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North

Pre-Employment Medical Programme

- Worldwide



PEME

Pre-Employment Medical Guidelines Clinic Selection – Worldwide

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Introduction

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.

Many of these claims could have been avoided if the seafarer had a comprehensive pre-employment medical examination by a reliable medical facility or clinic. These guidelines have been prepared to provide Members with advice on effective pre-employment medical screening and the selection of suitable clinics in their crew supply areas worldwide.

NORTH INFO

For more information please contact:
Lucy Dixon, Abbie Rudd or Alex Farrier, via our dedicated email address PEME@nepia.com

The guidelines consist of:

Pre-visit checklist

The selection process starts with this list of questions to assess whether a clinic is suitable for conducting pre-employment medicals to the recommended standard.

Clinic visit checklist

The clinics nominated for visits should be those that have best answered the pre-visit checklist above. This list of questions to be asked during the visit should provide a structured approach and ensure the most efficient use of time spent at the facility. Medical consultants to the Club – Your Excellent Health Service (YEHS) - can be engaged by Members to carry out the selection process.

Schedules for recommended pre-employment medical examinations

These schedules have been drawn up with reference to:

- Specific ailments,
- Specific conditions induced by eating and drinking habits which can be peculiar to various geographical groupings and
- Club claims statistics.

Many of the medical conditions that might lead to claims should therefore be discovered during the examination.

Medical examination record

This is a recommended format of medical examination record for use by selected clinics.

Explanatory notes

These notes provide an explanation of the medical processes and the parameters, which should be recorded on the medical examination record.

Pre-Visit Checklist

1. Is the clinic recognised by and/or associated with a statutory body?
2. Is the clinic covered by health & safety regulations for both candidates and staff?
3. Does the clinic already undertake pre-employment medicals for seafarers?
4. If yes to 3, how many pre-employment medicals are currently completed daily?
5. Is the location of the clinic convenient, can it be easily accessed by candidates? Is it near a public transport system? Is it near manning agent's offices?
6. Is the clinic owned and managed by a medical practitioner?
7. Does the clinic have fully qualified doctors and are they employed on a full time basis?
8. Is all medical screening undertaken by a fully qualified medical practitioner who understands the nature of seafarers' work?
9. How much of the examination is performed by resident doctors, and how many other general staff, nurses and technicians are involved? Is the medical split into specific examinations or is it a general overview? Is there a full time dentist and/or optician at the clinic?
10. If the screening includes specific examinations, are the results of all examinations and investigations computerised and retained on a PC database for a minimum of 7 years?
11. Where the examining doctor is unsure of the significance of any examination result is there a method of referral to medical specialists?
12. What is the annual expenditure on new equipment and is equipment regularly calibrated (see Note 1)?
13. Are onsite facilities available for sampling blood and urine? The clinic should have facilities to conduct their own tests as per the recommendations.
14. Does the clinic give candidates instructions prior to their examination appointment, particularly about tests that may require fasting?
15. Does the clinic have an existing cost structure for medical examinations?
16. Is the clinic already retained by an internationally recognised company or organisation?

Medical Clinic/Hospital Audit Checklist - Page 1 of 4

Name of Clinic / Hospital

Total staff strength

Date of Auditing

Place of Auditing

Business license No & validity

ISO Certified - Yes No

Attended by Clinic / Hospital Rep

Checklist - Part 1	Remarks
Clinic recognised by and/or associated with a statutory body.	
Complies with local government regulations in terms of 1. Clinic registration, 2. Laboratory services and equipment and 3. Registration of medical staff.	
Clinic is covered by health and safety regulations for both candidates and staff. Premises are safe and suitable. Medical staff and clinic premises are appropriately insured.	
Clinic already undertakes pre-employment medicals for seafarers. How many pre-employment medicals are currently completed daily?	
Clinic can be easily accessed by candidates and is near a public transport system or manning agent's offices.	
Clinic is owned and managed by a medical practitioner. Clinic has a proper organisational structure & succession plan for senior management and clinical staff. Regular review of staff education and training, continuous professional development. High clinic staff satisfaction and retention (high turnover can be an indication of both poor management and poor quality).	
Fully qualified doctors employed on a full time basis. Clinic has an effective process for gathering, verifying, and evaluating the credentials (licensure, education, training and experience) of those staff members permitted by law and the clinic to provide patient care without supervision.	

Medical Clinic/Hospital Audit Checklist - Page 2 of 4

Checklist - Part 1 (cont.)	Remarks
Medical screening undertaken by a fully qualified medical practitioner who understands the nature of seafarers' work.	
How much of the examination is performed by resident doctors, and how many other general staff, nurses and technicians are involved?	
Is the medical split into specific examinations or is it a general overview, and is there a full time dentist and optician at the clinic?	
If the screening includes specific examinations – are the results of all examinations and investigations computerised and retained on a PC database for a minimum of 1 year?	
Where the examining doctor is unsure of the significance of any examination results, the clinic has a method of referral to medical specialists.	
What is the annual expenditure on new equipment and is equipment regularly calibrated?	
Onsite facilities available for sampling blood and urine. Clinic has facilities to conduct tests as per the recommendations.	
Clinic gives candidates appropriate instructions prior to their appointment, particularly about any tests requiring fasting.	
Does the clinic have an existing cost structure for medical examinations?	
Is the clinic already retained by an internationally recognized company or organisation?	

Checklist - Part 2	Remarks
Facilities clean, light and airy and allow the candidate privacy at all times.	
Clinical measuring devices modern with documentary evidence of calibration available, as per manufacturer's recommendations.	
Equipment is appropriately maintained and annually calibrated and serviced.	
Consider overall management of the clinic. There should be areas designated for each examination with organised patient flow from one examination to another. The clinic should have designated areas for audiometry, dentistry, psychiatric testing, optical services and blood testing (known as the Section).	

Medical Clinic/Hospital Audit Checklist - Page 3 of 4

Checklist - Part 2 (cont.)	Remarks
<p>Are doctors wearing name badges and is their presentation or mode of dress appropriate? Do they look and behave in a professional manner?</p>	
<p>Does the clinic have an appointment system?</p>	
<p>Does the clinic have an I.D. and numbering system for candidates?</p>	
<p>Clinic processes in terms of patient identification, examination and testing are consistent with needs of 'fitness' assessment.</p>	
<p>To prevent any potential fraud during the examinations, does the clinic have the ability to photograph candidates on arrival and ensure the photographs accompany the candidate at all times?</p> <p>Review of fraud detection policy.</p>	
<p>To eliminate any misunderstanding do the examining doctors confirm personal information provided by candidates and warn of the potential consequences if information is withheld?</p> <p>Adequate and appropriate record keeping (confidentiality, security and integrity of data and information are maintained). Records and information are protected against loss, destruction, tampering, and unauthorised access or use.</p>	
<p>Does the clinic ensure general guidance by staff for the candidate to ensure that the examination is completed smoothly and without undue anxiety?</p>	
<p>All candidates should be fully undressed and be provided with clothing that protects privacy while the examination takes place.</p> <p>A chaperone policy is in place and is effectively used.</p>	
<p>Toilets where urine samples are taken should be clean, easy to maintain, have hand-washing facilities, and to prevent substitution, sampling should be monitored by clinic staff.</p>	
<p>Where a candidate fails the medical examination, is guidance given on improving health to obtain fitness to work status?</p> <p>Overview of numbers seen compared to number rejected as 'unfit'. Review of reasons for rejected as 'unfit'.</p>	
<p>Is the proposed price structure for recommended pre employment medical examinations realistic? Are prices too cheap or too expensive?</p>	

Medical Clinic/Hospital Audit Checklist - Page 4 of 4

Checklist - Part 2 (cont.)	Remarks
Would you be happy for the clinic to undertake your own medical?	
Patient satisfaction with service — unbiased interpreter with random interviews.	
Review of critical incident and complaints policies. Review of how examples or fictional scenarios of critical incidents and complaints are handled.	
Review of trustworthiness of clinic procedures and processes. Are there any obvious conflicts of interest? Has any past bad behaviour been reported or alleged, if so is it likely that there might be a reoccurrence? Does the clinic have known ethical standards and statement of mission, vision and/or principles?	
The clinic identifies the procedures and processes associated with the risk of infection and implements strategies to reduce infection risks to both patients and staff.	

Auditor's comment (if any):

Name of Auditor Signature of Auditor Date :

Clinic's / Hospital's Feedback:

Medical Examinations - Page 1 of 3

Schedule A: Far East Nationals excluding Filipinos

Ages 30 years and below

Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Chest x-ray (14x17)
3. Complete Blood Count
4. Routine Urinalysis
5. Routine Fecalalysis
6. Blood Typing
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History
10. Psychological examination.
11. Lipid Profile
Total Cholesterol (HDL/LDL)
Triglycerides
12. Others:
Fasting Blood Sugar
HIV 1 & HIV 2
Audiometry
Ishihara
Pulmonary Function Test
VDRL Screening
ECG
BUA (Blood Uric Acid)
13. Hepa A
Hepa B Antigen Test
Hepa C

Additional charges may be made – for example, stool analysis is compulsory for all food-handlers.

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

Schedule B: Far East Nationals excluding Filipinos

Ages 31 to 50 years old

Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Chest X-ray (14x17)
3. Complete Blood Count
4. Routine Urinalysis
5. Routine Fecalalysis
6. Blood Typing
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History
10. Psychological Examination
11. Lipid Profile
Total Cholesterol (HDL/LDL)
Triglycerides
12. Liver Profile
Total Bilirubin
SGOT
SGPT
GGTP
13. Kidney Function Test
BUN
Creatinine
Total Protein
14. Others:
Fasting Blood Sugar
HIV 1 & HIV 2
Audiometry
Ishihara
Pulmonary Function Test
VDRL Screening
ECG BUA (Blood Uric Acid)
15. Hepa A
Hepa B Antigen Test
Hepa C

Additional charges may be made – for example, stool analysis is compulsory for all food-handlers.

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

Medical Examinations - Page 2 of 3

Schedule C: Far East Nationals excluding Filipinos

Ages 51 years and above

Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Chest X-Ray (14 x17)
3. Complete Blood Count
4. Routine Urinalysis
5. Routine Fecalalysis
6. Blood Typing
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History
10. Psychological Examination
11. Lipid Profile
 - Total Cholesterol (HDL/LDL)
 - Triglycerides
12. Liver Profile
 - Total Bilirubin
 - SGOT
 - SGPT
 - GGTP
13. Kidney Function Test
 - BUN
 - Creatinine
 - Total Protein
14. Others:
 - Fasting Blood Sugar
 - HIV 1 & HIV2
 - Audiometry
 - Ishihara
 - Pulmonary Function Test
 - VDRL Screening
 - ECG
 - BUA (Blood Uric Acid)
15. Hepa A
 - Hepa B Antigen Test
 - Hepa C
16. Stress Test
 - Cardio Profile

Additional charges may be made – for example, stool analysis is compulsory for all food-handlers.

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

Schedule D: Non-Far East Nationals

Ages 30 years and below

Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Chest x-ray (14x17)
3. Complete Blood Count
4. Routine Urinalysis
5. Routine Fecalalysis
6. Blood Typing
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History
10. Psychological Examination
11. Lipid Profile
 - Total Cholesterol (HDL/LDL)
 - Triglycerides
12. Others:
 - Fasting Blood Sugar
 - HIV 1 & HIV 2
 - Audiometry
 - Ishihara
 - Pulmonary Function Test
 - VDRL Screening
 - ECG
13. Hepa A
 - Hepa B Antigen Test
 - Hepa C

Additional charges may be made – for example, stool analysis is compulsory for all food-handlers.

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

Medical Examinations - Page 3 of 3

Schedule E: Non-Far East Nationals

Ages 31 years and above

Pre-employment medical examination

1. Review of past medical history with appropriate declaration discussed with doctor, agreed and signed by candidate.
2. Chest X-ray (14x17)
3. Complete Blood Count
4. Routine Urinalysis
5. Routine Fecalalysis
6. Blood Typing
7. Dental Check-up
8. Optical Check-up
9. Complete P.E. & History
10. Psychological Examination
11. Lipid Profile
 - Total Cholesterol (HDL/LDL)
 - Triglycerides
12. Liver Profile
 - Total Bilirubin
 - SGOT
 - SGPT
 - GGTP
13. Kidney Function Test
 - BUN
 - Creatinine
 - Total Protein
14. Others:
 - Fasting Blood Sugar
 - HIV 1 & HIV 2
 - Audiometry
 - Ishihara
 - Pulmonary Function Test
 - VDRL Screening
 - ECG
 - BUA (Blood Uric Acid)
15. Hepa A
 - Hepa B Atigen Test
 - Hepa C
16. Stress Test
 - Cardio Profile

Additional charges may be made – for example, stool analysis is compulsory for all food-handlers.

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

Medical Examination Record - Page 1 of 2

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

- Page 2 of 2

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)	_____
	Creatinine	_____		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.

Explanatory Notes - Page 2 of 2

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.

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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