molloy	Quay Street, Belmullet, Co. Mayo	Tel: 097 81156 Fax: 097 82215	
Dr. Oliver Whyte	The Surgery, Market Lane, Westport, Co. Mayo.	Tel: 098 27500 Fax: 098 27782	owhyte@eircom.net
Dr. Noreen Lineen-Curtis	Achill Sound Health Centre, Achill, Co. Mayo.	Tel: 098 45231 Fax: 09845968	
SLIGO			
Dr Domhnall Heraughty	The Mall Family Practice, Barrack Street, Sligo	Tel: 071 9142767 Fax: 071 9147748	

Name	Address	Phone/Fax	Email
TIPPERARY			
Dr Michael Carey	Suirside Medical Centre, The Gables, Old Waterford Road, Clonmel, Co. Tipperary	Tel: 052 22963	
Dr Mike Quirke	Gladstone Street Surgery, Clonmel, Co. Tipperary	Tel: 052 22894 Fax: 052 70776	drquirke@eircom.net
WATERFORD			
Dr M G Coleman	The Keogh Practice, Ballybricken, Waterford	Tel: 051 855411 Fax: 051 87380	awalsh@tkp.ie
WEXFORD			
Dr. Fiona Barry	St Joseph's, Waterloo Road, Wexford	Tel: 053 22524 Fax: 053 22779	
Dr. John Cox	Fethard-on-Sea, New Ross, Co. Wexford	Tel: 051 397111 Fax: 051 397532	
Dr. Kevin Byrne	Shanacloon, Duncannon, New Ross, Co. Wexford	Tel: 051 389215 Fax: 051 389247	
WICKLOW			
Dr. Anthony Bentley	Bradshaws Lane Surgery, Arklow, Co. Wicklow	Tel: 0402 32418 Fax: 0402 33717	
Dr. Robert Foster	The Harbour Surgery, 1C Evans Terrace, Harbour Road, Arklow, Co. Wicklow	Tel: 0402 32617 Fax: 0402 24362	

In addition the following are approved to carry out medical assessments in respect of specified staff:

Post	Specified Staff
Acting Chief Medical Officer, Civil Service Occupational Health Department.	Seafarers employed in civil service positions
Naval Medical Officer, Naval Support Command	Naval employees
Commissioners of Irish Lights, Dun Laoghaire Harbour, Dun Laoghaire, Co. Dublin	CIL Employees

Annex B

List of countries whose Medical Certificates are accepted as equivalent to the Irish Medical Certificate (as at 08 May 2013):

Australia
Croatia
Hong Kong
Malaysia
New Zealand
Philippines
Russia
Singapore
Ukraine

All above named countries are in addition to European Union Member States.

In addition, a Seafarers Medical Certificate issued by the following countries prior to the above date will remain valid until the expiry date of the certificate:

Canada
Iceland
India
Jamaica
Norway
Pakistan
South Africa
Sri Lanka

Annex C

MEDICAL STANDARDS

Section 1 Cardiovascular Disease

A. Congenital – atrial septal defects or small ventricular septal defects with no haemodynamic significance, or congenital heart disease should be individually assessed by a cardiologist and the resulting report used in the decision process. If the risk of complication is low and the individual has no physical restrictions reference seafaring duties this may be acceptable. Surveillance may be required.

B. Valvular – significant valvular disease as assessed by a cardiologist is unacceptable. If successfully treated by surgery, suitability for seafarer duties may be acceptable if they are asymptomatic and are not on treatment. Antibiotic prophylaxis needs to be considered when evaluating suitability for unrestricted certification.

C. Hypertension – well controlled and uncomplicated high blood pressure is acceptable. The appropriate Irish Hypertension Guidelines should be used as the usual reference for the condition. As a guideline, blood pressure measurements greater than 150mmHg of mercury systolic and or 90mmHg of mercury diastolic should require referral to a seafarer's General Practitioner for lifestyle advice and investigation. Under these circumstances, the seafarer should be declared unfit pending General Practitioner confirmation of adequate control of blood pressure.

D. Ischaemia – while a history of myocardial ischaemia is not necessarily unacceptable, certain conditions need to be considered in determining suitability for seafaring duties. Patients with documented coronary artery disease who are treated medically should be taking optimum medication and should be symptom-free for at least 6 months. Furthermore, they must be able to complete a Bruce Protocol Exercise Test to a level of stage 3 without symptoms or signs of ischaemia. Those who experience changes above stage 3 require cardiological assessment. Certain standards allow discretion with cardiological input for individuals to return to work at sea despite having the above symptoms. Under these circumstances discussions should take place following cardiological assessment with the medical adviser of the seafarer and annual reassessment with a cardiologist is required. Following myocardial infarction (heart attack), 4 months post event without symptoms, and no evidence of reversible ischaemia by successful completion of a Bruce Protocol Exercise test stage 3 would be compatible with suitability for seafaring duties. If an individual has had invasive cardiac investigations, a standard of left ventricular ejection fraction of at least 40% and non-threatening cardiovascular anatomy on coronary angiogram is required. Threatening anatomy includes 50% or more proximal left anterior descending disease before the first septal branch and left main stem stenosis as well as 3-vessel disease. With respect to angioplasty or coronary bypass surgery, similar standards to that of myocardial infarction would apply. In all cases of ischaemic heart disease, a restricted certificate for 1 year with annual reassessment by a cardiologist is required, and in addition, they must meet the standards of the Bruce Protocol Exercise test as indicated above.

E. Arrhythmia – seafarers should be declared unfit if cardiac arrhythmia exists until they are investigated, treated and the adequacy of treatment concerned. If the arrhythmia produces symptoms or causes incapacitation, then expert cardiological opinion is required.

F. Peripheral Cardiovascular Disease – if any individual has had a deep vein thrombosis or superficial thrombophlebitis within a 3-month period, with or without immobilization, this is unacceptable. Recurrent conditions would require further investigation and therefore should be declared unfit pending investigations. Varicose veins per se are not a disbar to successful seafaring capacity but if associated with eczema, ulcers or complications then further assessment and specialist opinion is required. Peripheral arterial disease to include intermittent claudication, aneurysms or systematic peripheral vascular disease is unacceptable. Consider capability of seafarer to fly when assessing the situation. Seafarers who are on anticoagulants are unacceptable.

G. Pulmonary Embolism - a single episode of pulmonary embolism requires careful assessment and specialist report but recurrent pulmonary embolism is incompatible with seafaring duties.

H. Cerebrovascular Disease – untreated cerebrovascular disease to include stroke, transient ischaemic attack or dementia is unacceptable and the seafarer would be declared unfit. If the cerebrovascular disease is treated with limited risk of reoccurrence or residual defect, suitability for seafaring duties may be acceptable subject to independent specialist assessment and report. Specific consideration of unrestricted certification needs to be carefully evaluated.

I. Other – the presence of a permanent pacemaker requires cardiological assessment and confirmation that the seafarer is free of syncope or other complications. Annual cardiological review is required to continue seafaring duties. Seafarers need to be aware of the potential risks of coming into contact with powerful electromagnetic fields. Potential seafarers with overdrive pacemakers or implantable defibrillators are not suitable for employment as a seafarer.

Section 2 Respiratory Disease

A. Upper Respiratory Tract (nose, throat) – sinusitis (acute, chronic and throat infections) are unfit until resolved and treated.

B. Lower Respiratory Tract – obstructive or restrictive pulmonary disease such as bronchitis, emphysema and any other pulmonary disease with significant recurrent disability is unacceptable. Spirometry is recommended to determine the severity of chronic conditions. The forced expiratory volume in 1 (FEV1) second is a useful indicator of the extent of chronic disease. An FEV1 between 60 and 80% predicated suggests mild disease with minimal symptoms and therefore would be declared fit for seafaring duties. An FEV1 between 40 and 59% predicated suggests moderate disease and, while suitable for sedentary duties, would compromise an ability to respond to emergency situation. Consequently this would render a seafarer unfit. An FEV1 of less than 40% predicated indicates severe disease and is incompatible with seafaring duties. Pulmonary tuberculosis is unacceptable until treatment is concluded and has been certified by the appropriate specialist. With respect to the diagnosis of asthma, an individual should be assessed on the past 2 years of disease presentation.

Mild asthma is usually compatible with seafaring duties and is defined by infrequent non-disabling episodes; normal exercise tolerance; absence of hospitalisation; good knowledge and awareness of illness with ability to modify own treatment; and symptoms which do not require high dose inhaled or oral steroids. Moderate or severe asthma renders a seafarer unfit. If there is doubt or dispute reference the diagnosis or extent of the problem, specialist assessment is indicated. There may be requirement for the wearing of compressed air breathing apparatus in fire fighting situations and therefore only patients with mild asthma would be appropriate in this regard. This could also be assessed via a specialist opinion.

Section 3 Gastrointestinal Disease

A. Oral/Dental – clinically significant diseases of the mouth and teeth with significant pain are unacceptable until treated and resolved.

B. Peptic Ulcer – active and acute peptic ulcer disease is unacceptable. If the disease process has resolved and the risk of recurrence or complications is minimal then it may be appropriate to declare the seafarer suitable for duties subject to asymptomatic condition with suitable maintenance treatment. Persistent or recurrent peptic ulcer disease is unacceptable.

C. Gastritis /Oesophagitis – minor non-disabling conditions are acceptable.

D. Inflammatory Bowel Disease (Ulcerative Colitis/Crohn's Disease) – is unacceptable until the condition has been stabilised and controlled on medication. A 3-month period of remission prior to declaring suitability to resume seafaring duties is required. A specialist appointment and/or assessment may be required. Severe or recurrent disease is unacceptable.

E. Other Large Bowel Conditions – other conditions to include diverticulitis, haemorrhoids, fistulae and other lower bowel conditions are unacceptable until treated and fully resolved. If these conditions become severe or recurrent then these are unacceptable.

F. Hernia – the presence of hernia is unacceptable until satisfactorily surgical repaired.

G. Stoma – this is usually acceptable as long as the personal management of the condition is compatible within the confines of seafaring accommodation. This will require the provision of private facilities for bag changing and stoma hygiene.

H. Liver and Biliary Tract Disease – serious or progressive conditions of the above system are unacceptable and all individuals with significant history of the above disorders should require a specialist report. Recurrent, progressive or disabling disease is unacceptable.

Section 4 Genitourinary System

A. Sub Clinical Abnormalities – the sub clinical abnormalities as found at urine testing should render a seafarer unfit until fully investigated and cause is resolved. Discretion can be allowed for trace positive results.

B. Renal Calculi – the presence of renal or genital urinary calculi is unacceptable until successfully treated.

C. Infections (acute/chronic) – acute or chronic infections are unacceptable until investigated and resolved or following specialist assessment.

D. Renal Failure – any chronic renal condition, which can lead to renal failure, is unacceptable. Any significant kidney disease in an individual with one kidney is unacceptable unless a nephrologist determines otherwise. Seafarers utilising Continuous Ambulatory Peritoneal Dialysis (CAPD) are unacceptable.

E. Renal Transplant – patients with renal transplant are usually unacceptable because of the degree of immunosuppression required.

F. Enuresis – significant clinical incontinence is normally unacceptable unless well managed and controlled and supported by a specialist opinion.

G. Prostatic Disease – active prostatic disease/infection is unacceptable until successfully treated, as is enlargement of the prostate, which interferes with adequate bladder function.

H. Gynaecological Conditions – any gynaecological condition producing significant symptoms to include heavy vaginal bleeding; severe menstrual pain; endometriosis; prolapse of genital organs; or other conditions are unacceptable until successfully treated.

I. Testicular Conditions – active or significant conditions of the testicles, which produce symptoms of pain or discomfort, require careful assessment but may not be unacceptable.

J. Sexually Transmitted Diseases – active sexually transmitted disease is unacceptable until treated and fully resolved.

K. HIV and Aids – HIV positive status is not a disbar to fitness for seafaring duties if there is no reasonably foreseeable risk from side-effects of treatment or requirements for frequent surveillance. Unclear issues may require specialist opinion. Aids related illnesses would normally be unacceptable.

Section 5 Musculo-skeletal System

A. Arthritis – because of the physical demands of seafaring duties, active arthritis interfering with mobility and or normal limb function is unacceptable but will require a specialist report of the current stability and future prognosis, prior to determining the long term situation. Seafarers who have had hip or knee joint replacement are unacceptable because of the increased risk of infection and/or dislocation.

B. Other Joint Conditions – other joint conditions if producing disabling symptoms or limitation of mobility are unacceptable until satisfactorily treated.

C. Limb Prostheses – this is acceptable where an individual can meet the mobility requirements of onboard life. Arrangements for fitting prostheses in an emergency must be confirmed. This may require practical assessment and/or communication

with the company's medical adviser. Usually only small prostheses of foot or hand will be appropriate reference suitability for seafaring.

D. Back Conditions – acute back pain due to mechanical or other conditions such as disc lesions are unacceptable until resolved and/or adequately treated. This will require detailed assessment and may require MRI scans and/or specialist opinion. Recurrent or incapacitating back conditions are unacceptable.

Section 6 Endocrine/Metabolic Diseases

A. Diabetes – non-insulin dependent diabetes will normally be acceptable as long as it is stable and well-controlled demonstrating 6 months stability. It may be necessary to review the frequency of medical examinations. Insulin dependent diabetes may be acceptable for near coastal seafaring duties only with appropriate information. It is important that good long established control (at least 6 months) is mandatory and individuals need to be motivated reference the self-management of their insulin requirements. The assessment should be on a case-by-case basis and no secondary complications of the disease must exist. Reports from their diabetic specialist will be required in all cases. The certificate should be issued with annual review. Insulin dependent diabetics are unsuitable for watchkeeping duties or lone working or for distant waters.

B. Other Endocrine Disorders – active endocrine disease is unacceptable until fully assessed and resolved and it may be appropriate to seek specialist opinions in all cases.

C. Other Metabolic Diseases – these require individual assessment and specialist opinion.

D. Obesity – This requires individual assessment with particular regard to the impairment of mobility and exercise tolerance in routine and emergency duties. Physical fitness may be defined as “the ability to carry out daily tasks with vigour and alertness, without undue fatigue, and with ample energy to enjoy leisure-time pursuits and to meet unforeseen emergencies.” It represents the achievement of an optimal state of physiological and psychological functioning with low health-risk factors. A body mass index greater than 35 is unacceptable for seafaring duties. For those individuals with body mass indices between 30 and 35, the results of a physical fitness test will enable an appropriate evidence-based decision on their suitability for seafaring duties. In these circumstances, a Chester Step Fitness test should be carried out and, if the results are average or better than average, then an individual should be declared suitable for seafaring duties even with a body mass index between 30 and 35. Suitable advice with respect to weight reduction and augmentation of lifestyle should, of course, be included as part of the assessment.

Section 7 Skin Disorders

A. Infection – skin infections are unacceptable until satisfactorily treated and this has particular indications for catering staff. Recurrent skin infections may therefore be deemed unacceptable reference catering duties.

B. Psoriasis – active significant psoriasis, which is defined by requiring inpatient treatment and /or chemotherapy, needs specialist assessment. In active stages this is unacceptable until controlled and in remission.

C. Eczema – mild eczema is not a disbar to seafaring employment but extensive disease may require specialist referral and patch testing. Persistent recurrent or disabling eczema is unacceptable.

Section 8 Blood Diseases

A. Anaemia – severe anaemia with symptoms is unacceptable until satisfactorily investigated and treated.

B. Inherited blood conditions (e.g. Sickle Cell Anaemia) – should not prevent an individual from working as a seafarer unless the complications arising from the treatment of the disorders present significant problems. Under these circumstances specialist opinion should be sought but may be unacceptable.

C. Splenectomy – post-splenectomy seafarers need individual assessment with particular reference to restriction on service in tropical areas because of the risk of infection. Individuals without ongoing problems or past history of issues are usually acceptable. Advice needs to be given reference prophylaxis for infections and restrictions may need to be considered in tropical climates due to risk of malaria.

D. Polycythaemia – full assessment is required and seafarers are acceptable provided treatment does not interfere with the requirements to be at sea for prolonged periods of time and the condition is stabilised and well-controlled.

E. Coagulation Disorders – individuals with coagulation disorders who present with spontaneous haemorrhages are unacceptable. Specialist opinion is required.

F. Malignancy of the Haemopoietic System – individuals with malignancies are unfit for seafaring duties when undergoing treatment or while receiving immunosuppression. Specialist opinion and assessment is required in all cases.

G. Immunosuppression – any medication, which causes significant immunosuppression will render a seafarer unfit for the duration for treatment and for a period of time following treatment until the individual is no longer at risk of infection.

Section 9 Diseases of the Nervous System

A. Organic Disease – any organic neurological disorder is unacceptable while under investigation and until stabilised. If there is any significant defect of consciousness, cognitive function, muscular power, balance, mobility, sensation or co-ordination then this is unacceptable. Specialist opinion should be sought in most cases, especially if presentation is ambiguous or uncertain.

B. Epilepsy – epilepsy, with the persistence of epileptic seizures to include one or more per year, is unacceptable with respect to seafaring duties. Individuals who have had a single unexplained seizure may be suitable to work as a seafarer if, following a consultant neurological opinion, it is confirmed that their risk of further seizure on or off medication is equivalent to that of the general population and

following a period of 12 months seizure-free. If an individual with epilepsy has been seizure-free for the last 10 years, has not taken anti-epileptic medication during that period, and has not got a continuing liability to epilepsy, then suitability for seafaring duties is considered subject to specialist clearance.

C. Head Injury or Surgery - following head injury or cranial surgery without epileptic seizures the risk of post surgical or post injury epilepsy must be below 2% and specialist neurological opinion is required in all cases.

D. Migraine – severe disabling or frequent migraine is unacceptable. Once treated and stabilized, however, capacity for seafaring duties will be considered.

E. Syncope – an episode of syncope or other disturbance of consciousness is unacceptable until investigated and specific neurological and cardiological causes excluded. Frequent attacks leading to incapacity will normally be unacceptable.

F. Meniere's Disease/Balance Disorders/Motion Sickness – seafarers with a history of balance disorder are unacceptable until the symptoms have either resolved or been controlled for a minimum period of 3 months on medication. Meniere's disease and/or motion sickness, where recurrent and incapacitating, is unacceptable.

G. Ear Infections – acute otitis externa and or media is unacceptable until treated and fully resolved. Particular care must be taken in respect of catering staff or food handlers.

H. Deafness – when the average loss at low frequencies (0.5, 1, 2 kHz) is documented at greater than 30dB (unaided) in the better ear and 40dB (unaided) in the other ear, then the individual may have difficulty hearing safety warnings. Further assessment is required to confirm their ability to hear a safety announcement, and if practically acceptable, then they will be suitable for seafaring duties. Hearing aids are acceptable only if unaided hearing meets minimum hearing standards as defined by pure tone audiometric assessment or satisfactory clinical voice testing.

Audiometric testing is mandatory for pre-employment assessments and every 2 years for engine-room personnel (Chief Engineering Officer, second engineering officer, officer of the watch {engineering}, electrical/electro technical officer and engine room ratings).

It is also required if there is a clinical index of suspicion to confirm or exclude any hearing defect.

In all other cases, appropriate voice testing will be adequate for purpose. Guidance on the use of voice testing for hearing is given in the Approved Doctor's Manual.

I. Speech Defects – the only declaration of unacceptability reference speech defects is where effective communication, including where relevant by telephone and radio, is interfered with.

J. Sleep Disorders – seafarers suffering from sleep disorders such as obstructive sleep apnoea or narcolepsy should have careful assessment: significant symptoms with unpredictable drowsiness will be deemed unacceptable until adequately treated and controlled.

Section 10 Eyesight Standards and Eye Conditions

A. General - eyesight testing is carried out at every seafarer medical examination by an Approved Doctor using Keystone Vision screening or Snellen charts (distance vision and near vision). Visual acuity adequate to permit the individual to mobilize and work safely in the onboard environment is essential. Any eye disease or visual defect rendering the individual incapable of carrying out their job duties efficiently and safely is unacceptable. Normal visual fields are required for masters, deck officers, ratings and others required to undertake lookout duties. All others require sufficient visual fields for the purpose. This is defined as normal central fields and absence of gross field defect. A gross field defect would be considered to be quadrantanopia or greater defect or any visual field defect detectable on gross field examination within 20 degrees of fixation.

No person should be accepted for training for sea service if irremediable morbid condition of either eye, or the lids of either eye, is present and liable to the risk of aggravation or recurrence. Individuals who wish to go to sea as deck or engineering personnel, or who are considering dual qualifications are strongly advised to have their eyes tested before embarking on their career, in view of the particular importance for them to have good sight. The presence of diplopia, congenital night blindness, retinitis pigmentosa or any other serious or progressive eye disease is unacceptable reference fitness for seafaring.

Accommodation may be required for seafarers who indicate that they are dyslexic or where it becomes apparent during the course of the eyesight test. Dyslexia is a complex disorder with many variable degrees of presentation and clinical manifestation. It is not within the remit of an Approved Doctor to evaluate the extent of an individual with dyslexia but any potential applicant for a position as a seafarer needs to achieve the appropriate eyesight standards which will be assessed by the Approved Doctor.

Binocular vision is normally necessary for all categories of seafarers. However, monocular serving seafarers or those who become monocular in service and meet the required standards should be allowed to continue at sea.

Stereoscopic vision is not required for normal offshore tasks unless the individual is also required to operate cranes.

The Eyesight Standards are outlined in Table 1 (attached).

B. Visual Acuity – An uncorrected visual acuity of 6/60 is recommended to permit emergency mobilisation around a location without corrective lenses if necessary. In all cases where visual aids (spectacles or contact lenses) are required for the efficient performance of duties, a spare pair must be carried when seafaring. Where different visual aids are used for distant and near vision, a spare pair of each must be carried.

C. Monocular Vision – monocular vision is acceptable in existing seafarers only as long as the minimum standard of visual acuity is met and a suitable period of adaptation (3 months) has occurred.

D. Visual Fields – these should be full and unrestricted and where any deficit is detected a specialist's opinion should be sought.

E. Colour Vision - colour vision testing is carried out at an initial seafarer medical examination by the Approved Doctor. The result is valid for a maximum period of 6 years. Aids to visual acuity may be used for colour vision testing but colour correction devices shall not be worn for colour testing.

Masters, deck officers and ratings required to undertake lookout duties should be tested with Ishihara Plates. Candidates who fail will be referred for further colour vision testing using Holmes Wright B Lantern.

All engineer officers and ratings forming part of an engine-room watch should be tested with Ishihara plates. Candidates who fail will be referred for confirmatory testing using City University test.

Radio officers and electrical/electronic officers should be tested with Ishihara Plates. Candidates who fail will be referred for confirmatory testing using City University test.

Other personnel should be tested for colour vision, where relevant for the duties to be undertaken, using Ishihara Plates.

Confirmatory colour vision testing will be undertaken at a designated referral centre and the costs of this will be the responsibility of the seafarer. Details of the designated centre are outlined in Annex D of this Notice. The result of confirmatory colour vision testing will be sent to the referring Approved Doctor who will issue the appropriate certificate.

F. Eye Diseases – specific eye diseases to include glaucoma and uveitis are satisfactory as long as the conditions are well controlled and visual acuity and visual fields meet acceptable standards. Specialist opinion may be required.

Section 11 Psychiatric/Mental Illness

A. Neurosis – acute neurosis to include anxiety and depression is unacceptable while under investigation and treatment until stabilised. Isolated events should not preclude satisfactory seafaring duties. Recurrent anxiety and/or depression, however, are unacceptable.

B. Psychosis – this is unacceptable until investigated and fully stabilised. Stabilisation criteria would usually require between 3 and 5 years stability off all medication. In all cases a specialist report is mandatory.

C. Addiction Disorders – alcohol dependence is unacceptable until the seafarer can demonstrate at least 1 year free from dependence following successful treatment and with satisfactory biological parameters. Specialist assessment may be required. Drug abuse is unacceptable for a minimum period of 5 years and subsequently will require negative testing for substance abuse and specialist report.

D. Other Psychological Disorders – to include personality disorders are acceptable as long as there is no evidence of dysfunction or anti-social behaviour, and in cases where clarification is required, a specialist report and opinion should be sought.

Section 12 Pregnancy

Pregnancy should not be equated with ill health. It should be regarded as part of everyday life and the health and safety implications can be adequately addressed by normal health and safety management procedures. Many women work while they are pregnant, and many return to work while they are still breastfeeding.

However, the particular demands of working on board ship can place pregnant workers at risk. Very few merchant ships carry doctors, and in the event of problems developing during pregnancy, a level of care equivalent to that available to an expectant mother working ashore is unlikely. Ship turn-around in ports is often very rapid allowing no time for routine antenatal care. Access to medical facilities in the event of premature labour might be delayed until ship reaches port.

The employment of pregnant workers at sea should be prohibited after the 28th week of pregnancy and for 6 weeks after birth except in cases where trips are of no more than 2 hours duration. Allowance in working time should be made to attend antenatal checks and there must be exemption from all emergency duties.

Action in relation to an individual worker is required when an employer has been told in writing that a worker is pregnant. A medical certificate may be requested to confirm the pregnancy. The employer should assess the risks to pregnant workers and implement reasonably practical measures to control those risks. If there is a significant risk at work to the safety or health of a new or expectant mother, then the following steps may be taken according to the level of risk:

- Temporary adjustment of working conditions and/or hours of work.
- Provision of suitable alternative work if available.
- Suspension from work (paid leave) for as long as necessary.

Night work - special consideration must be given to new or expectant mother who works nights when she obtains a medical certificate stating that night work could affect her health and safety.

If a pregnant worker wishes to delay the start of her maternity leave beyond 28 weeks the following criteria should be met:

- Seafarer should be employed on trips not longer than 2 hours duration.
- Is able to attend appropriate antenatal checks in working time.
- Has no emergency (muster) duties.
- Employer's risk assessment must show no significant risks to the worker or unborn child.
- Advice from seafarer's GP/obstetrician may be required.
- Approved Doctor must assess seafarer and agree to her continued working; if not then she will not be issued with a certificate of fitness.

- Seafarer will be entitled to appeal any failure or restriction.
- Any significant change in her condition will require notification to her employer and re-appraisal of fitness to work by an Approved Doctor.

Section 13 Miscellaneous Conditions

A. Infections – active infectious disease is unacceptable until fully resolved and confirmed. Specific investigation with reference to catering staff may be required to include formal testing. This may include bacteriological clearance of various specimens.

B. Neoplasms – frank malignant disease is unacceptable but each case should be considered individually to include the extent of symptoms, the impact of the condition, treatment progress and normal functional capacity. A specialist report is required before making a final decision but if the individual is taking cytotoxic drugs, immunosuppressants and/or steroids, they are unsuitable and unacceptable for seafaring duties. Prognosis needs special consideration to include risks of fractures, fits, bleeding etc.

C. Medication – any medication taken by an individual either prescribed or self-medicated should have careful assessment prior to certifying suitability for seafaring duties. Medications that would have side-effects that could interfere with a seafarer's ability to work offshore will usually render them unacceptable. This is specifically relevant if the side-effects are noted to effect an individual's ability to drive or operate machinery. Consideration has to be given to significant impact of sudden withdrawal of medication and this may also render a seafarer unacceptable. Individuals who are prescribed the following medication will usually be unacceptable: cytotoxics; immunosuppression or all steroids; anti-psychotics; tricyclic anti-depressants; benzodiazepines and other hypnotics; and anti-coagulants. Other medication must be assessed on its individual merits and with particular regard to side-effects.

D. Dyslexia – Seafarers with dyslexia may have a difficulty differentiating left and right which has the potential to affect their ability in tasks requiring differentiation between port and starboard, which could lead to injury or an accident. This situation could extend to all seafarers as in an emergency situation taking a wrong turn or sending people on an incorrect route could lead to disastrous consequences. If this is identified during the assessment then the seafarer should be restricted from the position.

Table 1

Eyesight Standards

Category Of Seafarer	Distance Vision (unaided)		Distance Vision (aided)		Near Vision (aided)	Visual Fields	Diplopia	Colour Vision
	One eye	Other eye	One eye	Other eye	Both eyes			Both eyes
Masters, deck officers ratings and fishing vessel deck officers required to undertake lookout duties	6/60	6/60	6/6	6/12	N8	Normal visual fields	No significant condition evident	Ishihara. Confirmation requires Lantern
All engineer officers and ratings forming part of an engine-room watch. Radio officers and electrical/electronic officers	6/60	6/60	6/12	6/12	N8	Sufficient visual fields	No significant condition evident	Ishihara. Confirmation requires City University
Others	6/60	---	6/60	---	Sufficient for duties		---	Sufficient for duties
Those who become monocular in service with no evidence of progressive eye disease in the remaining eye								
Deck	6/60	---	6/6	---	N8	No pathological field detected	No significant condition evident	Ishihara. Confirmation requires Lantern
Eng/Radio	6/60	---	6/9	---	N8	Sufficient to undertake duties efficiently		Ishihara. Confirmation requires City University
Others	Sufficient to undertake duties efficiently							
There should be a sufficient period of adaptation after becoming monocular to enable stairs to be descended rapidly and safely. Normal recommendation is 3 months.								

Annex D

List of Medical Referees

Name	Address	Phone/Fax	Email
CORK			
Dr Martin Hogan	Employment Health Advisers Ltd., Heritage Business Park, Mahon Industrial Estate, Blackrock, Cork	Tel: 021 4536000 Fax: 021 4536016	
DUBLIN			
Dr Dominick P Natin	Mater Misericordiae University Hospital Ltd., Eccles Street Dublin 7	Tel: 01 8032813 Fax: 01 8032909	

Designated Centre for Colour Vision Confirmatory Testing:

Dr Brenda McGrath BSc, M.C.Optom, PhD
The Forge, Baker's Corner,
Kill O'The Grange,
Dun Laoghaire,
Co Dublin.
Telephone Number (01) 2845646
Fax (01) 2845647

Annex E

Fees

The maximum fee that may be charged for a full seafarer medical examination and issue of a certificate is €150.00. The seafarer and/or employer should meet all fees. Tests, which do not form part of the medical examination, are not covered by the fee, and may be charged for separately. The charges for confirmatory colour vision testing at the designated centre will be the responsibility of the seafarer. The maximum costs for all the services will be as follows:

- **Seafarer Medical Examination & issue of Certificate – Maximum of €150.00.**
- **Mercantile Marine/Fishing Services Eyesight Test – Maximum of €40.00**
- **Confirmatory Colour Vision testing which includes Holmes Wright B Lantern & City University test – Maximum of €30.00.**
- Drugs/Alcohol testing – Maximum of €50.00 for initial test plus additional charge if chain of custody confirmatory testing is required.
- Medical Appeal - the costs of the medical appeal (€200.00) will be the responsibility of the applicant. In addition, if reports are required from the applicant's GP and/or specialist, these will be charged at additional cost.

The costs will include a report, which will be sent to the referring Approved Doctor.

Director General
Maritime Safety Directorate
Department of Transport,
Dublin 2.

18th November 2005

<p>For any technical assistance in relation to this Marine Notice please contact The Marine Survey Office, Leeson Lane, Dublin 2 +353 1 678 3400 For information in relation to technical specification/type approval of radio equipment contact the Radio Surveyors +353 1 678 2363/2364/2365/2367. For general enquiries please contact the Maritime Safety Division at +353-1-678 3418 Any enquiries concerning Marine Notices should be addressed to: Maritime Safety Directorate, Leeson Lane, Dublin 2 Email: marine.notices@transport.gov.ie Or visit us at: www.transport.ie</p>
