KINGDOM OF BAHRAIN
Ministry of Transportation
and Telecommunications

مملكة البحرين
وزارة المواصلات والاتصالات

PORTS and MARITIME AFFAIRS
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Directive No. STCW/08

STANDARDS OF MEDICAL FITNESS FOR SEAFARER'S

Issued under the enabling power of the Ministerial Resolution 6/2001
and including STCW 2010 Manila Amendments

1. General requirements:

No person can be employed on a Bahrain registered ship unless he/ she has a valid "Medical Certificate for Service at Sea" issued in English under this Directive sample provided in annex 2. Bahraini seafarers shall have such examination and certification done by a doctor duly approved for the purpose jointly by the Undersecretary of Ports and Maritime Affairs and the Ministry of Health. For seafarers of other nationalities serving on Bahrain registered ships, a medical certificate issued by a doctor approved by the national administration, shall be acceptable. However, they (seafarer or the company) may, at their discretion, also have a Bahraini medical certificate.

2. Purpose:

The purpose of the medical examination is to ensure that seafarers employed on a ship are physically and mentally fit for their duties and responsibilities. Seafarers need to have perfect color vision and must be able to reach 6/6 standard with glasses or contact lens. It is necessary to have perfect hearing even if hearing aids are used. The seafarer must demonstrate adequate speech to communicate effectively. The certifying Physician must ensure that the seafarer is tested and confirmed free of HIV/ AIDS, TB, Diabetes, Asthma, Epilepsy and any other inherent disease that may hamper working at sea. The female seafarers will have to be pregnancy free.

3. Reference:

The following documents may be followed for guidance:

3.1 Regulation I/9 "Medical Standards" of the STCW Convention as amended

3.2 Section A-I/9 "Medical Standards" of STCW Code, as amended

3.3 Section B-I/9 "Guidance regarding medical standards" of STCW Code, as amended

3.4 ILO-MLC 2006 Convention

3.5 ILO/ IMO 2013 – Guidance on the Medical Examination for Seafarers.

4. Information to be contained in medical certificate:

The following information at a minimum should be included in the Seafarers' Medical Certificate:

4.1. **Authorizing authority** and the requirements under which the document is issued

4.2. A title to signify that it is a medical certificate of a seafarer (**Medical Certificate for Service at Sea**) with a reference to STCW Convention;

4.3. A reference number (for ease of future communications);

Seafarer information

4.4. Name: (Last, first, middle)

4.5. Date of birth: (day/month/year)

4.6. Gender: (Male/Female)

4.7. Nationality

Declaration of the recognized medical practitioner

4.8. Confirmation that identification documents were checked at the point of examination: Y/N

4.9. Report on Hearing – aided/ unaided

4.10. Visual acuity meets standards in table 1/8 in annex 1? Y/N

4.11. Colour vision meets standards in table 1/8 in annex 1? Y/N

4.12. Date of last colour vision test.

4.13. Fit for look-out duties? Y/N

4.14. No limitations or restrictions on fitness? Y/N, If "N", specify limitations or restrictions.

4.15. Is the seafarer free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board?: Y/N

4.16. Date of examination: (day/month/year)

4.17. Expiry date of certificate: (day/month/year)

Details of the issuing authority

4.18. Official stamp (including name) of the issuing authority

4.19. Name and Signature of the authorized doctor

4.20. **Seafarer's signature** – confirming that the seafarer has been informed of the content of the certificate.

5. Period of validity:

Seafarers' Medical Certificate shall remain valid for a period of two (2) years from the date of issue. Certificate for Color Vision shall remain valid for six (6) years from the date of issue. Where the certificate happens to expire at sea, the same shall be renewed through fresh test and examination at a port convenient to the company within a period of 3 months of the expiry of the last certificate.

6. Company responsibility:

According to the STCW Convention and ISM Code, it is the responsibility of the company to ensure that every seafarer employed by them is medically fit. It is for this reason that the company may require the seafarer to be tested and certified by a doctor of its choice even though the seafarer may have a certificate issued under paragraph 1 of this Directive. However, for the satisfaction of the Administration, the requirements of paragraph 1 must be met and if the company doctor is the only one to test and certify then s/he must fulfill the requirements of paragraph 1.

1. Revision history:

Revision No. 2 of the present Directive supersedes the Directive Number 8, which was published by the President of Customs and Ports on 24th October 2001.

Hassan Ali Al Majed
Undersecretary for Ports and Maritime Affairs
16th August 2016

ANNEX 1

Table 1/8
Minimum in-service eyesight standards for seafarers

STCW Convention regulation	Category of seafarer	Distance vision Aided1		Near/immediate vision	Colour vision3	Visual fields4	Night blindness4	Diplopia (double One vision)4
		One eye	Other eye	Both eyes together, aided or unaided				
I/11 II/1 II/2 II/3 II/4 II/5 VII/2	Masters, deck officers and ratings required to undertake look-out duties	0.52	0.5	Vision required for ship's navigation (e.g., chart and nautical publication reference, use of bridge instrumentation and equipment, and identification of aids to navigation)	See Note 6	Normal Visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant Condition evident
I/11 III/1 III/2 III/3 III/4 III/5 III/6 III/7 VII/2	All engineer officers, electrotechnical officers, electrotechnical ratings and ratings or others forming part of an ngineroom watch	0.45	0.4 (see Note 5)	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident
I/11 IV/2	GMDSS Radio operators	0.4	0.4	Vision required to read instruments in close proximity, to operate equipment, and to identify systems/ components as necessary	See Note 7	Sufficient visual fields	Vision required to perform all necessary functions in darkness without compromise	No significant condition evident

Notes:

1 Values given in Snellen decimal notation.

2 A value of at least 0.7 in one eye is recommended to reduce the risk of undetected underlying eye disease.

3 As defined in the *International Recommendations for Colour Vision Requirements for Transport* by the Commission Internationale de l'Eclairage (CIE-143-2001 including any subsequent versions).

4 Subject to assessment by a clinical vision specialist where indicated by initial examination findings.

5 Engine department personnel shall have a combined eyesight vision of at least 0.4.

6 CIE colour vision standard 1 or 2.

7 CIE colour vision standard 1, 2

ANNEX 2

Suggested format for

Medical Certificate for Service at Sea

Issued under the Directive Number 8 for 2016 (Standards of Medical Fitness for Seafarer's) with respect to the Ministerial Resolution No. 6 for 2001 (The Kingdom of Bahrain Regulation on Merchant Shipping)

Certificate No.:

Name (last, first, middle): _____

Date of birth (day/month/year): ___ / ___ / ___

Sex: ☐ Male ☐ Female

Home address: _____

Method of confirmation of identity, e.g. Passport No./Seafarer's book No. or other relevant identity document No.: _____

Department (deck/engine/radio/food handling/other): _____

Routine and emergency duties (if known): _____

Type of ship (e.g. container, tanker, passenger): _____

Trade area (e.g. coastal, tropical, worldwide): _____

Examinee's personal declaration
(Assistance should be offered by medical staff)

Have you ever had any of the following conditions?

Condition		Yes	No
1.	Eye/vision problem	☐	☐
2.	High blood pressure	☐	☐
3.	Heart/vascular disease	☐	☐
4.	Heart surgery	☐	☐
5.	Varicose veins/piles	☐	☐
6.	Asthma/bronchitis	☐	☐
7.	Blood disorder	☐	☐
8.	Diabetes	☐	☐
9.	Thyroid problem	☐	☐
10.	Digestive disorder	☐	☐
11.	Kidney problem	☐	☐
12.	Skin problem	☐	☐
13.	Allergies	☐	☐
14.	Infectious/contagious diseases	☐	☐
15.	Hernia	☐	☐
16.	Genital disorder	☐	☐
17.	Pregnancy	☐	☐
18.	Sleep problem	☐	☐
19.	Do you smoke, use alcohol or drugs?	☐	☐

Condition		Yes	No
20.	Operation/surgery	☐	☐
21.	Epilepsy/seizures	☐	☐
22.	Dizziness/fainting	☐	☐
23.	Loss of consciousness	☐	☐
24.	Psychiatric problems	☐	☐
25.	Depression	☐	☐
26.	Attempted suicide	☐	☐
27.	Loss of memory	☐	☐
28.	Balance problem	☐	☐
29.	Severe headaches	☐	☐
30.	Ear (hearing, tinnitus)/nose/throat problem	☐	☐
31.	Restricted mobility	☐	☐
32.	Back or joint problem	☐	☐
33.	Amputation	☐	☐
34.	Fractures/dislocations	☐	☐

If you answered "yes" to any of the above questions, please give details:

Additional questions		Yes	No
35.	Have you ever been signed off as sick or repatriated from a ship?	☐	☐
36.	Have you ever been hospitalized?	☐	☐
37.	Have you ever been declared unfit for sea duty?	☐	☐
38.	Has your medical certificate even been restricted or revoked?	☐	☐
39.	Are you aware that you have any medical problems, diseases or illnesses?	☐	☐
40.	Do you feel healthy and fit to perform the duties of your designated position/occupation?	☐	☐
41.	Are you allergic to any medication?	☐	☐

Comments:

Additional questions		Yes	No
42.	Are you taking any non-prescription or prescription medications?	☐	☐

If yes, please list the medications taken, and the purpose(s) and dosage(s):

I hereby certify that the personal declaration above is a true statement to the best of my knowledge.

Signature of examinee: _____ Date (day/month/year): ___ / ___ / ___

Witnessed by (signature): _____ Name (typed or printed): _____

I hereby authorize the release of all my previous medical records from any health professionals, health institutions and public authorities to Dr _____ (the approved medical practitioner).

Signature of examinee: _____ Date (day/month/year): ___ / ___ / ___

Witnessed by (signature): _____ Name (typed or printed): _____

Date and contact details for previous medical examination (if known):

_____

Medical examination

Sight

Use of glasses or contact lenses: Yes/No (if yes, specify which type and for what purpose)

_____

Visual acuity

	Unaided			Aided		
	Right eye	Left eye	Binocular	Right eye	Left eye	Binocular
Distant						
Near						

Visual fields

	Normal	Defective
Right eye		
Left eye		

Colour vision

☐ Not tested ☐ Normal ☐ Doubtful ☐ Defective

Hearing

	Pure tone and audiometry (threshold values in dB)			
	500 Hz	1'000 Hz	2'000 Hz	3'000 Hz
Right ear				
Left ear				

Speech and whisper test (metres)

	Normal	Whisper
Right ear		
Left ear		

Clinical findings

Height: _____ (cm) Weight: _____ (kg)

Pulse rate: _____ /(minute) Rhythm: _____

Blood pressure: Systolic: _____ (mm Hg) Diastolic: _____ (mm Hg)

Urinalysis: Glucose: _____ Protein: _____ Blood: _____

	Normal	Abnormal
Head		
Sinuses, nose, throat		
Mouth/teeth		
Ears (general)		
Tympanic membrane		
Eyes		
Ophthalmoscopy		
Pupils		
Eye movement		
Lungs and chest		
Breast examination		
Heart		
Skin		
Varicose veins		
Vascular (inc. pedal pulses)		
Abdomen and viscera		
Hernia		
Anus (not rectal exam)		
G-U system		
Upper and lower extremities		
Spine (C/S, T/S and L/S)		
Neurologic (full/brief)		
Psychiatric		
General appearance		

Chest X-ray

☐ Not performed ☐ Performed on (day/month/year): ___ / ___ / ___

Results:

Other diagnostic test(s) and result(s)

Test: Result:

Medical practitioner's comments and assessment of fitness, with reasons for any limitations:

Assessment of fitness for service at sea

On the basis of the examinee's personal declaration, my clinical examination and the diagnostic test results recorded above, I declare the examinee medically:

☐ Fit for look-out duty ☐ Not fit for look-out duty

	Deck service	Engine service	Catering service	Other services
Fit	☐	☐	☐	☐
Unfit	☐	☐	☐	☐

☐ Without restrictions ☐ With restrictions Visual aid required ☐ Yes ☐ No

Describe restrictions (e.g., specific position, type of ship, trade area)

Medical certificate's date of expiration (day/month/year): ___ / ___ / ___

Date medical certificate issued (day/month/year): ___ / ___ / ___

Number of medical certificate: _____

Signature of medical practitioner: _____

Medical practitioner information (name, license number, address):

_____

_____

_____