



SEPTEMBER 8, 2008

CIRCULAR NO. 18/08

TO MEMBERS OF THE ASSOCIATION

Dear Member:

**PRE-EMPLOYMENT MEDICAL EXAMINATION (PEME) CLINICS: NEWLY-APPROVED CLINICS IN INDIA AND FORTHCOMING REQUIREMENTS FOR INDIAN SEAFARERS**

Your Managers are pleased to report the further development of the Club's PEME program. With effect from September 15, 2008, new facilities, set out below, have been authorized in Mumbai, India.

The PEME program is currently mandatory only for seafarers originating from Latvia, Poland, Romania, Russia and Ukraine. However, effective February 20, 2009, it will be mandatory for Members to use these clinics for Indian seafarers. The mandatory use of clinics in Indonesia from that date for seafarers originating in that country has already been notified to Members.

Attached is the American Club-approved medical form which will be required to be completed for each seafarer's PEME. These forms will also be available for download on the Club's website. A reminder as to these details and the mandatory use of these clinics will be sent prior to renewal.

The Club-approved clinics in India are as follows:

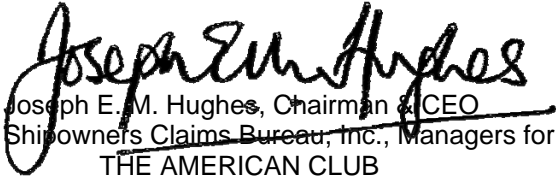
- **Blue Shield Medical Clinics** (2 locations)
  - **Colaba Clinic:** Cecil Court, 1st Floor, Mahakavi Bhushan Road , (Lansdowne Road), Mumbai 400 001. Tel: +91.22.2287.3419, +91.22.2287.3449 and +91.22.2204.9741. Fax: +91.22.2288.5500 and +91.22.2288.1234. E-mail: [info@blueshieldmedicalclinic.com](mailto:info@blueshieldmedicalclinic.com) and [services@blueshieldmedicalclinic.com](mailto:services@blueshieldmedicalclinic.com). Contact person: Ms. Rehana Mercant, Centre Manager. Mobile: +91.98.3336.5993. E-mail: [report@blueshieldmedicalclinic.com](mailto:report@blueshieldmedicalclinic.com).
  - **Andheri Clinic:** Crystal Plaza, 7th Floor, Andheri Ghatkopar Link Road, Andheri (East), Mumbai 400 099. Tel: +91.22.2823.5050, +91.22.2823.5949 and +91.22.2822.3637. Fax: +91.22.2823.5454 and +91.22.2823.5444. E-mail: [secretary@blueshieldmedicalclinic.com](mailto:secretary@blueshieldmedicalclinic.com). Contact person: Ms. Bernadette Dubey, Centre Manager. Mobile: +91.98.3341.0669. E-mail: [secretary@blueshieldmedicalclinic.com](mailto:secretary@blueshieldmedicalclinic.com).
- **Clinics of Dr Ranbir Singh** (4 locations)
  - 6, Shubham Centre II, Cardinal Gracias Road, Chakala, Andheri East, Mumbai 400 093. Tel: +91 22 2820 4156/57. Fax: +91 22 2820 4808. Contact person: Dr. Ranbir Singh, Mobile: +91 9821026616.
  - 33, Rex Chambers, Walchand Hirachand Marg, Ballard Estate, Mumbai 400 001. Tel: +91 22 6631 8446/47. Fax: +91 22 6631 8445. Contact person: Dr. Ashfaq Ubharay. Mobile +91 9821057348
  - 9, Sujata Niwas, S.V. Road (opposite Hotel Siddarth), Bandra West, Mumbai 400 050. Tel: +91 22 6692 6151/52. Fax: +91 22 2640 3507. Contact person: Dr. Dushyant Barfiwala. Mobile +91 9892403037.
  - 411, Sai Commercial Building, B.K.S. Devsi Marg, Govandi East, Mumbai 400 088.

An updated list of all American Club PEME program approved clinics and medical forms can be found at the American Club website under Loss Prevention at [www.american-club.com](http://www.american-club.com). For further information regarding the



Club's PEME program, please contact Dr. William Moore, Senior Vice President of Risk Control for the Shipowners Claims Bureau, Inc. at Tel: +1 212 847 4542, Fax: +1 212 847 4596 or [william.moore@american-club.com](mailto:william.moore@american-club.com).

Yours faithfully,

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



American Club Pre-Employment Medical Examination Form—INDIA  
(updated 08 September 2008)

**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				
Complete Blood Count				
Ultrasound examination (presence of gall & kidney stones)				
Fasting Blood Sugar				
Hep B Antigen				
Erythrocyte sedimentation rate (ESR)				



VDRL			
HIV Test			
Stress Test			
Diabetes			
Liver Function Test (SGPT & SGOT)			
Drug 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:  Name of Physician's Licensing:  Date of Issue of Physician's License:  Date of Examination:	Signature of Physician
--	------------------------