

 <p style="text-align: center;"><b>The Republic of Palau</b> <b>Palau International Ship Registry</b> <i>“A New Vision of Quality in Ship Registration Services”</i></p>	MN No. 12-010
	Revision No. 00
	Issue Date: 2012

## MARINE NOTICE 12-010 SEAFARER MEDICAL EXAMINATION AND CERTIFICATES

To: ALL SHIPOWNERS, MANAGERS, MASTERS, REGISTRATION OFFICERS AND  
RECOGNIZED ORGANIZATION

Subject: SEAFARER MEDICAL EXAMINATION AND CERTIFICATES

### 1. Purpose

1.1 This Marine Notice provides guidance on the medical examination and certification requirements for seafarers in accordance with the Republic of Palau Maritime Regulations, International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW) 1978 as amended and the International Labour Organization (ILO) Maritime Labour Convention 2006 (MLC 2006 requirements)

### 2. Requirements

2.1 In accordance with the provisions of STCW Regulation I/9 and the MLC 2006, all seafarers shall be medically fit prior to being employed or assigned any tasks onboard a Palau registered ship.

### 3. Applicability

3.1 These specific guidelines are applicable to all persons serving onboard who are required to be trained and certified in accordance with STCW and to whom the MLC 2006 is applicable as outline in Marine Notice 12-012.

3.2 For seafarers who do not required STCW certification, the Palau International Ship Registry may accept a medical certificate provided that the standards meet the substance of the STCW requirements and the certificate is issued by a Medical Practitioner in accordance with the provisions of the STCW or MLC 2006.

### 4. Qualifications of Medical Practitioners

4.1 The Palau International Ship Registry will accept medical examinations and certificates from Medical Practitioners who are:



- a. A Licensed physician with independence from employers, workers and their representatives in exercising medical judgment with respect to examination procedures;
- b. Be experienced in general and occupational medicine or maritime occupational medicine;
- c. The Palau International Ship Registry, recognizes medical examiners approved by competent authorities of State that are party of the MLC 2006, Medical Examination (Seafarers) Convention 1946 (ILO No. 73); or STCW.

#### 5. Guidance to Medical Examiners

- 5.1 The seafarer must provide the medical practitioner with a photographic Identity document and a copy of the last medical fitness certificate, if the medical examination is not the first examination.
- 5.2 Seafarers shall advise the medical practitioner if he or she has previously failed a seafarer medical examination and/or any significant medical condition they may have, or medical treatment they are undergoing at the time of the examination.
- 5.3 The medical examination may be carried out onboard the vessel subject to the following conditions:
  - a. The medical examination is conducted prior to the seafarer being assigned duties or in the case of a medical fitness certificate that is due to expire, then prior to the expiry of that certificate.
  - b. The vessel has appropriate facilities and equipment to enable a medical examination to be carried out.
- 5.4 The medical practitioner 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.

#### 6. Pre-Sea and Periodic Medical Exams

- 6.1 Pre-sea examinations are those conducted before a person embarks upon a seafaring career. Periodical medical examinations are those conducted either before a seafarer reports to a ship or at periodic intervals during the seafarer's career.
- 6.2 The Palau International Ship Registry requires that all seafarers must undergo a medical examination prior to employment aboard a vessel (not more than 12 months prior to the date of making application) and normally every two years thereafter (unless the seafarer is under the age of 18 where an annual exam is required) to obtain a valid medical certificate showing medical fitness for duty. There is no difference in the scope of the medical exam for both pre-sea and periodic medical exams.



- 6.3 In addition, prior to or during employment of a Palau registered vessel, seafarers must undergo, or provide proof by submitting a new Medical Certificate confirming that they have undergone a medical exam, including mental health counseling, should they be subject to a situation involving robbery, hostage taking or piracy aboard the vessel.
- 6.4 A model medical examination form is provided in Annex 1. This form is not mandatory, however it details the minimum requirements that a medical examiner should cover during an examination of a seafarer.

#### 7. Determination of Fitness for Duty

- 7.1 The Palau International Ship Registry applies the medical standards as specified in the STCW and the ILO/IMO Guidelines on the Medical Examinations of Seafarers for the purpose of seafarer's medical examination and certification.

#### 8. Medical Certificate

- 8.1 The medical certificate shall be in English or if the language used is not English, the text shall include a translation into English. A model of the Medical Certificate is provided in Annex 2. This certificate is not mandatory, however, it details the minimum requirements that a medical certificate should have when presented to the Palau International Ship Registry.

#### 9. Exemptions

- 9.1 A seafarer whose certificate has expired during the course of a voyage may continue to work until the next port of call at which a medical examination can be conducted, or for up to three months from the date of expiry of the certificate, whichever period is earlier. The validity of the certificate cannot be extended.
- 9.2 In urgent cases, a newly hired seafarer may work without a valid medical certificate until the next port of call where the seafarer can obtain a medical certificate from a qualified medical practitioner, provided that the period of work without a valid certificate does not exceed three (3) months and the seafarer concerned is in possession of a medical certificate that has expired with the past six (6) months.

#### 10. Suspension and cancellation of a medical certificate

- 10.1 If a medical practitioner has conducted a medical examination onboard a Palau registered vessel has reasonable grounds for believing that:
  - a. There has been a significant change in the medical fitness of a seafarer while holding a valid certificate or;
  - b. The seafarer is not complying with the terms of a condition of issue of the certificate or;The medical practitioner may either;



- a. Suspend the certificate until the seafarer has undergone a further medical examination; or
- b. Suspend it for such period as they consider the seafarer will remain unfit to go to sea; or
- c. Cancel the certificate if it is believe the seafarer will remain permanently unfit to go to sea and must notify the seafarer accordingly.

10.2 A seafarer whose medical fitness certificate is suspended for more than three (3) months or cancelled has a right of review of that suspension or cancellation.

11. Contact:

11.1 In order to obtain further information, contact information is provided below:

**The Palau International Ship Registry**  
**Department: Maritime Safety and Environment Protection**  
**PIC: Mrs. Marisabel Arauz Park**  
**Email: [technical@palaushipregistry.com](mailto:technical@palaushipregistry.com)**  
**Tel: 281-876-9533**  
**Fax: 281-876-9534**



**ANNEX 1**

**MODEL MEDICAL EXAM FORM**

**CONFIDENTIAL FORM**

Pre-sea Exam  Periodic Exam

Name (last, first, middle): \_\_\_\_\_

Date of birth (dd/mm/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Sex: Male  Female

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Passport No / Seafarer's Identification and Record Book No.: \_\_\_\_\_

Type of ship (container, tanker, passenger, fishing): \_\_\_\_\_

Trade area (e.g. coastal, international): \_\_\_\_\_

**Examinee's personal declaration** (assistance should be offered by medical staff)

Have you ever had any of the following conditions:

<b>Condition</b>	<b>Yes</b>	<b>No</b>	<b>Condition</b>	<b>Yes</b>	<b>No</b>
1. Eye/vision problem	<input type="checkbox"/>	<input type="checkbox"/>	18. Sleeping problems	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you smoke	<input type="checkbox"/>	<input type="checkbox"/>
3. Heart/vascular diseases	<input type="checkbox"/>	<input type="checkbox"/>	20. Operation / surgery	<input type="checkbox"/>	<input type="checkbox"/>
4. Heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	21. Epilepsy / seizures	<input type="checkbox"/>	<input type="checkbox"/>
5. Varicose veins	<input type="checkbox"/>	<input type="checkbox"/>	22. Dizziness / fainting	<input type="checkbox"/>	<input type="checkbox"/>
6. Asthma/bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	23. Loss of consciousness	<input type="checkbox"/>	<input type="checkbox"/>
7. Blood disorder	<input type="checkbox"/>	<input type="checkbox"/>	24. Psychiatric problems	<input type="checkbox"/>	<input type="checkbox"/>
8. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	25. Depression	<input type="checkbox"/>	<input type="checkbox"/>
9. Thyroid problem	<input type="checkbox"/>	<input type="checkbox"/>	26. Attempted Suicide	<input type="checkbox"/>	<input type="checkbox"/>
10. Digestive disorder	<input type="checkbox"/>	<input type="checkbox"/>	27. Loss of memory	<input type="checkbox"/>	<input type="checkbox"/>
11. Kidney problem	<input type="checkbox"/>	<input type="checkbox"/>	28. Balance problems	<input type="checkbox"/>	<input type="checkbox"/>
12. Skin problem	<input type="checkbox"/>	<input type="checkbox"/>	29. Severe headaches	<input type="checkbox"/>	<input type="checkbox"/>
13. Allergies	<input type="checkbox"/>	<input type="checkbox"/>	30. Ear/nose/throat problems	<input type="checkbox"/>	<input type="checkbox"/>
14. Infectious/contagious diseases	<input type="checkbox"/>	<input type="checkbox"/>	31. Restricted mobility	<input type="checkbox"/>	<input type="checkbox"/>
15. Hernia	<input type="checkbox"/>	<input type="checkbox"/>	32. Back problems	<input type="checkbox"/>	<input type="checkbox"/>
16. Genital disorders	<input type="checkbox"/>	<input type="checkbox"/>	33. Amputation	<input type="checkbox"/>	<input type="checkbox"/>
17. Pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	34. Fractures/dislocations	<input type="checkbox"/>	<input type="checkbox"/>



If any of the above questions were answered "yes" please give details

**Additional questions**

**Yes No**

35. Have you ever been signed off as sick or repatriated from a ship?
36. Have you ever been hospitalized?
37. Have you ever been declared unfit for sea duty?
38. Has your medical certificate ever been restricted or revoked?
39. Are you aware that you have any medical problems, diseases, or illnesses?
40. Do you feel healthy and fit to perform the duties of your designated position
41. Are you allergic to any medications?

Comments

42. Are you taking any non-prescription or prescription medication?

If yes, please list the medications taken, the purpose and dosages

I hereby certify that the personal declaration above is a true statement to the best of my knowledge

Signature of examinee: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Witnessed by: *(Signature)* \_\_\_\_\_

Name: *(Typed or printed)*: \_\_\_\_\_

I hereby authorized the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr. \_\_\_\_\_ (the medical practitioner)

Signature of examinee: \_\_\_\_\_



Date (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Witnessed by: (Signature) \_\_\_\_\_

Name: (Typed or printed): \_\_\_\_\_

**Medical Examination**

Pre-sea                   Periodic                   Other

**Sight**

	Visual Acuity					
	Unaided			Aided		
	Right Eye	Left Eye	Binocular	Right Eye	Left Eye	Binocular
Distant						
Near						

	Visual Field	
	Normal	Defective
Right Eye		
Left Eye		

**Color Vision**    Not Tested                   Normal                   Doubtful                   Defective

**Hearing**

	500 Hz	1,000 Hz	2,000 Hz	3,000 Hz	4000 Hz	6000 Hz
Right Ear						
Left Ear						

*Pure tone and audio metry (threshold values in dB)*

	Normal	Whisper
Right Ear		
Left Ear		

*Speech and whisper test (metres)*

**Additional Information**

Height (cm): \_\_\_\_\_                  Weight(kg): \_\_\_\_\_

Pulse rate (/minute): \_\_\_\_\_                  Rhythm: \_\_\_\_\_

Blood Pressure:    Systolic (mm Hg): \_\_\_\_\_                  Diastolic (mm Hg) \_\_\_\_\_



Urinalysis: Glucose: \_\_\_\_\_

Protein: \_\_\_\_\_

	<b>Normal</b>	<b>Abnormal</b>		<b>Normal</b>	<b>Abnormal</b>
Head	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>
Sinuses, nose, throat	<input type="checkbox"/>	<input type="checkbox"/>	Varicose Veins	<input type="checkbox"/>	<input type="checkbox"/>
Mouth/teeth	<input type="checkbox"/>	<input type="checkbox"/>	Vascular (inc.pedal pulses)	<input type="checkbox"/>	<input type="checkbox"/>
Ears (general)	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen and viscera	<input type="checkbox"/>	<input type="checkbox"/>
Tympanic membrane	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>
Eyes	<input type="checkbox"/>	<input type="checkbox"/>	Anus (not rectal exam.)	<input type="checkbox"/>	<input type="checkbox"/>
Ophthalmoscopy	<input type="checkbox"/>	<input type="checkbox"/>	G-U System	<input type="checkbox"/>	<input type="checkbox"/>
Pupils	<input type="checkbox"/>	<input type="checkbox"/>	Upper and lower extremities	<input type="checkbox"/>	<input type="checkbox"/>
Eye movement	<input type="checkbox"/>	<input type="checkbox"/>	Spine (C/S, T/S and L/S)	<input type="checkbox"/>	<input type="checkbox"/>
Lungs and chest	<input type="checkbox"/>	<input type="checkbox"/>	Neurologic (full brief)	<input type="checkbox"/>	<input type="checkbox"/>
Breast examination	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric	<input type="checkbox"/>	<input type="checkbox"/>
Heart	<input type="checkbox"/>	<input type="checkbox"/>	General appearance	<input type="checkbox"/>	<input type="checkbox"/>

Chest X-ray: Not performed  Performed  on (dd/mm/yyyy) \_\_\_\_\_

Results: \_\_\_\_\_

Other Diagnostic test(s) and results(s):

Test: \_\_\_\_\_ Results: \_\_\_\_\_

Medical Practitioner comments:

  
  
  

Vaccination status recorded: Yes  No

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**Assessment of fitness for service at sea**

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

	Fit for look-out duty <input type="checkbox"/>	Not fit for look-out duty <input type="checkbox"/>		
	Deck service	Engine service	Catering service	Other services
Fit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unfit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Describe restrictions (e.g. specific positions, type of ship, trade area)

Action taken by medical practitioner (e.g., referral): \_\_\_\_\_

Place of examination: \_\_\_\_\_

Date of examination (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Medical certificate's date of expiration (dd/mm/yyyy): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Official Stamp:

Signature of Medical Practitioner: \_\_\_\_\_

Name of Medical Practitioner: \_\_\_\_\_

Authorized by: \_\_\_\_\_ (competent authority)



**ANNEX 2**

**MEDICAL CERTIFICATE**

CONFIDENTIAL DOCUMENT

**REPUBLIC OF PALAU**

Surname			Given name(s)		
Date of Birth (mm/dd/yyyy)			Place of Birth City _____ Country _____		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
Examination for duty as: Master <input type="checkbox"/> Radio Off <input type="checkbox"/> Deck Officer <input type="checkbox"/> Rating <input type="checkbox"/> Engineer Officer <input type="checkbox"/>			Mailing address of the applicant:		
Height	Weight	Blood Pressure	Pulse	Respiration	General Appearance
Vision Without Glasses      Right Eye _____ / _____ With Glasses                      / _____		Left Eye _____		Hearing Right Ear _____      Left Ear _____	
Color Test Type: Book <input type="checkbox"/> Lantern <input type="checkbox"/> check if color test is normal- Yellow <input type="checkbox"/> Red <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/>					
Are glasses or contact lenses necessary to meet the required vision standards? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Head and Neck			Heart (Cardiovascular)		
Lungs			Speech (deck/navigational officer and radio officer) Is speech unimpaired for normal voice communication? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Extremities: Upper _____ Lower _____					
Is applicant vaccinated in accordance with WHO requirements Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is applicant suffering from any illness or disease likely to be aggravated by working aboard a vessel or to render him/her unfit for service at sea or likely to endanger the health of other persons onboard? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Is applicant taking any non-prescription or prescription medications Yes <input type="checkbox"/> No <input type="checkbox"/>					
_____ Signature of Applicant			_____ Date		
This is to certify that a Physical Examination was given to: _____ Name of the Applicant					
This applicant is certified free of communicable disease: Yes <input type="checkbox"/> No <input type="checkbox"/>					
Circle Appropriate Choice: (He/She) is found to be (Fit/ Not Fit) for duty as a (Master / Deck Officer / Engineering Office / Radio Officer / Ratings) (Without Any / With the following) restrictions:					



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Name and Degree of Medical Practitioner:_____
Address:_____
Name of Medical Practitioner's Certifying Authority:_____
Signature of Medical Practitioner:_____

Any further information requests and inquiries concerning the subject for this notice Marine Notice should be directed to the Head Office of the Maritime Administrator, Republic of Palau. In order to obtain further information, contact information is provided below:

**Department: Maritime Safety and Environment Protection**  
**PIC: Mrs. Marisabel Arauz Park**  
**Palau International Ship Registry,**  
**16701 Greenspoint Park Drive, Suite 155, Houston,**  
**TX, 77060,**  
**Tel: +1 281 876 9533 / Fax: +1 281 876 9534**

The list of the last updated Republic of Palau Marine Notices may be found at: [www.palaushipregistry.com](http://www.palaushipregistry.com)

