

Forskrift om helseundersøkelse av arbeidstakere på skip	ICD 10
	A 00-B99
9.1 Infeksjonssykdom	A 00-09
9.1 Infeksjonssykdom Forskrift om tuberkulosekontroll FOR 2009-02-13 nr 205	A 15-16
9.1 Infeksjonssykdom	A 50-64
9.1 Infeksjonssykdom	B 15
9.1 Infeksjonssykdom	B 16-19

9.1 Infeksjonssykdom	B 20-24
9.1 Infeksjonssykdom	A 00-B 99
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	Classify by condition

§ 1 Forskriften skal sikre at arbeidstakerne er helsemessig skikket til tjeneste om bord og ikke utgjør en fare for andre eller for sikker drift av fartøyet.

Condition (justification for criteria)

Infections

Gastrointestinal infection

Transmission to others, recurrence

Pulmonary TB

Transmission to others, recurrence

Sexually transmissible infections

Acute impairment, recurrence

Hepatitis A

Transmissible by food or water
contamination

Hepatitis B, C, etc.

Transmissible by contact with blood
or other bodily fluids. Possibility of
permanent liver impairment and
liver cancer

HIV+

Transmissible by contact with blood or other bodily fluids. Progression to HIV-associated diseases or AIDS

Other infections

Personal impairment, infection of others

Cancers

Malignant neoplasms – including lymphoma, leukaemia and related conditions

Recurrence – especially acute complications, e.g. harm to self from bleeding and to others from seizures

Blood disorders

Anaemia/Haemoglobinopathies

Reduced exercise tolerance. Episodic red cell breakdown

Splenectomy (history of surgery)

Increased susceptibility to certain infections

Other diseases of the blood and blood-forming organs

Varied recurrence of abnormal bleeding and also possibly reduced exercise tolerance or low resistance to infections

Endocrine and metabolic

Diabetes – Insulin using

Acute impairment from hypoglycaemia.

Complications from loss of blood glucose control

Increased likelihood of visual, neurological and cardiac problems

Diabetes – Non-insulin treated, on other medication

Progression to insulin use, increased likelihood of visual, neurological and cardiac problems

Diabetes – Non-insulin treated, treated by diet alone

Progression to insulin use, increased likelihood of visual, neurological and cardiac problems

Obesity/abnormal body mass – high or low

Accident to self, reduced mobility and exercise tolerance for routine and emergency duties. Increased likelihood of diabetes, arterial diseases and arthritis

Other endocrine and metabolic disease (thyroid, adrenal including Addison's disease, pituitary, ovaries, testes)
Likelihood of recurrence or complications

Mental, cognitive and behavioural disorders

Alcohol abuse (dependency)
Recurrence, accidents, erratic behaviour/safety performance

Drug dependence/persistent substance abuse, includes both illicit drug use and dependence on prescribed medications
Recurrence, accidents, erratic behaviour/safety performance

Psychosis (acute) – whether organic, schizophrenic or other category listed in the ICD. Bipolar (manic depressive disorders)
Recurrence leading to changes to perception/cognition, accidents, erratic and unsafe behaviour

Mood/affective disorders

Severe anxiety state, depression, or any other mental disorder likely to impair performance

Recurrence, reduced performance, especially in emergencies

Mood/affective disorders

Minor or reactive symptoms of anxiety/depression

Recurrence, reduced performance, especially in emergencies

Other disorders, e.g. disorders of personality, attention (e.g. ADHD), development (e.g. autism)

Impairment of performance and reliability and impact on relationships

Diseases of the nervous system

Single seizure

Harm to ship, others and self from seizures

Epilepsy – No provoking factors
(multiple seizures)

Harm to ship, others and self from seizures

Epilepsy – provoked by alcohol,
medication, head injury (multiple
seizures)

Harm to ship, others and self from seizures

Migraine (frequent attacks causing
incapacity)

Likelihood of disabling recurrences

Sleep apnoea

Fatigue and episodes of sleep while
working

Narcolepsy

Fatigue and episodes of sleep while
working

Other organic nervous disease,
e.g. multiple sclerosis, Parkinson's
disease

Recurrence/progression. Limitations on
muscular power, balance, coordination
and mobility

Syncope and other disturbances of
consciousness
Recurrence causing injury or loss
of control

Intracranial surgery/injury, including
treatment of vascular anomalies or
serious head injury with brain damage
Harm to ship, others and self from
seizures. Defects in cognitive, sensory
or motor function. Recurrence or
complication of underlying condition

Diseases of the eyes and ears

Eye disorders: Progressive or recurrent
(e.g. glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration and retinal detachment)
Future inability to meet vision standards, risk of recurrence

Otitis – External or media
Recurrence, risk as infection source in food handlers, problems using hearing protection

Ear disorders: Progressive
(e.g. otosclerosis)

Ménière's disease and other forms of chronic or recurrent disabling vertigo
Inability to balance, causing loss of mobility and nausea
See STCW table in Appendix C

Cardiovascular system

Congenital and valve disease of heart (including surgery for these conditions)
Heart murmurs not previously investigated
Likelihood of progression, limitations on exercise

Hypertension
Increased likelihood of ischemic heart disease, eye and kidney damage and stroke. Possibility of acute hypertensive episode

Cardiac event, i.e. myocardial infarction, ECG evidence of past myocardial infarction or newly recognized left bundle-branch block, angina, cardiac arrest, coronary artery bypass grafting, coronary angioplasty
Sudden loss of capability, exercise limitation. Problems of managing repeat cardiac event at sea

Cardiac arrhythmias and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD))
Likelihood of impairment from recurrence, sudden loss of capability, exercise limitation. Pacemaker/ICD activity may be affected by strong electric fields

Ischaemic cerebrovascular disease (stroke or transient ischaemic attack)
Increased likelihood of recurrence, sudden loss of capability, mobility limitation. Liable to develop other circulatory disease causing sudden loss of capability

Arterial-claudication

Likelihood of other circulatory disease causing sudden loss of capability. Limits to exercise capacity

Varicose veins

Possibility of bleeding if injured, skin changes and ulceration

Deep vein thrombosis/pulmonary embolus

Likelihood of recurrence and of serious pulmonary embolus
Likelihood of bleeding from anticoagulant treatment

Other heart disease, e.g. cardiomyopathy, pericarditis, heart failure

Likelihood of recurrence, sudden loss of capability, exercise limitation

Respiratory system

Nose, throat and sinus conditions

Impairing for individual. May recur.

Transmission of infection to food/other crew in some conditions

Chronic bronchitis and/or emphysema

Reduced exercise tolerance and impairing symptoms

Asthma (detailed assessment with information from specialist in all new entrants)
Unpredictable episodes of severe breathlessness

Pneumothorax (spontaneous or traumatic)
Acute impairment from recurrence

Digestive system

Oral health
Acute pain from toothache. Recurrent mouth and gum infections

Peptic ulcer
Recurrence with pain, bleeding or perforation

Hernias – Inguinal and femoral
Likelihood of strangulation

Hernias – Umbilical, ventral
Instability of abdominal wall on bending and lifting

Hernias – Diaphragmatic (hiatus)
Reflux of stomach contents and acid causing heartburn, etc

Non-infectious enteritis, colitis, Crohn's disease, diverticulitis, etc.
Impairment and pain

Anal conditions: Piles
(haemorrhoids), fissures, fistulae
Likelihood of episode causing pain and
limiting activity

Cirrhosis of liver
Liver failure. Bleeding oesophageal
varices

Pancreatitis
Likelihood of recurrence

Stoma (ileostomy, colostomy)
Impairment if control is lost – need for
bags, etc. Potential problems during
prolonged emergency

Genito-urinary conditions

Acute nephritis
Renal failure, hypertension

Sub-acute or chronic nephritis or
nephrosis
Renal failure, hypertension

Renal or ureteric calculus
Pain from renal colic

Prostatic enlargement/urinary
obstruction
Acute retention of urine

Gynaecological conditions – Heavy
vaginal bleeding, severe menstrual pain,
endometriosis, prolapse of genital organs
or other
Impairment from pain or bleeding

Proteinuria, haematuria, glycosuria or other urinary abnormality
Indicator of kidney or other diseases

Removal of kidney or one nonfunctioning kidney
Limits to fluid regulation under extreme conditions if remaining kidney not fully functional

Pregnancy

Pregnancy
Complications, late limitations on mobility. Potential for harm to mother and child in the event of premature delivery at sea

Skin

Skin infections
Recurrence, transmission to others

Other skin diseases, e.g. eczema, dermatitis, psoriasis
Recurrence, sometimes occupational cause

Musculoskeletal

Osteoarthritis, other joint diseases and subsequent joint replacement
Pain and mobility limitation affecting normal or emergency duties. Possibility of infection or dislocation and limited life of replacement joints

Recurrent instability of shoulder or knee joints
Sudden limitation of mobility, with pain

Back pain
Pain and mobility limitation affecting normal or emergency duties.
Exacerbation of impairment

Limb prosthesis
Mobility limitation affecting normal or emergency duties

General

Speech disorders
Limitations to communication ability

Allergies (other than allergic dermatitis and asthma)
Likelihood of recurrence and increasing severity of response. Reduced ability to perform duties

Transplants – Kidney, heart, lung, liver (for prosthetics, i.e. joints, limbs, lenses, hearing aids, heart valves, etc. see condition-specific sections)
Possibility of rejection. Side effects of medication

Progressive conditions, which are currently within criteria, e.g. Huntington's chorea (including family history) and keratoconus

Conditions not specifically listed

Incompatible with reliable performance of routine and emergency duties safely or effectively

T: Expected to be temporary

P: Expected to be permanent

T – If detected while onshore (current symptoms or awaiting test results on carrier status); or confirmed carrier status until elimination demonstrated

Alle akutte og kroniske tilstander med redusert allmenntilstand og/eller med smittefare inntil ferdig behandlet (Brovakt og Sikkerhetsfunksjon)

T – Positive screening test or clinical history, until investigated

If infected, until treatment stabilized and lack of infectivity confirmed

P – Relapse or severe residual damage

Alle akutte og kroniske tilstander med redusert allmenntilstand og/eller med smittefare inntil ferdig behandlet (Brovakt og Sikkerhetsfunksjon)

T – If detected while onshore, until diagnosis confirmed, treatment initiated and impairing symptoms resolved

P – Untreatable impairing late complications

Alle akutte og kroniske tilstander med redusert allmenntilstand og/eller med smittefare inntil ferdig behandlet (Brovakt og Sikkerhetsfunksjon)

T – Until jaundice resolved and liver function tests returned to normal

Alle akutte og kroniske tilstander med redusert allmenntilstand og/eller med smittefare inntil ferdig behandlet (Brovakt og Sikkerhetsfunksjon)

T – Until jaundice resolved and liver function tests returned to normal

P – Persistent liver impairment with symptoms affecting safe work at sea or with likelihood of complications

Alle akutte og kroniske tilstander med redusert allmenntilstand og/eller med smittefare inntil ferdig behandlet (Brovakt og Sikkerhetsfunksjon)

T – Until stabilized on treatment with CD4 level of >350 or when treatment changed and tolerance of new medication uncertain

P – Non-reversible impairing HIV-associated diseases. Continuing impairing effects of medication

Alle akutte og kroniske tilstander med redusert allmenntilstand og/eller med smittefare inntil ferdig behandlet (Brovakt og Sikkerhetsfunksjon)

T – If detected while onshore: until free from risk of transmission and capable of performing duties

P – If continuing likelihood of repeated impairing or infectious recurrences

Alle akutte og kroniske tilstander med redusert allmenntilstand og/eller med smittefare inntil ferdig behandlet (Brovakt og Sikkerhetsfunksjon)

T – Until investigated, treated and prognosis assessed

P – Continuing impairment with symptoms affecting safe work at sea or with high likelihood of recurrence

Kreftsykdom som ikke anses som helbredet. (B+S)

T – Distant waters, until haemoglobin normal and stable

P – Severe recurrent or continuing anaemia or impairing symptoms from red cell breakdown that are untreatable

Anemier symptomgivende (B)

T – Post surgery until fully recovered

T – While under investigation

P – Chronic coagulation disorder

Blodsykdommer som behandles med andre antikoagulantia enn acetylsalicylsyre (B)

T – From start of treatment until stabilized
P – If poorly controlled or not compliant with treatment.
History of hypoglycaemia or loss of hypoglycaemic awareness. Impairing complications of diabetes

Diabetes mellitus (dårlig regulert med risiko for hypoglykemi (B)

T – Distant waters and watchkeeping until stabilized

Diabetes mellitus (dårlig regulert med risiko for hypoglykemi (B)

T – Distant waters and watchkeeping until stabilized

Diabetes mellitus (dårlig regulert med risiko for hypoglykemi (B)

T – If safety-critical duties cannot be performed, capability or exercise test (Appendix C) performance is poor
P – Safety-critical duties cannot be performed; capability or exercise test performance is poor with failure to achieve improvements
Note: Body mass index is a useful indicator of when additional assessment is needed. National norms will vary. It should not form the sole basis for decisions on capability

Alvorlig adipositas BMI > 35 (B+S)

T – Until treatment established and stabilized without adverse effects

P – If continuing impairment, need for frequent adjustment of medication or increased likelihood of major complications

Hypo- /hyperthyreose og andre endokrine lidelser (symptomgivende)

T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse

P – If persistent or there is co-morbidity likely to progress or recur while at sea

Rusmiddelmissbruk (gjennomført behandling og dokumentert rusfri minst ett år) (B)

Rusmiddelmissbruk (det må ikke være aktuell missbruk av alkohol eller andre rusmidler) (B+S)

T – Until investigated and stabilized and criteria for fitness met. Until one year after initial diagnosis or one year after any relapse

P – If persistent or there is co-morbidity likely to progress or recur while at sea

Rusmiddelmissbruk (gjennomført behandling og dokumentert rusfri minst ett år) (B)

Rusmiddelmissbruk (det må ikke være aktuell missbruk av alkohol eller andre rusmidler) (B+S)

Following single episode with provoking factors:

T – Until investigated and stabilized and conditions for fitness met. At least three months after episode

Following single episode without provoking factors or more than one episode with or without provoking factors:

T – Until investigated and stabilized and conditions for fitness met. At least two years since last episode

P – More than three episodes or continuing likelihood of recurrence. Criteria for fitness with or without restrictions are not met

Psykoser (både de manifeste og de med tilsynelatende full remisjon, d.v.s. også de medikamentbehandlede, diagnosen skal alltid verifiseres av psykiater, diagnosenr. Svarer til F00-99 i ICD 10) (B+S)

T – While acute, under investigation or if impairing symptoms or side effects of medication present. At least three months on stable medication

P – Persistent or recurrent impairing symptoms

Psykoser (både de manifeste og de med tilsynelatende full remisjon, d.v.s. også de medikamentbehandlede, diagnosen skal alltid verifiseres av psykiater, diagnosenr. Svarer til F00-99 i ICD 10) (B+S)

Nevrotiske tilstander (de manifeste med angst, depresjon m.m. som er behandlingstrengende eller som fører til funksjonssvikt) (B+S)

Nevrotiske tilstander (som under 5.2. men gjelder personer som tjenestegjør der det kan være hyppig kontakt med nærmiljø og tilstand og livsforhold synes godt sanert (B)

T – Until symptom free. If on medication to be on a stable dose and free from impairing adverse effects

P – Persistent or recurrent impairing symptoms

Nevrotiske tilstander (de manifeste med angst, depresjon m.m. som er behandlingstrengende eller som fører til funksjonssvikt) (B+S)

Nevrotiske tilstander (som under 5.2. men gjelder personer som tjenestegjør der det kan være hyppig kontakt med nærmiljø og tilstand og livsforhold synes godt sanert (B)

P – If considered to have safety-critical consequences

Personlighetsforstyrrelser (de manifeste med adferdsforstyrrelser eller funksjonssvikt) (B)

Single seizure

T – While under investigation and for one year after seizure

Epilepsi (anfalls opptredende hjernefunksjonsforstyrrelser, herunder epilepsi og bevissthetsforstyrrelser av annen eller usikker årsak) (B)

T – While under investigation and for two years after last seizure

P – Recurrent seizures, not controlled by medication

Epilepsi (anfalls opptredende hjernefunksjonsforstyrrelser, herunder epilepsi og bevissthetsforstyrrelser av annen eller usikker årsak) (B)

T – While under investigation and for two years after last seizure

P – Recurrent fits, not controlled by medication

Epilepsi (anfalls opptredende hjernefunksjonsforstyrrelser, herunder epilepsi og bevissthetsforstyrrelser av annen eller usikker årsak) (B)

P – Frequent attacks leading to incapacity

T – Until treatment started and successful for three months

P – Treatment unsuccessful or not being complied with

Søvnapne (B)

T – Until controlled by treatment for at least two years

P – Treatment unsuccessful or not being complied with

T – Until diagnosed and stable

P – If limitations affect safe working or unable to meet physical capability requirements (Appendix C)

Paralyser/pareser med nedsatt funksjonsevne (B)
Degenerative lidelser (nevritter, nevrologier, spastiske tilstander, paralysis agitans, vaskulære skader i sentralnervesystemet med varig nedsatt funksjonsevne) (B)
Degenerative lidelser (encefalopati/reduerte kognitive funksjoner) (B+S)
Sykdommer i balanseorganene (B+S)
Degenerative lidelser (senil demens, Alzheimer) (B+S)
T – Until investigated to determine cause and to demonstrate control of any underlying condition
Event is:
(a) simple faint;
(b) not a simple faint; unexplained disturbance, not recurrent and without any detected underlying cardiac, metabolic or neurological cause
T – Four weeks
(c) Disturbance; recurrent or with possible underlying cardiac, metabolic or neurological cause
T – With possible underlying cause that is not identified or treatable; for six months after event if no recurrences
T – With possible underlying cause or cause found and treated; for one month after successful treatment
(d) Disturbance of consciousness with features indicating a seizure. Go to G40–41
P – For all of above if recurrent incidents persist despite full investigation and appropriate treatment
Epilepsi (anfalls opptredende hjernefunksjonsforstyrrelser, herunder epilepsi og bevissthetsforstyrrelser av annen eller usikker årsak) (B)
T – For one year or longer until seizure likelihood low,* based on advice from specialist
P – Continuing impairment from underlying condition or injury or recurrent seizures

T – Temporary inability to meet relevant vision standards (Appendix A) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered

P – Inability to meet relevant vision standards (Appendix A) or, if treated, increased likelihood of subsequent deterioration or impairing recurrence

Glaukom (utilfredsstillende regulert) (B+S)

T – Until treated

P – If chronic discharge from ear in food handler

T – Temporary inability to meet relevant hearing standards (Appendix B) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered

P – Inability to meet relevant hearing standards (Appendix B) or, if treated, increased likelihood or subsequent deterioration or impairing recurrence

T – During acute phase

P – Frequent attacks leading to incapacity

Menieres sykdom (B+S)

T – Until investigated and, if required, treated

P – If exercise tolerance limited or episodes of incapacity occur or if on anticoagulants or if permanent high likelihood of impairing event

Koronarsykdom/hjerteklaffsykdom (symptomgivende og/eller positiv belastnings-EKG eller redusert arbeidskapasitet) (B)

T – Normally if >160 systolic or >100 diastolic mm Hg until investigated and treated in accordance with national or international guidelines for hypertension management

P – If persistently >160 systolic or >100 diastolic mm Hg with or without treatment

T – For three months after initial investigation and treatment, longer if symptoms not resolved
P – If criteria for issue of certificate not met and further reduction of likelihood of recurrence improbable

Koronarsykdom/hjerteklaffsykdom (symptomgivende og/eller positiv belastnings-EKG eller redusert arbeidskapasitet) (B)

T – Until investigated, treated and adequacy of treatment confirmed
P – If disabling symptoms present or excess likelihood of impairment from recurrence, including ICD implant

Arytmier (symptomgivende) (B+S)

T – Until treated and any residual impairment stabilized and for three months after event
P – If residual symptoms interfere with duties or there is significant excess likelihood of recurrence

Epilepsi (anfals opptredende hjernefunksjonsforstyrrelser, herunder epilepsi og bevissthetsforstyrrelser av annen eller usikker årsak) (B)

T – Until assessed
P – If incapable of performing duties

T – Until treated if impairing symptoms. Post-surgery for up to one month

T – Until investigated and treated and normally while on short-term anticoagulants
P – Consider if recurrent events or on permanent anticoagulants

T – Until investigated, treated and adequacy of treatment confirmed
P – If impairing symptoms or likelihood of impairment from recurrence

T – Until resolved
P – If impairing and recurrent

T – If acute episode
P – If repeated severe recurrences or if general fitness standards cannot be met or if impairing shortness of breath

T – Until episode resolved, cause investigated (including any occupational link) and effective treatment regime in place

In person under age 20 with hospital admission or oral steroid use in last three years

P – If foreseeable likelihood of rapid life-threatening asthma attack while at sea or history of uncontrolled asthma, i.e. history of multiple hospital admissions

T – Normally for 12 months after initial episode or shorter duration as advised by specialist

P – After recurrent episodes unless pleurectomy or pleurodesis performed

T – If visual evidence of untreated dental defects or oral disease

P – If excess likelihood of dental emergency remains after treatment completed or seafarer non-compliant with dental recommendation

T – Until healing or cure by surgery or by control of helicobacter and on normal diet for three months

P – If ulcer persists despite surgery and medication

Ulcussykdom (aktiv) (B)

T – Until surgically investigated to confirm no likelihood of strangulation and, if required, trea

Behandlingstrengende hernie (B)

Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort

Behandlingstrengende hernie (B)

Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them

Behandlingstrengende hernie (B)

T – Until investigated and treated

P – If severe or recurrent

T – If piles prolapsed, bleeding repeatedly or causing symptoms; if fissure or fistula painful, infected, bleeding repeatedly or causing faecal incontinence
P – Consider if not treatable or recurrent

T – Until fully investigated
P – If severe or complicated by ascites or oesophageal varices

T – Until resolved
P – If recurrent or alcohol related, unless confirmed abstention

T – Until stabilized
P – Poorly controlled

P – Until resolved

Nefritt/nefrose (med nedsatt nyrefunksjon) (Alle)

T – Until investigated

Nefritt/nefrose (med nedsatt nyrefunksjon) (Alle)

T – Until investigated and treated
P – Recurrent stone formation

Nyrestein (symptomgivende (Alle))

T – Until investigated and treated
P – If not remediable

T – If impairing or investigation needed to determine cause and remedy it

T – If initial findings clinically significant
P – Serious and non-remediable underlying cause –
e.g. impairment of kidney function

P – Any reduction of function in remaining kidney in
new seafarer. Significant dysfunction in remaining
kidney of serving seafarer

T – Late stage of pregnancy and early postnatal period
Abnormality of pregnancy requiring high level of
surveillance

T – Until satisfactorily treated
P – Consider for catering staff with recurrent problems

T – Until investigated and satisfactorily treated

Alvorlige allergiske reaksjoner (for eksempel anafylaktiske reaksjoner (B?S))

T – Full recovery of function and specialist advice
required before return to sea after hip or knee
replacement
P – For advanced and severe cases

T – Until satisfactorily treated

T – In acute stage
P – If recurrent or incapacitating

P – If essential duties cannot be performed

P – Incompatible with reliable performance of routine and emergency duties safely or effectively

T – Until fully investigated by specialist
P – If life-threatening response reasonably foreseeable

Alvorlige allergiske reaksjoner (for eksempel anafylaktiske reaksjoner (B?S))

T – Until effects of surgery and anti-rejection medication stable
P – Case-by-case assessment, with specialist advice
R, L – Case-by-case assessment, with specialist

T – Until investigated and treated if indicated
P – Consider at pre-sea medical if likely to prevent completion or limit scope of training

Kreftsykdom som ikke ansees helbredet (alle)

T – Until investigation and treated if indicated
P – If permanently impairing

Forskriften skal sikre at arbeidstakerne er helsemessig skikket til tjeneste om bord og ikke utgjør en fare for andre eller for sikker drift av fartøyet.

Able with restriction or limitation

R: Able to perform some, but not all duties or to work in some, but not all waters

L: Increased frequency of surveillance needed

Not applicable

Not applicable

R – Consider near coastal if oral treatment regime in place and symptoms nonincapacitating

Not applicable

R, L – Uncertainty about total recovery or lack of infectivity. Case-by-case decisionmaking based on duties and voyage patterns

R, L – Time limited and/or near coastal:
HIV+ and low likelihood of progression;
on no treatment or on stable medication
without side effects, but requiring regular
specialist surveillance

Case-by-case decision based on nature of

L – Time limited to interval between
specialist reviews if:

- cancer diagnosed <5 years ago; and
- there is no current impairment of
performance of normal or emergency
duties or living at sea; and
- there is a low likelihood of recurrence
and minimal risk of requirement for
urgent medical treatment

R – Restricted to near coastal waters if any
continuing impairment does not interfere
with essential duties and any recurrence is
unlikely to require emergency medical
treatment

Kreftsykdom som anses som helbredet (B+S)

R, L – Consider restriction to near coastal
waters and regular surveillance if reduced
haemoglobin level but asymptomatic

Anemier Symptomgivende (S)

R – Case-by-case assessment. Likely to
be fit for coastal and temperate work but
may need restriction on service in tropics

Case-by-case assessment for other
conditions

Koagulasjonsforstyrrelser (B+S)

Blodsykdommer som behandles med andre antikoagulantia enn acetylsalicylsyre (S)

R, L – Subject to evidence of good control, full compliance with treatment recommendations and good hypoglycaemia awareness
Fit for near coastal duties without solo watchkeeping. Time limited until next specialist check-up. Must be under regular specialist surveillance

Diabetes mellitus (velregulert uten hypoglykemitilfeller) (B+S)

Diabetes mellitus (dårlig regulert med risiko for hypoglykemi) (S)

R – Near coastal waters and nonwatchkeeping duties until stabilized

R – Near coastal waters, no solo watchkeeping if minor side effects from medication. Especially when using sulphonylureas

L – Time limited if compliance poor or medication needs frequent review. Check diet, weight and vascular risk factor control

Diabetes mellitus (velregulert uten hypoglykemitilfeller) (B+S)

Diabetes mellitus (dårlig regulert med risiko for hypoglykemi) (S)

R – Near coastal waters and nonwatchkeeping duties until stabilized

L – Time limited when stabilized, if compliance poor. Check diet, weight and vascular risk factor control

Diabetes mellitus (velregulert uten hypoglykemitilfeller) (B+S)

Diabetes mellitus (dårlig regulert med risiko for hypoglykemi) (S)

R, L – Time limited and restricted to near coastal waters or to restricted duties if unable to perform certain tasks but able to meet routine and emergency capabilities for assigned safety-critical duties

Adipositas BMI > 30 (B+S)

R, L – Case-by-case assessment with specialist advice if any uncertainty about prognosis or side effects of treatment. Need to consider likelihood of impairing complications from condition or its treatment, including problems taking medication, and consequences of infection or injury while at sea

Hypo- /hyperthyreose og andre endokrine lidelser (symptomgivende)

R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that: treating physician reports successful participation in rehabilitation programme; and there is an improving trend in liver function tests

Rusmiddelmisbruk (gjennomført behandling og dokumentert rusfri minst ett år) (S)

R, L – Time limited, not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that:

- treating physician reports successful participation in rehabilitation programme; and
- evidence of completion of unannounced/random programme of drug screening for at least three months with no positives and at least three negatives; and
- continuing participation in drug screening programme

Rusmiddelmisbruk (gjennomført behandling og dokumentert rusfri minst ett år) (S)

R, L – Time limited, restricted to near coastal waters and not to work as master in charge of vessel or without close supervision and continuing medical monitoring, provided that:

- seafarer has insight;
- is compliant with treatment; and
- has no adverse effects from medication

R, L – Time limited, restricted to near coastal waters and not to work as master in charge of vessel or without close supervision and continuing medical monitoring providing that:

- the seafarer has insight;
- is compliant with treatment; and
- has no impairing adverse effects from medication

R, L – Restrict to near coastal waters and not to work as master in charge of ship, only when seafarers has:

- good functional recovery;
- insight;
- is fully compliant with treatment, with no impairing side effects; and
- a low* likelihood of recurrence

Nevrotiske tilstander (som under 5.2. men gjelder personer som tjenestegjør der det kan være hyppig kontakt med nærmiljø og tilstand og livsforhold synes godt sanert (S)

R, L – Time limited and consider geographical restriction if on stable dose of medication and free from impairing symptoms or impairing side effects from medication

Nevrotiske tilstander (som under 5.2. men gjelder personer som tjenestegjør der det kan være hyppig kontakt med nærmiljø og tilstand og livsforhold synes godt sanert (S)

R – As appropriate if capable of only limited duties

Personlighetsforstyrrelser (de manifeste med adferdsforstyrrelser eller funksjonssvikt) (S)

R – One year after seizure and on stable medication. Non-watchkeeping duties in near coastal waters
Epilepsi (anfallet opptredende hjernefunksjonsforstyrrelser, herunder epilepsi og bevissthetsforstyrrelser av annen eller usikker årsak) (S)
Epilepsi (anfalletfri uten medisinsk behandling siste 5 år) (B+S)
R – Off medication or on stable medication with good compliance: case-by-case assessment of fitness, restricted to nonwatchkeeping duties in near coastal waters
Epilepsi (anfallet opptredende hjernefunksjonsforstyrrelser, herunder epilepsi og bevissthetsforstyrrelser av annen eller usikker årsak) (S)
Epilepsi (anfalletfri uten medisinsk behandling siste 5 år) (B+S)
R – Case-by-case assessment after two years' abstention from any known provoking factors, seizure-free and either off medication or on stable medication with good compliance; restricted to nonwatchkeeping duties in near coastal waters
Epilepsi (anfallet opptredende hjernefunksjonsforstyrrelser, herunder epilepsi og bevissthetsforstyrrelser av annen eller usikker årsak) (S)
Epilepsi (anfalletfri uten medisinsk behandling siste 5 år) (B+S)
R – As appropriate. If only capable of limited duties
Smertetilstander (kroniske og recidiverende) (B+S)
L – Once treatment demonstrably working effectively for three months, including compliance with CPAP (continuous positive airway pressure) machine use confirmed. Six-monthly assessments of compliance based on CPAP machine recording
Søvnapne (S)
R, L – Near coastal waters and no watchkeeping duties, if specialist confirms full control of treatment for at least two years Annual review
R, L – Case-by-case assessment based on job and emergency requirements, informed by specialist advice

Paralyser/pareser med nedsatt funksjonsevne (S)
Degenerative lidelser (nevritter, nevralgier, spastiske tilstander, paralysis agitans, vaskulære skader i sentralnervesystemet med varig nedsatt funksjonsevne) (S)
Sykdommer i balanseorganene (Andre)
Degenerative lidelser (senil demens, Alzheimer) (B+S)
R, L – Case-by-case decision, near coastal with no lone watchkeeping
R, L – Case-by-case decision, near coastal with no lone watchkeeping
Epilepsi (anfallet opptredende hjernefunksjonsforstyrrelser, herunder epilepsi og bevissthetsforstyrrelser av annen eller usikker årsak) (S)
Epilepsi (anfalfsfri uten medisinsk behandling siste 5 år) (B+S)
R – After at least one year, near coastal, no lone watchkeeping if seizure likelihoods low* and no impairment from underlying condition or injury Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist

R – Near coastal waters if recurrence unlikely but foreseeable and treatable with early medical intervention
L – If risk of progression foreseeable but unlikely and can be detected by regular monitoring

Katarakt (B+S)

Case-by-case assessment. Consider effects of heat, humidity and hearing protection use in otitis externa

T – Temporary inability to meet relevant hearing standards (Appendix B) and low likelihood of subsequent deterioration or impairing recurrence once treated or recovered
P – Inability to meet relevant hearing standards (Appendix B) or, if treated, increased likelihood or subsequent deterioration or impairing recurrence

R – As appropriate. If only capable of limited duties
R, L – If frequent specialist surveillance required

R – Near coastal waters if case-by-case assessment indicates either likelihood of acute complications or rapid progression
L – If frequent surveillance is recommended

Koronarsykdom/hjerteklaffsykdom (symptomgivende og/eller positiv belastnings-EKG eller redusert arbeidskapasitet (S)

L – If additional surveillance needed to ensure level remains within national guideline limits

Hypertensjon behandlet/ubehandlet > 160/100 (B+S)

L – If excess likelihood of recurrence is very low* and fully compliant with risk reduction recommendations and no relevant comorbidity, issue six-month certificate initially and then annual certificate

R, L – If excess likelihood of recurrence is low.* Restricted to:

– no lone working or solo watchkeeping; and

– operations in near coastal waters, unless working on vessel with ship's doctor

Issue six-month certificate initially and then annual certificate

R, L – If likelihood of recurrence is moderate* and asymptomatic. Able to meet the physical requirements or their normal and emergency duties:

– no lone working or watchkeeping/lookout; and

– operating within one hour of port, unless working on vessel with ship's doctor

Case-by-case assessment to determine restrictions

Annual review

Koronarsykdom/hjerteklaffsykdom (symptomgivende og/eller positiv belastnings-EKG eller redusert arbeidskapasitet) (S)

L – Surveillance needed at shorter intervals and no impairing symptoms present and very low* excess likelihood of impairment from recurrence, based on specialist report

R – Restrictions on solo duties or for distant waters if low* likelihood of acute impairment from recurrence or foreseeable requirement for access to specialist care

Surveillance and treatment regime to be specified. If pacemaker fitted, duration of certificate to coincide with pacemaker surveillance

R, L – Case-by-case assessment of fitness for duties; exclude from lone watchkeeping.

Assessment should include likelihood of future cardiac events. General standards of physical fitness should be met

(Appendix C).

Annual assessment

Epilepsi (anfals opptredende hjernefunksjonsforstyrrelser, herunder epilepsi og bevissthetsforstyrrelser av annen eller usikker årsak) (S)

Epilepsi (anfalsfri uten medisinsk behandling siste 5 år) (B+S)

R, L – Consider restriction to nonwatchkeeping duties in coastal waters, provided symptoms are minor and do not impair essential duties or if they are resolved by surgery or other treatment and general standard of fitness can be met (Appendix C). Assess likelihood of future cardiac events (follow criteria in I20–25). Review at least annually
Perifere Karsykdommer (B+S)
Not applicable
Perifere Karsykdommer (B+S)
R, L – May be considered fit for work with a low liability for injury in national coastal waters, once stabilized on anticoagulants with regular monitoring of level of coagulation
Perifere Karsykdommer (B+S)
Case-by-case assessment, based on specialist reports
Case-by-case assessment
R, L – Case-by-case assessment More stringency for distant water duties. Consider fitness for emergencies and ability to meet general standards of physical fitness (Appendix C) Annual review
Kronisk obstruktiv/restriktiv lungesykdom (symptomgivende med PEF < 70% og FEV1 < 70%)

R, L – Near coastal waters only or on ship with doctor if history of moderate** adult asthma, with good control with inhalers and no episodes requiring hospital admission or oral steroid use in last two years, or history of mild or exercise-induced asthma that requires regular treatment

R – Duties in harbour areas only once recovered

R – Limited to near coastal waters, if criteria for full fitness not met, and type of operation will allow for access to dental care without safety-critical manning issues for vessel

R – Consider case-by-case assessment for earlier return to near coastal duties

Ulcussykdom (aktiv) S

R – Untreated: Consider case-by-case assessment for near coastal waters

Behandlingstrengende hernie (S)

Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort

Behandlingstrengende hernie (S)

Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them

Behandlingstrengende hernie (S)

R – Does not meet the requirements for unrestricted certificate but rapidly developing recurrence unlikely: near coastal duties

Enteritter og kolitter (kroniske og behandlingstrengende) B+S)

Case-by-case assessment of untreated cases for near coastal duties

R, L – Case-by-case specialist assessment

Sykdom i lever, galleveier og bukspyttkjertel (B+S)

Case-by-case assessment based on specialist reports

Sykdom i lever, galleveier og bukspyttkjertel (B+S)

R – Case-by-case assessment

Case-by-case assessment if any residual effects

R, L – Case-by-case assessment by specialist, based on renal function and likelihood of complications

R – Consider if concern about ability to work in tropics or under high temperature conditions. Case-by-case assessment for near coastal duties

R – Case-by-case assessment for near coastal duties

Obstruksjon med ufullstendig blæretømming (Alle)

R – Case-by-case assessment if condition is likely to require treatment on voyage or affect working capacity

L – When repeat surveillance required
R, L – When uncertainty about cause but
no immediate problem

Hematuri inkl. Mikroskopisk (som ikke er utredet) (Alle)

R – No tropical or other heat exposure.
Serving seafarers with minor dysfunction in
remaining kidney

R, L – Case-by-case assessment if minor
impairing effects. May consider working
until later in pregnancy on near coastal
vessel

R, L – Based on nature and severity of
infection

Hudsykdommer (kroniske og recidiverende) (Alle)

Case-by-case decision

R – As appropriate if aggravated by heat,
or substances at work

Alvorlige allergiske reaksjoner (for eksempel anafylaktiske reaksjoner (Andre)

R – Case-by-case assessment based on
job requirements and history of condition.
Consider emergency duties and evacuation
from ship. Should meet general fitness
requirements (Appendix D)

Betennelsesaktige revmatiske sykdommer og degenerative sykdommer (Alle)

R – Case-by-case assessment of
occasional instability

Case-by-case assessment

R – If routine and emergency duties can be performed but there are limitations on specific non-essential activities

Kroniske smertetilstander i muskel- og skjelettsystemet (Alle)

R – If assistance with communication is needed to ensure reliable performance of routine and emergency duties safely and

Case-by-case assessment of likelihood and severity of response, management of the condition and access to medical care

R – Where response is impairing rather than life-threatening, and reasonable adjustments can be made to reduce likelihood of recurrence

Alvorlige allergiske reaksjoner (for eksempel anafylaktiske reaksjoner (Andre)

R, L – Case-by-case assessment, with specialist advice

Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely

Kreftsykdom (som anses som helbredet) (Alle)

Use analogy with related conditions as a guide. Consider likelihood of sudden incapacity, recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction and referral to referee

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Able to perform all duties worldwide within designated department

Non-catering department: When satisfactorily treated or resolved
Catering department: Fitness decision to be based on medical advice – bacteriological clearance may be required

Successful completion of a course of treatment in accordance with WHO Treatment of Tuberculosis guidelines

On successful completion of treatment

On full recovery

On full recovery and confirmation of low level of infectivity

HIV+, no current impairment and very low* likelihood of disease progression. No side effects of treatment or requirements for frequent surveillance

Full recovery and confirmation of low level of infectivity

Cancer diagnosed more than 5 years ago, or specialist reviews no longer required and no current impairment or low continuing likelihood of impairment from recurrence.
To be confirmed by specialist report with evidence for opinion stated

Normal levels of haemoglobin

Case-by-case assessment

Case-by-case assessment

Not applicable

When stabilized, in the absence of
impairing complications

When stabilized, in the absence of
impairing complications

Capability and exercise test
(Appendix E) performance average or
better, weight steady or reducing and
no co-morbidity

If medication stable with no problems in taking at sea and surveillance of conditions infrequent, no impairment and very low likelihood of complications
Addison's disease: The risks will usually be such that an unrestricted certificate should not be issued

After three years from end of last episode without relapse and without co-morbidity

After three years from end of last episode without relapse and without co-morbidity

Case-by-case assessment at least one year after the episode, provided that provoking factors can and will always be avoided

Case-by-case assessment to exclude likelihood of recurrence at least five years since end of episode if no further episodes; no residual symptoms; and no medication needed during last two years

Case-by-case assessment to exclude likelihood of recurrence after at least two years with no further episodes and with no medication or on medication with no impairing effects

Case-by-case assessment after one year from end of episode if symptom free and off medication or on medication with no impairing effects

No anticipated adverse effects while at sea. No incidents during previous periods of sea service

One year after seizure and one year after end of treatment. If provoked, there should be no continuing exposure to the provoking agent

Seizure-free for at least the last ten years, has not taken anti-epilepsy drugs during that ten-year period and does not have a continuing likelihood of seizures

Seizure-free for at least the last five years, has not taken anti-epilepsy drugs during that five-year period, provided there is not continuing exposure to the provoking agent

No anticipated incapacitating adverse effects while at sea. No incidents during previous periods of sea service

Case-by-case assessment based on job and emergency requirements, informed by specialist advice

Not applicable

Case-by-case assessment based on job and emergency requirements, informed by specialist advice

Simple faint; if no incapacitating recurrences

Three months after event if no recurrences

With possible underlying cause but no treatable cause found; one year after event if no recurrences

With possible underlying cause found and treated; three months after successful treatment

With seizure markers – not applicable

No impairment from underlying condition or injury, not on anti-epilepsy medications. Seizure likelihood very low*

Conditional on continued compliance with any treatment and on periodic review, as recommended by speciali

Very low likelihood of recurrence.
Progression to a level where vision standards (Appendix A) are not met during period of certificate is very unlikely

Effective treatment and no excess likelihood of recurrence

Very low likelihood of recurrence.
Progression to a level where hearing standards (Appendix B) are not met during period of certificate is very unlikely

Low* likelihood of impairing effects while at sea

Heart murmurs – Where unaccompanied by other heart abnormalities and considered benign by a specialist cardiologist following examination
Other conditions – Case-by-case assessment based on specialist advice

If treated in accordance with national guidelines and free from impairing effects from condition or medication

Not applicable

Surveillance not needed or needed at intervals of more than two years; no impairing symptoms present; and very low* likelihood of impairment from recurrence, based on specialist report

Not applicable

Not applicable

No impairing symptoms or complications

Full recovery with no anticoagulant use

Case-by-case assessment, very low*
likelihood of recurrence

When treatment complete, if no factors predisposing to recurrence

Not applicable

Under age 20: If history of mild or moderate** childhood asthma, but with no hospital admissions or oral steroid treatment in last three years and no requirements for continuing regular treatment

Over age 20: If history of mild** or exercise-induced** asthma and no requirements for continuing regular treatment

Normally 12 months after initial episode or shorter duration as advised by specialist

Post surgery – based on advice of treating specialist

If teeth and gums (gums alone of edentulous and with well-fitting dentures in good repair) appear to be good. No complex prosthesis; or if dental check in last year, with follow-up completed and no problems since

When cured and on normal diet for three months

When satisfactorily treated or exceptionally when surgeon reports that there is no likelihood of strangulation

Case-by-case assessment depending on severity of symptoms or impairment. Consider implications of regular heavy whole-body physical effort

Case-by-case assessment based on severity of symptoms when lying down and on any sleep disturbance caused by them

Case-by-case specialist assessment. Fully controlled with low likelihood of recurrence

When satisfactorily treated

Not applicable

Case-by-case assessment based on specialist reports, very low likelihood of recurrence

Case-by-case specialist assessment

Full recovery with normal kidney function and no residual damage

Case-by-case assessment by specialist, based on renal function and likelihood of complications

Case-by-case assessment by specialist with normal urine and renal function without recurrence^{10.3}

Successfully treated; low* likelihood of recurrence

Fully resolved with low* likelihood of recurrence

Very low likelihood of serious underlying condition

Remaining kidney must be fully functional and not liable to progressive disease, based on renal investigations and specialist report

Uncomplicated pregnancy with no impairing effects – normally until 24th week
Decisions to be in accord with national practice and legislation. Pregnancy should be declared at an early stage so that national recommendations on antenatal care and screening can be followed
ILO

Cured with low likelihood of recurrence

Stable, not impairing

Case-by-case assessment. Able to fully meet routine and emergency duty requirements with very low likelihood of worsening such that duties could not be undertaken

Treated; very low* likelihood of recurrence

Case-by-case assessment

If general fitness requirements are fully met (Appendix C). Arrangements for fitting prosthesis in emergency must be confirmed

No impairment to essential speech communication

Where response is impairing rather than life-threatening, and effects can be fully controlled by long-term nonsteroidal self-medication or by lifestyle modifications that are practicable at sea with no safety-critical adverse effects

Not applicable

Case-by-case assessment, with specialist advice. Such conditions are acceptable if harmful progression before next medical is judged unlikely

Use analogy with related conditions as a guide. Consider excess likelihood of sudden incapacity, of recurrence or progression and limitations on performing normal and emergency duties. If in doubt, obtain advice or consider restriction and referral to referee

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