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built around you

North

Pre-Employment Medical Programme

- Philippines



PEME

Pre-Employment Medical Programme – Philippines

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Introduction

In 2002 North launched a pre-employment medical programme in the Philippines.

We were increasingly concerned about the high risk of claims against Members from seafarers with pre-existing medical conditions. Although many of these underlying conditions should have been identified by a pre-employment medical examination, we were consistently finding that the PEME had not been fully effective.

The programme has been operating successfully for many years and now includes four clinics in Manila, two in Cebu and one in Iloilo.

All clinics recommended by North perform the same medical examinations at the same fixed price (see schedules A and B). They work to medical standards set, maintained and audited annually by Dr. Charlie Easmon of Your Excellent Health Service (YEHS), medical consultant to the Club.

Members who employ Filipino officers and crew, are urged to consider (in co-operation with their manning agents) that all seafarers undergo annual enhanced pre-employment medical screening through North's programme or at least to the same standard as that offered by such clinics.

Crew illness claims continue to be expensive. One single serious illness can require the vessel to deviate and incur all the attendant commercial consequences. Further, the resultant hospitalisation, repatriation, continued medical treatment and other related expenses may cost hundreds of thousands of dollars. There is also a serious safety risk should a seafarer with an undetected medical condition be, for example, in charge of the ship or its machinery. Most importantly however, a crewmember may be taken seriously ill when the vessel is days from port, and whilst every effort is always made to ensure prompt treatment, this is a risk that should be avoided as much as is practicable.

NORTH INFO

For more information please contact:

Lucy Dixon, Abbie Rudd or Alex Farrier, via our dedicated email address PEME@nepia.com

Clinics - Selection

The clinics recommended by the Club comply with and maintain the following minimum standards and specific requirements:

- The provision of two recommended medical examinations
 - a. Schedule A for ages 40 years and below.
 - b. Schedule B for ages 41 years and over.
- Recommended medical examinations at a fixed cost.
- All tests are to be carried out objectively and without influence from seafarer or any third party.
- Any recommended clinic will be audited annually by YEHS to ensure they meet the required standard. YEHS will confirm the accuracy, thoroughness, and objectivity of the test procedures. Clinics must complete this audit successfully to remain a recommended clinic.
- Any recommended clinic may also be audited at any time by the Club to ensure they meet the required standard. These annual audits will confirm the accuracy, thoroughness, and objectivity of the test procedure. Clinics must complete this audit successfully to remain a recommended clinic.
- Test records are to be maintained by the clinic for five years from the date of the test. The clinics are to produce monthly statistics to be provided to the Club and, if requested, to YEHS, in order to review the efficiency of the recommended programme.
- Some concessions may be given for senior crew and re-hired crew. See page 9.
- The clinic must at all times be fully accredited according to local regulations.
- The list of recommended clinics will be reviewed after each audit, or following any other event considered relevant. The Club reserves the right to increase, reduce or withdraw this list of recommended clinics at any time without prior notice.

Members should be aware that rejection rates might be higher than experienced previously as the programme is designed to effectively screen out seafarers who, if employed on Members' ships, could be a danger to themselves, to other crew members, to the ship on which they sail, or to the person or property of third parties. Experience shows that rejection rates settle at about 3 - 4% once manning agents appreciate the enhanced standards to which the clinics are working and become more selective in the candidates they submit for screening.

North Recommended Clinics

Clinic	Address	Contact
Manila		
S M Lazo Medical Clinic Inc	1755 Taft Avenue Cor J Nakpil Street Malate Manila Philippines	Director: Mrs Aurora Lazo Tel: +632 3037005/5219011 Fax: +632 5246325 Email: smlazo@i-manila.com.ph
Halcyon Health Network	Ma. Cornelia Building 222 Senator Gil Puyat Avenue Makati City, 1230 Metro Manila Philippines	Director: Dr Glenda Canlas Mob: +632 8640206/13 Tel/Fax: +632 8640214 Email: csr1@halcyonmarinehealth.com glenda@pacific.net.ph
Maritime Medical & Laboratory Clinic	2nd Floor Paragon Tower Hotel 531 A. Flores St. Ermita Manila Philippines	Director: Dr Joselito De Guzman Tel: +632 5263809/12/15 Fax: +632 5263816 Email: peme@mmlci.com.ph marmedlabclinic@yahoo.com
SuperCare Medical Services Inc	Patria Building 573 Maria Orosa Corner Engracia Reyes Streets Ermita, Manila 1080 Philippines	Director: Dr Pascualito D. Gutay Tel: +63 2 5210024 (direct line) + 63 2 5210024 - 35 Mob: +63 928 501 8078 Email: paskygutay@supercare.com.ph peme.support@supercare.com.ph
Cebu		
Physicians Diagnostic Centre Inc	108 F Ramos Street Corner of Jungquera St. Cebu City Philippines	Director: Dr. Ma Stella Polentinos Tel: +63 32 2541778 Fax: +63 32 2543797 Email: cebu@pdsclinics.com CC: pemeinquiry-pdscebu@pdsclinics.com
SuperCare Medical Services, Inc.	Vicente Bldg M. Velez St. Cebu City Philippines	Contact: Dr Pascual Gutay Tel: +63 32 5116167 Fax: +63 32 2388581 Email: paskygutay@supercare.com.ph
Iloilo		
SuperCare Medical Services	3rd Floor 22 Manfred's Place General Luna Street Iloilo City, 5000 Philippines	Director: Dr Pascualito Gutay Tel: +63 33 335 30 96/97 Email: paskygutay@supercare.com.ph joan.rafolsmd@supercare.com.ph
Local liaison doctor for all recommended clinics		
Doctor Glenda Canlas	c/o Halcyon Health Network	Tel: +632 8640206/13 Tel/Fax: +632 8640214 Email: csr1@halcyonmarinehealth.com

Pre-Employment Medical Programme - Philippines

Neither the Club nor YEHS has any contractual or other legal relationship with the clinics. Any claim for fees in accordance with the agreed charges is 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 schedules A and B are to be paid in accordance with arrangements negotiated locally.

Members are advised to give the manning agents details of tests for each age group (those set out in Schedules A and B) to present to the candidate prior to arrival at the clinic to ensure awareness of the nature and extent of the testing.

Members are advised to consider an additional abdominal ultrasound test as we are advised of an increase in the number of renal and gall stone cases and have agreed to make these tests available at a cost negotiated locally.

Medical Examinations

Schedule A Filipino Nationals

Less than 40 years old

A. Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Digital Chest X-ray
3. Complete Blood Count
4. Routine Urinalysis (10 parameters)
5. FECT (for food handlers)
6. Blood Typing (A,B,O and Rh factor)
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History

B. Additional Examination

10. Lipid Profile
 - Total Cholesterol (HDL/LDL)
 - Triglycerides
11. Liver Profile
 - SGPT
12. Kidney Function
 - Creatinine
13. Others:
 - Hba1C
 - HIV 1 & 2
 - Audiometry
 - Ishihara
 - Pulmonary Function Test
 - VDRL Screening
 - ECG
 - BUA (Blood Uric Acid)
14. Hepatitis:
 - Hepa B Antigen Test

Cost

Examination Cost: \$85

If additional tests are carried out there may be additional charges.

Schedule B Filipino Nationals

For 41 years old and above

A. Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Digital Chest X-ray
3. Complete Blood Count
4. Routine Urinalysis (10 parameters)
5. FECT (for food handlers)
6. Blood Typing (A,B,O and Rh Factor)
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History

B. Additional Examination

10. Lipid Profile
 - Total Cholesterol (HDL/LDL)
 - Triglycerides
11. Liver Profile
 - SGPT
12. Kidney Function Test
 - Creatinine
13. Others:
 - Hba1C
 - HIV 1 & 2
 - Audiometry
 - Ishihara
 - Pulmonary Function Test
 - VDRL Screening
 - ECG
 - BUA (Blood Uric Acid)
14. Hepatitis:
 - Hepa B Antigen Test

C. Stress test & Cardio Profile

Cost

Examination Cost: \$120

If additional tests are carried out there may be additional charges.

Medical Examination Record

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ATTACH
PHOTOGRAPH
HERE

Numbers in brackets (2) refer to EXPLANATORY NOTES

LAST NAME FIRST NAME MIDDLE INITIAL
 SEX AGE DATE OF BIRTH
 CIVIL STATUS PASSPORT NO. JOB APPLIED FOR MANNING AGENT
 PRESENT MAILING ADDRESS
 TEL NO.

HEIGHT (2) m ins WEIGHT (3) lbs kgs PULSE /min reg irr

BODY BUILD (4) SS MS LS OW

CHEST: INSP (5) ins Chest: Exp ins ABD GIRTH (6) ins

VISUAL ACUITY	FAR VISION	NEAR VISION	COLOUR VISION (7)	CLARITY OF SPEECH
UNCORRECTED	L <input type="text"/> R <input type="text"/>	L <input type="text"/> R <input type="text"/>	<input type="text"/>	<input type="text"/>
CORRECTED	L <input type="text"/> R <input type="text"/>	L <input type="text"/> R <input type="text"/>	<input type="text"/>	<input type="text"/>

DENTAL	CHEST X-RAY	PA	AP	X Ray No.
UPPER	8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8	NEGATIVE	<input type="text"/>	BLOOD TYPE: <input type="text"/>
LOWER	8 7 6 5 4 3 2 1 - L 1 2 3 4 5 6 7 8	POSITIVE	<input type="text"/>	BLOOD PRESSURE: <input type="text"/> / <input type="text"/> (14) (20) (21)

FAMILY HISTORY	Present Age	Present state of health	Age at death	Cause of death
Father	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Brother/s 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sister/s 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

MEDICAL HISTORY (8) - Has applicant suffered from, or been told they have (or had) any of the following conditions:

- | | | | | | |
|---------------------------|--|---|--|-----------------------|--|
| 1. Asthma or wheezing | YES <input type="checkbox"/> NO <input type="checkbox"/> | 12. Nose bleeding | YES <input type="checkbox"/> NO <input type="checkbox"/> | 22. Swelling of feet | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 2. Bronchitis | YES <input type="checkbox"/> NO <input type="checkbox"/> | 13. Hearing problems | YES <input type="checkbox"/> NO <input type="checkbox"/> | 23. Fainting attacks | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 3. Pleurisy | YES <input type="checkbox"/> NO <input type="checkbox"/> | 14. Rheumatic fever | YES <input type="checkbox"/> NO <input type="checkbox"/> | 24. Migraine | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 4. Tuberculosis | YES <input type="checkbox"/> NO <input type="checkbox"/> | 15. High blood pressure | YES <input type="checkbox"/> NO <input type="checkbox"/> | 25. Blackouts | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 5. Pneumonia | YES <input type="checkbox"/> NO <input type="checkbox"/> | 16. Heart attack | YES <input type="checkbox"/> NO <input type="checkbox"/> | 26. Fits | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 6. Coughed up blood | YES <input type="checkbox"/> NO <input type="checkbox"/> | 17. Chest pain | YES <input type="checkbox"/> NO <input type="checkbox"/> | 27. Epilepsy | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 7. Shortness of breath | YES <input type="checkbox"/> NO <input type="checkbox"/> | 18. Palpitations | YES <input type="checkbox"/> NO <input type="checkbox"/> | 28. Muscular weakness | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 8. Other chest complaints | YES <input type="checkbox"/> NO <input type="checkbox"/> | 19. Poor circulation | YES <input type="checkbox"/> NO <input type="checkbox"/> | 29. Paralysis | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 9. Sinus trouble | YES <input type="checkbox"/> NO <input type="checkbox"/> | 20. Other infections of the heart or circulatory system | YES <input type="checkbox"/> NO <input type="checkbox"/> | 30. Stroke | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 10. Frequent colds | YES <input type="checkbox"/> NO <input type="checkbox"/> | 21. Varicose veins | YES <input type="checkbox"/> NO <input type="checkbox"/> | 31. T.I.A. | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 11. Ear infections | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | 32. Tingling | YES <input type="checkbox"/> NO <input type="checkbox"/> |

I hereby permit the undersigned physician to furnish such information the company may need pertaining to my health status and other personal medical findings and do hereby release them from any and all legal responsibility by doing so. I also certify that my medical history contained above, is true and any false statements will disqualify me from my employment, benefits and claims.

Signature Examiner Candidate Name of employer

Medical Examination Record

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LAST NAME FIRST NAME MIDDLE INITIAL

SYSTEMIC EXAMINATION (9)

	NORMAL		FINDINGS		NORMAL		FINDINGS
1. Skin	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	11. Heart	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
2. Head, neck, scalp	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	12. Abdomen	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
3. Eyes - external	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	13. Back	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
4. Pupils, ophthalmoscopic	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	14. Anus - rectum	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
5. Ears	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	15. G - U system	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
6. Nose - sinuses	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	16. Inguinals, genitals	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
7. Mouth - throat	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	17. Reflexes	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
8. Neck, L. N. thyroid	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	18. Extremities	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
9. Chest - breast - axilla	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	19. Dental (teeth)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____
10. Lungs	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____	20. Surgical Operations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	_____

AUDIOGRAM		500	1000	2000	4000	6000	8000
Right Ear	Khz						
	JB						
Left Ear	Khz						
	JB						

LUNG FUNCTION TESTS

FEV 1	_____
FEV 2	_____
PEFR	_____

STANDARD EXAMINATION

1	Chest X-Ray (14x17) (10)
2	Complete Blood count (13)
3	Routine Urinalysis (11)
4	Routine Fecalalysis
5	Blood Typing
6	Dental Check-up
7	Optical Check-up
8	Complete P.E. & History (12) (15) (22)
9	Psychological Examination

ADDITIONAL EXAMINATION

10	Lipid Profile	_____	13	Others	_____
	Triglycerides (19)	_____		Fasting Blood Sugar (24)	_____
	Cholesterol (16)	_____		HIV 1 & HIV 2	_____
	HDL (17)	_____		Audiometry	_____
11	LDL (18)	_____	14	Ishihara	_____
	Liver Profile	_____		Pulmonary Function Test	_____
	Total Bilirubin	_____		VDRL Screening	_____
	SGOT	_____		ECG	_____
12	SGPT	_____	15	Hepa A	_____
	GGTP	_____		Hepa B Antigen Test	_____
	Kidney Function Test	_____		Hepa C	_____
	BUN	_____		Stress Test (if applicable)	_____
12	Creatinine	_____	15	Cardio Profile (if applicable)	_____
	Total Protein	_____			

It is recommended that the seafarer is given anti-malarial injections and instructions for the taking of appropriate medication throughout the term of the contract.

Explanatory Notes - Page 1 of 2

1. Each Laboratory has its own normal parameters for each investigation that should be observed when completing the form. Any result outside normal parameters should be considered abnormal and the candidate reported as unfit. The same principle should apply to all investigations conducted using the clinics instruments/equipment. Documented assessment of all instruments/equipment used by a clinic performing pre-employment medicals should be undertaken regularly as required by manufactures and at least annually.
2. **Height:** If possible record this in metres to two decimal places.
3. **Weight:** If possible record this in kilograms to two decimal places.

The height and weight provide a Body Mass Index (BMI) as follows:

$$\text{BMI} = \frac{\text{Weight (kgs)}}{\text{Height (m}^2\text{)}}$$

Obese Class II	BMI > 30
Obese Class I	BMI 25 – 29.9
Overweight	BMI 23 – 24.9
Healthy	BMI 18.5 – 22.9
Underweight	BMI < 18.5

4. **Body Build:** Please record whether short stature (SS), medium stature (MS), large stature (LS) and also state if overweight.
5. **Chest Inspiration:** Measure with tape measure the girth of the chest at the level of the nipples for maximum inspiration, and at full expiration, in inches.
6. **Abdominal Girth:** This should be measured at the level of the umbilicus, in inches.
7. **Colour Vision:** This should be done using the Ishihara tests for colour deficiency with particular reference to red and green deficiency.
8. **Medical History:** Explain the medical terminology to the candidate to ensure a true medical history.
9. **Systemic Examination:** List all surgical operations and any medical admissions to hospital with dates and results of any investigations.
10. **Chest X-ray:** Please confirm whether the view taken is anterior/posterior or posterior/anterior.
11. **Random Urine samples:** Two separate urine samples for testing the presence of glucose, the first taken at the start of the examination and the other at the end of the examination.
12. **Smoking:** Indicate the number of cigarettes smoked per day, or the amount of tobacco smoked per week.
13. **Haematology Blood tests:** If possible, obtain a platelet count.
14. **Blood Pressure:** No higher than 140/90.
15. **Medication:** All prescribed medication should be recorded.

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Note: The optimum levels are shown in **bold** below. Values above or below optimum levels – and all haematology, biochemistry and serology results that are not within normal parameters - must be investigated before be declared fit for work.

Heart Disease and Stroke Risk

16. Total Cholesterol (mg/dL)	<160	Desirable
	160 – 199	Desirable
	200 – 239	Borderline high
	240 – 279	High
	>280	High
17. HDL Cholesterol (mg/dL)	> 60	
	50 – 59	
	40 – 49	
	< 40	
18. LDL (mg/dL)	<100	Optimal
	100 – 129	Near optimal/above optimal
	130 – 159	Borderline high
	160 – 189	High
	>190	Very high
19. Triglycerides	<150	Optimal
	150 – 199	High
	>200	Very high
20. Systolic blood pressure (mm/Hg)	<120	Normal
	120 – 129	Normal
	130 – 139	Normal
	140 – 159	High
	> 160	Referral required
21. Diastolic blood pressure (mm/Hg)	No greater than 90 mm/Hg	
22. Medication	Has any Hypotensive medication been taken in the last 48 hours?	
23. Risk factors	LDL	Risk of Heart Attack in next 10 years
	190 or > and 0 or 1	Risk Factor: Low
	160 or > and 2 or more	Risk Factors: 10%
	130 or > and 2 or more	Risk Factors: 10% to 20%

Diabetes

24. **Diabetes**

Any candidate with glycosuria should be investigated with a glucose tolerance test to assess accurately their diabetic status.

If found to be diabetic the type of diabetes must be identified - if the candidate were employed at sea the correct medication to control the diabetes may not be readily available on board ship or ashore.

Insulin dependent diabetes is much more difficult to control on board ship with varying working conditions and – in particular – the heat. For safety reasons – candidates with insulin dependent diabetes should not be employed at sea.

Concessions for Senior Crew and Re-Hired Crew

All new candidates for employment are to be screened strictly in accordance with the recommended pre-employment medical examinations (Schedule A and B) - given that the purpose of the programme is to ensure that seafarers with any significant pre-existing medical problems are not employed thereby avoiding serious risk of deterioration of their health at sea.

For candidates returning to employment (re-hired crew) and for senior crew, certain concessions for hypertension and diabetes will be allowed as detailed below.

In the case of insulin dependent diabetes:

- Candidates will still be rejected. It would not be prudent to employ a seafarer with this type of diabetes as there is a high risk of medical complications.

In the case of hypertension:

- Candidates where hypertension can be controlled by medication to a level considered acceptable - a fit to work certificate can be issued.

All candidates with hypertension that can be controlled by medication to a level considered acceptable will be required to sign a declaration making them aware of the responsibility for self-medication and for ensuring the required medication is available throughout the contract of employment. The clinic, the manning agent, the Club, and the Member employing the seafarer will hold copies of this declaration. It would be prudent for the Master of the ship on which the seafarer is to be employed to receive a copy of the declaration so that he is aware of the situation.

Note: this declaration is unlikely to provide protection in the event of the seafarer taking ill with an associated medical problem.

- Where the hypertension is serious and cannot be controlled to a level considered acceptable - candidates will be rejected. It would not be prudent to employ a seafarer under these circumstances as there is a high risk of a serious stroke or development of a heart related condition.

Note: These concessions acknowledge that loyal officers and crew may be in short supply but it should be appreciated that relaxing some of the criteria increases the potential for medical repatriation cases that the programme was designed to avoid.

Concessions - Hypertension

All crew - new to Member - with hypertension are considered unfit.

Re-hired crew with both hypertension and diabetes mellitus are considered unfit.

Re-hired crew with hypertension maybe considered on the following conditions:

- Hypertension is controlled with medication prior to embarkation.
- The ECG must be normal - any findings 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.
- A concession declaration will be signed by the seafarer acknowledging responsibility for self-medication and for ensuring the required medication is available throughout the contract of employment.

Concessions for Senior Crew and Re-Hired Crew Diabetes Mellitus Type II

All new crew to the Member with hypertension or type II DM are considered unfit.

Re-hired crew with both hypertension and diabetes mellitus are considered unfit.

Re-hired crew with diabetes maybe considered on the following conditions:

- Candidates who are known diabetic - and despite medication - have FBS levels that are severely elevated and uncontrolled should be referred to an endocrinologist for assessment of possible complications.
- Candidates with FBS levels mildly elevated (more than 7 m.mol or 122% mg) should undertake OGTT (Oral Glucose Tolerance Test).
- If OGTT abnormal:
 - New candidates - unfit.

Re-hired crew - refer to endocrinologist. If FBS can be controlled and cleared by the endocrinologist a declaration will be signed by the seafarer acknowledging responsibility for self-medication and for ensuring the required medication is available throughout the contract of employment.

Concession Declaration

I(name) of(address)

understand that I have been issued with a fit to work certificate so that I may take up employment with

(name of employer) on

the understanding that I will be responsible for taking prescribed medication for the condition of

(Name of Clinic)

have carefully explained my condition, and the instructions for the required medication and how this should be administered.

I hereby agree to follow these instructions and take responsibility for ensuring the required medication is available during my

contract of employment with (name of employer)

Should any complications arise because of my failure to provide and administer the required medication, my employers will not be held responsible.

I confirm that I understand all the implications of non-compliance with this undertaking that have been fully explained to me.

Signed: Dated: Witnessed:

Disclaimer

The purpose of this publication is to provide a source of information that is additional to that available to the maritime industry from regulatory, advisory and consultative organisations. Whilst care is taken to ensure the accuracy of any information made available, no warranty of accuracy is given and users of that information are to be responsible for satisfying themselves that it is relevant and suitable for the purposes to which it is applied. In no circumstances whatsoever shall The North of England Protecting and Indemnity Association Limited ("North") be liable to any person whatsoever for any loss or damage, whensoever or howsoever caused, arising out of or in connection with the supply (including negligent supply) or use of information.

Unless the contrary is indicated, all content is written with reference to English Law. The content of this publication does not constitute legal advice and should not be construed as such. Members should contact North for specific advice on particular matters.

North's Pre-Employment Medical programme has been developed in cooperation with UK medical advisors for the benefit of Members who wish to give more guidance to their manning agents in connection with pre-employment medical examinations.

The Pre-Employment Medical programme is intended to assist Members by providing guidelines and recommended medical examinations to their manning agent for reducing the likelihood of seafarers being 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 selected clinics.

The Pre-Employment Medical programme 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 and YEHS do not undertake or accept any responsibility for such decisions.

This disclaimer is governed by English law and is intended to protect both North and YEHS. In availing itself of this Pre-Employment Medical programmes and guidelines the Member accepts the terms set out above on behalf of itself and its manning agents, servant, agents and employees.

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Connect

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