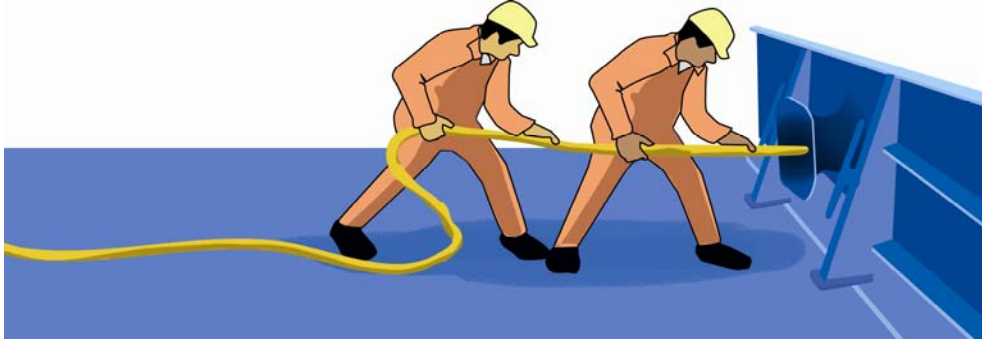


Annex



AMERICAN CLUB

GUIDANCE FOR MEMBERS ON PRE-EMPLOYMENT MEDICAL EXAMINATIONS (PEMEs)

First Edition

December 2008



INTRODUCTION

This Guidance is **non-mandatory except for** seafarers and shipboard personnel originating from to India, Indonesia, Latvia, Philippines Poland, Romania, Russia and Ukraine.

In Spring 2004, the American Club instituted the Pre-Employment Medical Examination (PEME) program in the two largest labor supplying countries providing seafarers to Member's vessels: Ukraine and the Philippines. On 20 February 2006, the Board of Directors of the American Club made it mandatory for all Members to use the Club approved clinics in these countries or be subject to a double-retention deductible for illness claims. The program was further extended in 2006 and 2008 to include seafarers from India, Indonesia, Latvia, Poland, Romania and Russian Federation.

The PEME program continues to be successful in reducing the frequency of illness claims arising in respect of seafarers employed on American Club entered vessels which would otherwise have arisen.

In this document, the American Club presents the set of medical tests, examinations and associated standards that have been used for the mandatory PEME program, and a new medical history questionnaire that should form an integral part of the PEME.

Your Managers recommend that Members review the list of examinations carefully with their crewing departments and manning agents for each country from where seafarers are employed. In addition, Members should remain vigilant vis-à-vis their manning agents to ensure PEMEs are carried out objectively, and without influence from the manning agent or the seafarer.

The examination forms are fully comprehensive. However, certain tests and procedures may be subject to limitations in accordance with local or national laws and regulations (e.g. HIV testing) and Members should ensure that they have a clear understanding of any such limitations.

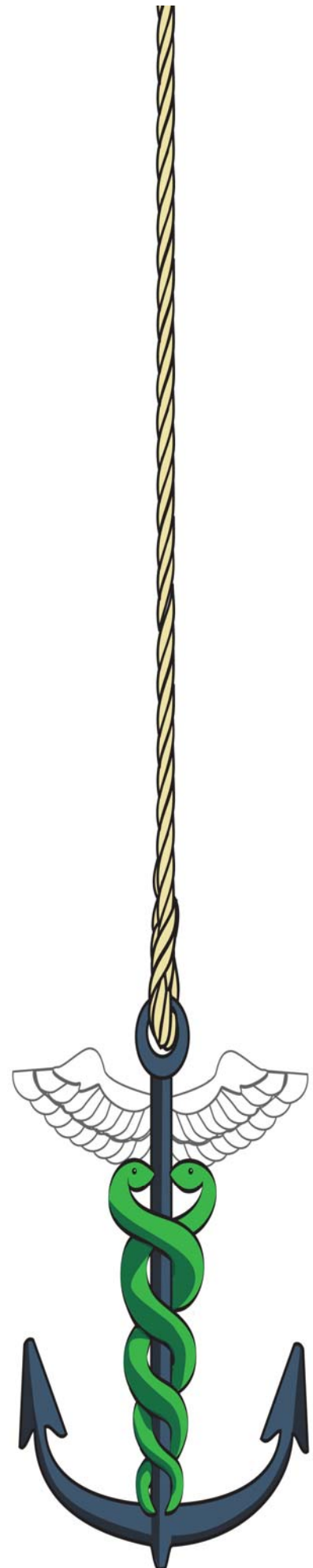
As with the mandatory PEME program, it is recommended that this be an annual examination at a minimum.

We hope this guidance will help Members in providing a framework for PEMEs and a consistent set of standards which will assist Members in controlling claims arising from pre-existing conditions.

Finally, these Guidelines are a living document and will be periodically updated and upgraded to further refine the PEME program.

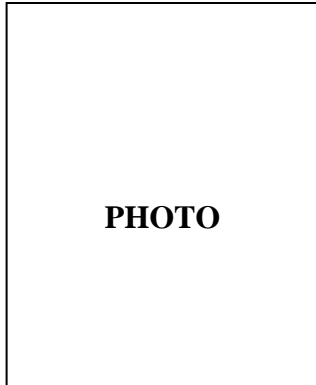
If you have any questions or comments concerning the PEME Guidelines, please feel free to contact us for further assistance.

Dr. William Moore
Senior Vice President
Shipowners Claims Bureau, Inc., Managers
American Club
New York





AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION FORM



IMPORTANT: The original of this form is to be kept by the clinic.

Last name of applicant	First name	Blood group
Date of birth	Place of birth (City/Country)	Mailing address of applicant
Medical certificate No.	Seafarer certificate No.	Name of ship:

Examination	Results of the examination		If Fail, please provide the explanation/reason for failure
	Pass	Fail	
1. Medical History Questionnaire (attached)			
2. Physical Examination			
3. Dental Examination			
4. Psychological Test			
5. Visual Test			
6. Color vision			
7. Audiometry			
8. Chest X-ray			
9. EKG			
10. Urinalysis			
11. Fecalalysis			
12. Complete Blood Count			
13. Ultrasound examination (presence of gall & kidney stones)			
14. Fasting Blood Sugar			
15. Hep B Antigen			
16. VDRL			
17. HIV Test			
18. Stress Test			
19. Diabetes			
20. Liver Function Test (SGPT & SGOT)			
21. Alcohol/Drug Test			

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

<p>Name of Medical Clinic: Address of Medical Clinic: Contact Phone: Contact Fax:</p> <p>Name and Degree of Physician:</p> <p>Name of Physician's Licensing:</p> <p>Date of Issue of Physician's License:</p> <p>Date of Examination:</p>	<p>Signature of Physician</p> <p>Official Seal of Medical Facility (if applicable)</p>
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AMERICAN CLUB MEDICAL HISTORY QUESTIONNAIRE

NAME _____ PHONE _____
ADDRESS _____

BIRTHDATE ____/____/____ EMPLOYER _____
JOB TITLE _____ SEAMAN CERTIFICATE NO. _____
VESSEL NAME _____
IN CASE OF EMERGENCY, NOTIFY: _____ PHONE _____
RELATIONSHIP _____
PERSONAL PHYSICIAN OR CLINIC _____
ADDRESS: _____

ALLERGIES: _____

FAMILY HISTORY Has anyone in your family ever had (check box if yes):

Diabetes High Blood Pressure Heart Disease
 Cancer Mental Illness Epilepsy/Seizure

Any other major conditions? _____

If you answered "Yes" to any of the above, please explain: _____

Check the box if you have had or received medical treatment for:

Diabetes	<input type="checkbox"/> Yes	High Blood Pressure	<input type="checkbox"/> Yes
Heart Trouble	<input type="checkbox"/> Yes	Rheumatic Fever	<input type="checkbox"/> Yes
Hernia	<input type="checkbox"/> Yes	Frequent Headaches	<input type="checkbox"/> Yes
Cancer/Tumor	<input type="checkbox"/> Yes	Dizziness	<input type="checkbox"/> Yes
Chronic Cough	<input type="checkbox"/> Yes	Shortness of Breath	<input type="checkbox"/> Yes
Chest Pain	<input type="checkbox"/> Yes	Varicose Veins	<input type="checkbox"/> Yes
Arthritis/Gout	<input type="checkbox"/> Yes	Asthma	<input type="checkbox"/> Yes
Kidney Trouble	<input type="checkbox"/> Yes	Tuberculosis	<input type="checkbox"/> Yes
Epilepsy	<input type="checkbox"/> Yes	Back Problems	<input type="checkbox"/> Yes
Rash or Skin Trouble	<input type="checkbox"/> Yes	Slipped Disc	<input type="checkbox"/> Yes
20/20 Vision	<input type="checkbox"/> Yes	Wrist Problems	<input type="checkbox"/> Yes
Hearing Problems	<input type="checkbox"/> Yes	Fractured Vertebrae	<input type="checkbox"/> Yes
Mental Breakdown	<input type="checkbox"/> Yes	Drug Problems	<input type="checkbox"/> Yes
Jaundice or Hepatitis	<input type="checkbox"/> Yes	Vision Problems	<input type="checkbox"/> Yes
Sexually Transmitted Disease	<input type="checkbox"/> Yes		
Psychological Impairment, Depression or Mental Illness	<input type="checkbox"/> Yes		

Date of last **tetanus shot**: _____ (dd/mm/yyyy)

Date of last **dental cleaning**: _____ (dd/mm/yyyy)

Date of recent **dental work**: _____ (dd/mm/yyyy)

FEMALES ONLY

Pregnancy Yes

Menstrual Problems Yes

Breast Lumps Yes

MALES ONLY

Prostate Problems Yes

Penile Discharge Yes

Testicular Lumps Yes

Are you currently under a doctor's care? _____

If Yes, for what problem(s)? _____

Physician(s) Name/Address (if different than noted on page 1): _____

Please list any surgeries/hospitalizations (reason for and date): _____

HABITS

Do you or did you smoke? _____ How long? _____ Packs per day? _____

Do you use alcoholic beverages? _____ How much/often? _____

Do you use or take any drugs? _____ What kinds? _____

Please list prescription and over the counter medications you take regularly:

Would you say that your health is (please check one): ___ Excellent ___ Good ___ Fair

DECLARATION

I, _____, Seaman's Number _____, **Hereby Declare** that I have made full disclosure of all of my medical history to the Doctors and staff of this Clinic. I am aware that the information supplied by forms the basis upon which I will be offered employment as a Seafarer. I understand that in the event of any misrepresentation either by statement or omission I will lose the right to benefit from sick pay and / or compensation which would otherwise be due under the Contract of Employment or under any Collective Bargaining Agreement. **I Also Hereby** consent to my medical records being made available upon demand to my employers and/or the Owners and/or Insurers of the Vessel or their authorized representatives.



AMERICAN CLUB PRE-EMPLOYMENT MEDICAL EXAMINATION ACCEPTANCE GUIDELINES

INTRODUCTION

The following parameters should be used as guidance for considering a seafarer or other shipboard personnel as being medically fit for duty. There are variations in acceptability standards depending upon many different factors but these are the standards that the American Club deems a seafarer as being fit for duty.

1. Medical History Questionnaire

Ensure that the medical history questionnaire is completed and in particular the Declaration at the completion of filling out this form. The Declaration is important should there be a future claim that may have been related to a pre-existing condition that may have not been reported.

2. Physical Examination

A basic physical examination should include at a minimum measurements of height, weight and blood pressure. In addition, medical discretion should be used to consider if there are any abnormalities through a simple visual and physical examination of the seafarer.

a. Body Mass Index (BMI)

- Kilograms and meters (or centimeters) Formula: $\text{weight (kg)} / [\text{height (m)}]^2$
- Pounds and inches Formula: $\text{weight (lb)} / [\text{height (in)}]^2 \times 703$

With the metric system, the formula for BMI is weight in kilograms divided by height in meters squared. Since height is commonly measured in centimeters, divide height in centimeters by 100 to obtain height in meters.

Example: Weight = 68 kg, Height = 165 cm (1.65 m)
Calculation: $68 \div (1.65)^2 = 24.98$

Calculate BMI by dividing weight in pounds (lbs) by height in inches (in) squared and multiplying by a conversion factor of 703.

Example: Weight = 150 lbs, Height = 5'5" (65")
Calculation: $[150 \div (65)^2] \times 703 = 24.96$

The standard weight status categories associated with BMI ranges for adults are shown in the following table.

BMI Weight Status

Below 18.5	Underweight
18.5 – 24.9	Normal
25.0 – 29.9	Overweight
30.0 and Above	Obese

b. Blood pressure

Blood pressure measured between 110/60 to the upper limit of 140/90.

3. Dental Examination

Visual test to identify teeth with problems (crooked, cavity, removed, etc.) and properly document those abnormalities—a dental chart with this information will be sufficient. If there are any teeth or oral conditions that could possibly worsen and need for a dentist's attention during the duration of the seafarer's contract at sea, these should be rectified before being considered fit for duty.

4. Psychological

Standard tests if available. In some jurisdictions, a seafarer could also provide Military ticket or certificate that proves that they were not committed to a mental hospital or facility.

5. Visual Tests

Standard tests (Snellen—standard letter 'tests'). Deck watch keeping personnel should have, at a minimum, 20/20 vision. For personnel without watchkeeping duties, consideration should be made on a case-by case basis if outside this guideline.

6. Color Vision

Ishihara/Rapkin test –Seafarers with watchkeeping duties should be given to ensuring no color differentiation problems with red and green. For personnel with non-watchkeeping duties, consider on a case-by-case basis.

7. Audiometry

Standard hearing test and a 'Whisper Test'. The Whisper Test is performed 3-6 meters (10 to 20 feet) away from the applicant to determine if they can hear from a distance.

- For deck personnel, the minimum distance for the Whisper Test is 3 meters (10 feet).
- For engine room personnel, the minimum distance for the Whisper Test is 3.5 meters (11.5 feet).

8. Chest X-Ray

Annual chest x-ray (i.e. once every year) to check for any recognizable abnormalities. X-rays should be properly labeled as "Anterior/Posterior" or "Posterior/Anterior."

9. EKG

Standard testing to determine if there are abnormalities.

10. Urinalysis

- If hematuria (blood in urine) is observed, then an ultrasound should be conducted and if it shows further small abnormalities, then crewman has option of an Intravenous Pyelogram (IVP).
- If it is found that there is protein and/or glucose in the urine, assess further because it can show a potential problem (e.g. hypertension, kidney problems or diabetes).

11. Fecalalysis (food service or food handling personnel only)

Non-obligatory for standard ship crew but obligatory for food service personnel.

12. Complete Blood Count (normally checking for anemia)

Check for anemia, platelet count, white-blood cell count.

13. Ultrasound examination

An ultrasound examination should be conducted to detect the presence of gall and/or kidney stones.

14. Fasting Blood Sugar (Checks blood sugar the following day after not eating after midnight)

The following group of tests should be considered under the Fasting Blood Sugar examination:

- Glucose
- Cholesterol
- Creatinine
- Blood Urea Nitrogen (BUN)
- Uric Acid
- Erythrocyte sediment test
- Thrombocytes

15. Hep B Antigen

If screening is positive then further profile should be considered depending upon seafarer's exposure. If positive, and the virus is active and the seafarer should be automatically disqualified from active duty. Otherwise no problem (but see SGPT SGOT—will pick up all forms of Hep)

16. VDRL

If VDRL test is found positive, a T. Pallidum Hemagglutination Assay can be considered as an additional test at the Member's discretion.

17. HIV Test

The American Club has required testing for Human Immunodeficiency Virus (HIV) for seafarers however there are countries where such testing is either illegal or must be conducted with the seafarers consent. Consideration should be given

18. Stress Test

Stress tests should be performed under two conditions if:

- indicated by abnormalities during resting EKG, stress test should be performed to determine if there are any other abnormalities; or
- If the seafarer is 40 years of age or older.

19. Diabetes

Diabetes can normally be detected through various series of tests reflected through Fasting Blood Sugar testing. A seafarer can be acceptable on a case-by-case basis for oral medication only—at owners / doctors discretion provided that proper oral medication is provided for duration of time at sea or at least 3 months with a provision to replenish oral medication before subscription is finished. Otherwise, non-oral medication is not acceptable for seafarers.

20. Liver Function Test (SGPT & SGOT)

SGOT between 8-38 and an SGPT level between 9-52 are considered normal.

21. Alcohol/Drug Test

At a minimum, tests for the following should be considered:

- alcohol abuse (various tests above can possibly detect alcohol abuse such as SGOT and SGPT testing);
- THC/cannabis;
- cocaine;
- barbiturates; and
- amphetamines.