

**CIRCULATED TO ALL MEMBERS, BROKERS AND DIRECTORS  
ATTENTION INSURANCE DEPARTMENT**

**6 DECEMBER 2006  
JB**

**SUPERSEDED - PRE-EMPLOYMENT MEDICAL SCHEME - PHILLIPINES**

**URGENT NOTICE: THIS CIRCULAR IS OBSOLETE AND ANY QUERIES SHOULD BE ADDRESSED TO JUDITH BURDUS/LUCY DIXON. INFORMATION OUTLINING THE CURRENT ARRANGEMENTS CAN BE VIEWED IN [LOSS PREVENTION BRIEFING - PRE-EMPLOYMENT MEDICALS - PHILIPPINES](#).**

In 2002, due to the Association's increasing concerns about the risk of claims against Members arising out of the employment of seafarers suffering from medical conditions which could and should have been identified by pre-employment medical examination and testing, we launched our Enhanced Pre-employment Medical Scheme in the Philippines.

This scheme has been a success for participating Members. We are now pleased to announce that we are to enhance the scheme by expanding the existing programme to include additional clinics in Manila and reducing the cost of the medical examinations (see schedules A, B and C).

Given that we do strongly endorse the need for enhanced medical screening, the Association now produce two sets of guidelines. One covering the Philippines, the other for selection of crew anywhere in the world. This advice is relevant to Filipino crew where we audit and recommend clinics who will work to fixed standards, pre-set by a doctor based in the UK with whom we have a long association.

With regard to shipowner Members who employ Filipino officers and crew, we urge them to consider (in co-operation with their manning agents) imposing a requirement that potential seafarers undergo enhanced pre-employment medical screening to a high standard and only at reliable clinics.

There are a number of clinics in the Philippines who offer a reliable service and we cannot and do not control our Member's choice in this respect. However, the clinics which the Association currently recommend for 2007 are able to comply with and maintain the following minimum standards and specific requirements:-

1. The provision of three ranges of standard tests according to age 18 to 30, 31 to 50 as set out in schedules A and B and in the case of 51 and above, the tests will be based on those for age 31-50 with the option of including two additional tests as set out in the attached schedule C.

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2. These tests to be provided at a fixed price common to any of the recommended clinics, the prices currently being as set out in the attached schedules.

3. The tests to be carried out objectively and without influence from the manning agent or its principal or the seafarer.

4. Any clinic which carries the Association's recommendation may, at any time during the currency of that recommendation, be audited by United Kingdom based, Medical Rescue International ("MRI") in accordance with standards and requirements laid down by MRI in consultation with the Association. MRI will seek to confirm and verify the accuracy, thoroughness and objectivity of the test procedure. It is presently the case that these audits occur annually in October or November of each year and the continued recommendation of the Association is conditional upon full and free access of information being provided to MRI during these audits.

5. Any clinic which carries the Association's recommendation may, at any time during the currency of that recommendation, be audited by a member of personnel from the Association in addition to United Kingdom based Medical Rescue International ("MRI") in accordance with standards and requirements laid down by the Association. These audits will occur annually and the continued recommendation of the Association is conditional upon full and free access of information being provided to the Association during these audits.

6. Test records are to be maintained by the clinic for five years from the date of the test. In addition, the clinics are to produce statistics on a monthly basis. These are to be made available in the first instance to the Association and if requested, to MRI in order to review the efficiency of the recommended scheme.

7. The clinic is to give specific attention to the identification of:-

- a. diabetics, excluding those seafarers who control same with diet; and
- b. hypertension cases;

and in each of these cases the clinic will draw these conditions to the attention of the manning agent.

8. Some concessions may be given for senior crew and re-hired crew. See Appendix A.

9. The clinic must at all times be government accredited.

Joining our original recommended clinics; S.M. Lazo and MCIS are Halcyon Marine Healthcare Systems, Maritime Medical & Laboratory Clinic and Supercare Medical Services Inc:

S M Lazo Medical Clinic Inc  
1755 Taft Avenue Cor  
J Nakpil Street  
Malate, Manila  
Philippines

Maritime Clinic for International Services Inc (MCIS),  
10th Floor, Times Plaza Building,  
U.N. Ave, Cor Taft Avenue,  
Ermita, Manila 1000,  
Philippines

Halcyon Marine Healthcare Systems  
10th Floor Trafalgar Plaza  
H.V. Dela Costa St., Salcedo Village  
Makati City  
Philippines

Maritime Medical & Laboratory Clinic  
2nd Floor  
Paragon Tower Hotel  
531 A. Flores St. Ermita,  
Manila, Philippines

Supercare Medical Services Inc  
315 VELCO Center, R.S. Oca cor.,  
A.C. Delgado Sts. Port Area, Manila  
1018 Philippines

The list of clinics will be reviewed after each voluntary audit and/or any other event which we consider relevant, and in any event from time to time as we think fit, and we reserve the right to withdraw, increase, or reduce the list of clinics at any time without prior notice.

We must make it clear that neither the Association nor MRI has any contractual or other legal relationship with the clinics. Any claim for fees in accordance with the agreed charges are to be invoiced by the clinics to the manning agent and paid in the usual manner. Any other charges for additional tests outside the scope of those set out in A, B and C are to be paid in accordance with arrangements to be made directly between the clinic and the seafarer.

The Members are advised to give the manning agents details of tests for each age group (those set out in Schedules A, B and C) to present to the seafarer prior to arrival at the clinic to ensure that the seafarer is aware of the nature and extent of the testing to which they will be subject.

Members should be aware that rejection rates may be higher than their previous experience given that the system is designed to effectively screen out seafarers who could be a danger to themselves, other crew members, the ship on which they sail, and the person or property of third parties if employed on Members' vessels. In our experience, the rejection rate does fall to around 3-4% after the initial settling down period when manning agents, appreciating the exacting standards to which the clinics are working, will be very selective in the candidates they submit for screening.

### **Disclaimer**

The Pre-Employment Medical/recommended Clinic Scheme has been developed in co-operation with Medical Rescue International (MRI) for the benefit of Members who wish to give more guidance to their manning agents in connection with pre-employment medical examinations.

The scheme is intended to assist the Member by providing guidelines and pricing schedules to its manning agent for the purpose of reducing the likelihood of seamen having to be repatriated before the end of their contractual term. The contractual relationship of the enhanced medicals operates solely and exclusively between a Member's chosen manning agent and one of the approved clinics. The Scheme is not to be considered as medical advice. All decisions as to the sufficiency of the examination, testing, and employment of prospective seamen remain the decisions of the Member and/or its manning agent, and/or the medical clinics. North of England P&I Association and MRI do not undertake or accept any responsibility for such decisions.

This disclaimer is governed by English law and is intended to protect both the Association and MRI.

In availing itself of this Scheme the Member accepts the terms set out above on behalf of itself and its manning agents, servant, agents and employees.

JUDITH BURDUS  
SENIOR EXECUTIVE (CLAIMS) - North Insurance Management Limited  
As Managers on behalf of the North of England P&I Association Limited

## **SCHEDULE A**

North of England Association P&I Package  
For ages 30 and below

### **A. Pre-employment Medical Examination.**

1. Chest x-ray (14x17)
2. Complete Blood Count
3. Routine Urinalysis
4. Routine Fecalalysis
5. Blood Typing
6. Dental Check-up
7. Optical Check-up
8. Complete P.E. & History
9. Psychological Examination.

### **B. Additional Examination.**

#### **1. Lipid Profile.**

Triglycerides

Cholesterol

HDL

LDL

#### **2. Others:**

Fasting Blood Sugar

HIV 1 & HIV 2

Audiometry

Ishihara

Pulmonary Function Test

VDRL Screening

ECG

#### **3. Hepa A**

Hepa B Atigen Test

Hepa C

PACKAGE COST: \$75

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## **SCHEDULE B**

North of England Association P&I Package  
For ages 31 to 50 years old

### **A. Pre-Employment Medical Examination**

1. Chest X-ray (14x17)
2. Complete Blood Count
3. Routine Urinalysis
4. Routine Fecalysis
5. Blood Typing
6. Dental Check-up
7. Optical Check-up
8. Complete P.E. & History
9. Psychological Examination

### **B. Additional Examination**

#### **1. Lipd Profile**

Triglycerides  
Cholesterol  
HDL  
LDL

#### **2. Liver Profile**

Total Bilirubin  
SGOT  
SGPT  
GGTP

#### **3. Kidney Function Test**

BUN  
Creatinine  
Total Protein

#### **4. Others:**

Fasting Blood Sugar  
HIV 1 & HIV 2  
Audiometry  
Ishihara  
Pulmonary Function Test  
VDRL Screening  
ECG

#### **5. Hepa A**

Hepa B Atigen Test  
Hepa C

PACKAGE COST: \$85

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## **SCHEDULE C**

North of England Association P&I Package  
For ages 51 years old and above.

### **A. Pre-Employment Medical Examination**

1. Chest X-Ray (14 x17)
2. Complete Blood Count
3. Routine Urinalysis
4. Routine Fecalalysis
5. Blood Typing
6. Dental Check-up
7. Optical Check-up
8. Complete P.E. & History
9. Psychological Examination

### **B. Additional Examination**

#### **1. Lipid Profile**

Triglycerides  
Cholesterol  
HDL  
LDL

#### **2. Liver Profile**

Total Bilirubin  
SGOT  
SGPT  
GGTP

#### **3. Kidney Function Test**

BUN  
Creatinine  
Total Protein

#### **4. Others:**

Fasting Blood Sugar  
HIV 1 & HIV2  
Audiometry  
Ishihara  
Pulmonary Function Test  
VDRL Screening  
ECG

#### **5. Hepa A**

Hepa B Atigen Test  
Hepa C

PACKAGE COST: \$85

Stress Test - Cardio Profile } \$35.00

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## APPENDIX A

### CONCESSIONS FOR SENIOR CREW & RE-HIRED CREW - "PROTOCOL B"

All candidates will be screened under the existing A protocol which will be applied strictly to new candidates to your employment, given that the purpose of the Scheme is to ensure that you are not hiring recruits with any significant pre-existing medical problems.

For staff returning to your employment and for senior crew, concessions will be made for those presenting with hypertension and diabetes up to certain levels.

In the case of insulin dependant diabetes, candidates will still be rejected. It is very much in your interests that we do this, given that with this type of diabetes the risk factors for medical complications are significant and it would not be in your interests to employ candidates under these circumstances.

Similarly, with hypertension, if it is felt that with medication hypertension can be controlled to a certain acceptable level, a fit to work certificate will be issued. If, however, the hypertension is serious and cannot be controlled to an acceptable level, then the candidate will have to be rejected given that there is a serious risk of that candidate suffering a serious stroke or heart related condition during the course of the employment.

In the case of those who have presented with a condition which can be controlled with medication, we are asking that the candidate be required to sign a declaration so that they are aware of the responsibilities they are taking for self medication and for ensuring that they have required medicines with them at all times during the term of the contract. A copy of this document will remain with the clinic, the manning agent will receive another copy and the Association the third copy which will be sent to you, given you may wish to inform the Master of the ship on which the seafarer is to be employed so that he can allow the seafarer time to purchase medication as required throughout the duration of the contract.

We do warn, this declaration will probably afford little or no protection in the event of the seafarer taking ill with an associated medical problem given that the NLRC will probably say that in acknowledging that you are employing someone with a medical condition, you take the risk of having them develop medical problems whilst they are employed with you.

Our main concerns in relaxing some of the criteria is that it increases the potential for medical repatriation cases which you are trying to avoid. Appreciating, however, that loyal crew and officers are in short supply and hope that these concessions go some way to address the problems you may have with the original protocol.

### PROTOCOL B on HYPERTENSION/ DIABETES MELLITUS TYPE II

All new crew to the club with Hypertension or Type II DM are considered Unfit.

Ex-crew with Hypertension and Diabetes Mellitus are considered Unfit.

Ex-crew with Hypertension maybe considered on the following conditions:

Hypertension is controlled with medication prior to embarkation

The ECG must be normal. Should there be findings, this must be cleared by a cardiologist. Additional cardiac diagnostic examinations, if any:

- 2D Echo
- Stress Test.

Other risk factors such as:

BMI, if Obese II, to reduce weight

Cholesterol and LDL if severely elevated

Prescribe medications to lower them

An affidavit of undertaking will be signed by the crew stating that he will bring the necessary medications and take them regularly on board.

DIABETES MELLITUS TYPE II

For those who are known diabetic and despite medications presently FBS levels are severely elevated and uncontrolled. Suggest referral to an endocrinologist for assessment of possible complications.

All crew, whose FBS levels are mildly elevated (more than 7 m.mol or 122% mg) suggest OGTT (Oral Glucose Tolerance Test). If abnormal (new crew) unfit. Ex-crew – refer to endocrinologist. Ex-crew, once FBS is controlled and cleared by the endocrinologist will sign an affidavit of undertaking to bring medications and take them regularly on board.