

# CIRCULAR

Shipowners Claims Bureau, Inc., Manager  
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New York, New York 10004 U.S.A.



**MAY 31, 2006**

**CIRCULAR NO. 14/06**

**TO MEMBERS OF THE ASSOCIATION**

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**Dear Member:**

## **PRE-EMPLOYMENT MEDICAL EXAMINATION (PEME) PROGRAM: EXPANSION INTO LATVIA, POLAND AND RUSSIA**

Your Managers are pleased to announce the expansion of the Pre-Employment Medical Examination (PEME) program to the following locations: Riga, Latvia; Gdynia, Poland; and St. Petersburg, Russia. Members who draw seafarers from these countries are strongly recommended to use the clinics detailed below at the earliest opportunity.

Members are advised that as of **September 1, 2006**, the program will become mandatory for Members engaging crew from those countries as is currently the case for seafarers from the Philippines and Ukraine.

Within the next month, the Club will authorize additional clinics in Novorossiysk, Russia and Bucharest and Constanza, Romania. Members will be notified as soon as relevant agreements are finalized.

### **Newly Authorized Clinics**

Riga, Latvia

- Maritime Poliklinika "Via Una". 10 Katrindambis, Riga, LV-1045, LATVIA. Contact Persons: Dr. Irina Belokurova and Dr. Nikolajs Dmitruks. Phone: 371 732 2641.
- Diplomatic Services Medicine Centre. 57, Elizabetes str., Riga, LV-1050, LATVIA. Contact Persons: Dr. Pauls Vaivods & Dr. Silvija Lejniece. Phone: +371 722 9942, +371 728 0352. Fax: +371 728 9413. E-mail: [dsmc@apollo.lv](mailto:dsmc@apollo.lv).
- SAI Latvijas Juras Medicinas Centre. 10, Melidas str. Riga, LV-1015, LATVIA. Contact Persons: Dr. Skaidrite Riekstina & Dr. Valentina Volkova. Phone: +371 734 0636. Fax: +371 734 0341.
- Dr. Andras Ergles, Konsultativa Poliklinika. Private Practise Rigas 1, Slimnecas Konsultativa Poliklinika, 5. Bruninieku iela, Riga, LV-1001, LATVIA. Contact Person: Dr. Andras Ergles. Phone: +371 736 6323, +371 9250759.



Gdynia, Poland

- Harbor Clinic. Portowy Zespól Opieki Zdrowotnej, Spolka z o.o., ul. Chrznowskiego 3/5, 81-338 Gdynia, POLAND. Contact Person: Dr. Wanda Otto-Kot. Phone/Fax: +48 58 620 05 18. E-mail: [portowy.zoz@poczta.neostrada.pl](mailto:portowy.zoz@poczta.neostrada.pl).
- AKademiCKie Centrum Medycyny Morskiej i Tropikalnej, Samodzielny Publiczny Szpital Kliniczny, Akademii Medycznej w Gdansk, Przychodnia Medycyny Morskiej, Tropikalnej i Chorob Zawodowych. ul. Powstania Styczniowego 9B, 81-519 Gdynia, POLAND. Contact Person: Dr. Elzbieta Rosik. Phone: +48 58 699 85 90. Fax: 58 699 84 50. E-mail: [przychodnia@acmmit.gdynia.pl](mailto:przychodnia@acmmit.gdynia.pl).

St. Petersburg, Russia

- Briese Swallow St. Petersburg. Vereyskaya Street, 6, St. Petersburg, RUSSIA. Contact Person: Chief Executive Pavel Fedulov. Phone: +7 812 3368003/4, Fax: +7 812 7020842, E-mail: [admin@swallow.spb.ru](mailto:admin@swallow.spb.ru).
- North-Western regional Medical Centre of Ministry of Health of the Russian Federation. Tsiolkovskiy street 3, St. Petersburg, RUSSIA. Contact Person: Evgeniy Presnyakov. Phone: +7 812 2516067, Fax: +7 812 2519700, E-mail: [plavsostav@mail.ru](mailto:plavsostav@mail.ru).

### PEME Medical Forms

All seafarers are to provide a copy of the Club's medical form to the Clinic at the commencement of the PEME. The primary purpose of the form is: (1) to notify the Club-approved clinic that the PEME is to be performed to the Club's standards; and (2) for the Club's collation of statistics on the program. It is not to be regarded as an alternative medical certificate in substitution for the documents required and issued by the Filipino or Ukrainian authorities.

In addition, the Club-approved clinics have been instructed to retain the original copy of the PEME medical forms should there be questions about the validity of a particular PEME. The latest versions of the forms in question are attached. There are separate forms for each country.

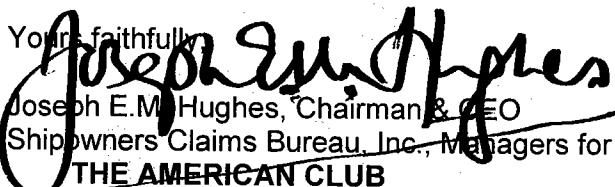
Again, it is imperative that Members instruct the seafarer and/or manning agent that these forms are to be presented to the clinic at the start of the PEME so the clinic will perform the appropriate tests and examinations as requested by the Club.

Once again, your Managers must thank all Members for their support in regard to the Club's PEME program, the success of which is predicated upon Members' cooperation.

### Further information

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 +1 212 847 4542 or [wmoore@american-club.net](mailto:wmoore@american-club.net).

Yours faithfully,

  
Joseph E.M. Hughes, Chairman & CEO  
Shipowners Claims Bureau, Inc., Managers for  
**THE AMERICAN CLUB**



**American Club Pre-Employment Medical Examination Form—LATVIA  
(updated 25 May 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.

<b>Last name of applicant</b>		<b>First name</b>		<b>Blood group</b>
<b>Date of birth</b>	<b>Place of birth (City/Country)</b>		<b>Mailing address of applicant</b>	
<b>Medical certificate No.</b>	<b>Seafarer certificate No.</b>		<b>Name of ship:</b>	
<b>Examination</b>	<b>Results of the examination</b>			
	<b>Pass</b>	<b>Fail</b>	<b>If Fail, please provide the explanation/reason for failure</b>	
Physical Examination				
Dental Examination				
Psychological Test				
Visual Test				
Colour vision				
Audiometry				
Chest X-ray				
EKG				
Urinalysis				
Fecalysis (if required)				
Complete Blood Count				
Ultrasound examination (presence of stones)				
Fasting Blood Sugar				
Hep B Antigen				
VDRL				
HIV Test				
Stress Test				
Diabetes				
Drug & Alcohol Test				

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

Допуск или недопуск по результатам исследований базируются на «Принципах допуска» программы Американского Клуба «Медицинское освидетельствование моряков перед трудоустройством»

<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>
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American Club Pre-Employment Medical Examination Form—Russia (updated 25 May 2006)

**Форма проведения медицинского освидетельствования моряков перед трудоустройством – Украина**

**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.

**ПРИМЕЧАНИЕ:** Оригинал данной формы предназначен для использования только Американским Клубом и должен храниться в медцентре

<b>Last name of applicant</b> Фамилия моряка		<b>First name</b> Имя		<b>Blood group</b> Группа крови
<b>Date of birth</b> Дата рождения		<b>Place of birth (City/Country)</b> Место рождения (город/страна)		<b>Mailing address of applicant</b> Почтовый адрес моряка
<b>Medical certificate No.</b> Мед.заключение №		<b>Seafarer certificate No.</b> Удостоверение моряка №		<b>Name of ship:</b> Название судна:
<b>Examination</b> Исследования		<b>Results of the examination</b> Результаты исследований		<b>If Fail, please provide the explanation/reason for failure/В случае недопуска, пожалуйста, укажите причины</b>
		<b>Pass</b> Допуск	<b>Fail</b> Не допуск	
Physical Examination Физическое обследование				
Dental Examination Осмотр стоматолога				
Psychological Test Оценка психолога				
Visual Test Осмотр окулиста				
Colour vision Цветовые тесты				
Audiometry Аудиометрия				
Chest X-ray Рентген грудной клетки				
ЕКГ ЭКГ				
Urinalysis Анализ мочи				
Fecalalysis Анализ кала				
Complete Blood Count Полный анализ крови				

Ultrasound examination (presence of stones) Ультразвуковое исследование (на наличие камней)			
Fasting Blood Sugar Сахар крови натощак			
Hep B Antigen Тест на антиген гепатита В			
VDRL Проба на сифилис			
HIV Test Тест на ВИЧ			
Stress Test Стресс-тест			
Diabetes Анализ на диабет			
Drug & Alcohol Test Анализ на алкоголь и наркотики			

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

Допуск или недопуск по результатам исследований базируются на «Принципах допуска» программы Американского Клуба «Медицинское освидетельствование моряков перед трудоустройством»

Name and Degree of Physician: Имя и ученая степень врача:  Name of Physician's Licensing: Диплом врача (полное название):  Date of Issue of Physician's License: Дата выдачи диплома:  Date of Examination: Дата проведения освидетельствования	Signature of Physician Подпись врача
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**American Club Pre-Employment Medical Examination Form—POLAND  
(updated 25 May 2005)**

**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.

<b>Last name of applicant</b>		<b>First name</b>		<b>Blood group</b>
<b>Date of birth</b>	<b>Place of birth (City/Country)</b>		<b>Mailing address of applicant</b>	
<b>Medical certificate No.</b>	<b>Seafarer certificate No.</b>		<b>Name of ship:</b>	
<b>Examination</b>	<b>Results of the examination</b>			
	<b>Pass</b>	<b>Fail</b>	<b>If Fail, please provide the explanation/reason for failure</b>	
Physical Examination				
Dental Examination				
Psychological (verification of mental health—no test required)				
Visual Test				
Colour vision				
Audiometry				
Chest X-ray				
EKG				
Urinalysis				
Fecalalysis				
Complete Blood Count				
Ultrasound examination (presence of gall & kidney stones)				
Fasting Blood Sugar				
Hep B Antigen				
Erythrocyt sedimentation rate (ESR)				
VDRL				
HIV Test				
Stress Test				
Diabetes				
Drug & Alcohol Test				

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

<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>
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