

SHIPOWNERS CLAIMS BUREAU, INC., MANAGER
ONE BATTERY PARK PLAZA - 31ST FLOOR NEW YORK, NEW YORK 10004 USA
Tel: +1.212.847.4500 FAX: +1.212.847.4599 Web: www.american-club.com

OCTOBER 18, 2006

CIRCULAR NO. 20/06

TO MEMBERS OF THE ASSOCIATION

Dear Member:

PRE-EMPLOYMENT MEDICAL EXAMINATIONS (PEMEs): CLINICS RECENTLY APPROVED IN ROMANIA: MANDATORY USE OF CLINICS

Your Managers are pleased to announce that the American Club's PEME program has been extended to include two more clinics in Bucharest and Constanza, Romania.

In addition, the mandatory use of Club-approved clinics – so far only applying to those in the Philippines and Ukraine – will in future apply to **all** Club-approved clinics in **all** locations as described below.

Moreover, additional clinics in Russia are expected to be authorized over the coming months and Members will in due course be informed of their details.

Romanian Clinics

The details of these clinics are set out below. Members are advised to make contact with them at the earliest opportunity. The standard form applying to medical examinations in Romania is as attached.

- Bio-Medica International S.A. Cal. Floreasca nr. 111-113, Sector 1, 014455, Bucharest, Romania. Contact Person: Magda Moghior, MD. Phone: +40-21-3117793, 3117794, 3117795, 3117796, 3117797. Fax: +40-21-3117798. E-mail address: office@bio-medica.ro.
- lowemed Medical Center. I.C. Bratianu Str. No. 2-4, Constanza, Romania. Contact Persons: Teofil Ciortan, GM and Pazara Loredana, MD. Phone: +40- 241- 587676 or 40- 722 250469. Fax: +40- 241 559962. E-mail: iowemed@xnet.ro.

Mandatory use of clinics

Members should note that, as of February 20, 2007, it will be mandatory for seafarers from Latvia, Poland, Romania and Russia – in addition to those from the Philippines and Ukraine – to have their pre-employment physicals at the approved clinics in accordance with the standard tests specified in the Club's PEME medical form applicable to each country.

Further information

Yours

For further information regarding the Club's PEME program, please contact Dr. William Moore, Vice President, Loss Prevention and Risk Control for the Shipowners Claims Bureau at phn: +1 212 847 4542, fax: +1 212 847 4596 or wmoore@american-club.net.

Joseph E.M. Hughes, Chairman & EEO Shoowners Claims Bureau Inc. Managers for

THE AMERICAN CLUB



American Club Pre-Employment Medical Examination Form—ROMANIA (updated 25 September 2006)

NOTICE: The original of this form is to be kept by the medical clinic and is for the sole use of the American P&I Club.

| Last name of applicant | First name | | | Blood group | |
|---|-------------------------------|-------------------|--|---------------------------------------|--|
| Date of birth | Place of birth (City/Country) | | Mailing ad | Mailing address of applicant | |
| Medical certificate No. | Seafarer certificate No. | | Name of ship: | | |
| Examination | Results or | f the examination | | | |
| | Pass Fail | | If Fail, please provide the explanation/reason for failure | | |
| Physical Examination | | A an | CAPIGNATION | · · · · · · · · · · · · · · · · · · · | |
| Dental Examination | | | | | |
| Psychological Test | | | | | |
| Visual Test | - | | | | |
| Colour vision | | | | | |
| Audiometry | | | | | |
| Chest X-ray | | | | | |
| EKG | | | | - | |
| Urinalysis | | | | | |
| Fecalysis | | | | | |
| Complete Blood Count | | | 1999 | | |
| Ultrasound examination (presence of gall & kidney stones) | | | | | |
| Fasting Blood Sugar | | | | | |
| Hep B Antigen | - | | | | |
| Erythrocyt sedimentation rate (ESR) | _ | | | | |
| VDRL | | | | | |
| HIV Test | | | | | |
| Stress Test | | | | | |
| Diabetes | | | | | |
| Liver Function Test (SGPT & SGOT) | | | | | |
| Drug & Alcohol Test | | | | | |

The acceptance or failure of the medical tests is based upon the American Club Pre-Employment Medical Examination—Acceptance Guidelines.

| Name and Degree of Physician: | Signature of Physician |
|---------------------------------------|------------------------|
| Name of Physician's Licensing: | |
| Date of Issue of Physician's License: | |
| Date of Examination: | |