

本地船只咨询委员会
建议对本地合格证明书申请人 / 持有人实施健康证明要求

目的

本文件旨在请委员对建议本地合格证明书申请人 / 持有人实施健康证明要求的方案，提出意见和通过建议。

背景

2. 船只操作员的身体状况对确保香港水域使用者的安全十分重要。即使在风险相对较低的遮蔽水域，对船长在紧急情况下仍有特殊的要求，以保障船上人员安全。现时，对于申请本地合格证明书申请人士的健康要求，只限于通过海事处主考人员“目测”及医疗专业人员进行的视力测验。本地合格证明书发出后其有效期至年届 65 岁时期满，在有效期内不需进行健康检查或评估。在 65 岁期满时只需进行视力测验以延展其本地合格证明书。如年龄少于 71 岁，每次申请延展 3 年。如 71 岁或以上，则每次申请可延展 1 年。

3. 在 2013¹年和 2015²年分别由独立专家团队进行了研究并提出了以下的意见：

- (i) “我们认为需重新考虑个人健康证明重新验证这一要求，并且应该实施定期体检的要求，可参考采用与英国相似的时间间距。” 及
- (ii) “引入健康证明标准的建议更为合理，将使香港更加贴近其他司法管辖区的规范。”

4. 为建立该制度，海事处聘请了医疗顾问和专家，制定了一套适合本地合格证明书申请人 / 持有人的医疗评估准则和有关标准。尽管香港的海上安全水平值得称赞，但海事处强调，船舶经营者仍有照顾乘客和公众的责任。因此，海事处在厘订健康标准时采用了以风险为本的方法，确保本地船员的健康状况适合履行其职责。

¹ 安吉摩联合有限公司于 2013 年撰写的《基准参照调查比较香港与海外有代表性港口对其本地载客船只的安全要求》

² H4 Maritime Limited 于 2015 年撰写的《参考采用与香港类似监管制度的海事局，为海事处的工作提供专家意见》

建议安排

5. 由顾问制定并获得医学专家认可的健康评估表和健康评估指引分别刊载于附件 A 和附件 B。
6. 海事处认为有关制度最先应在两个目标组施行，第一组涉及所有新申请签发任何级别本地合格证明书和申请为其合格证明书续期的人士。第二组属操作高风险船只³人士，须定期进行健康检查。

第一目标组

7. 当申请新的本地合格证明书或为已持有的本地合格证明书续期时，申请人须提交由海事处认可医生签发的健康证明书。
8. 如申请被接纳，会获签发本地合格证明书或为其证明书续期，有关持证人在证明书的有效期间内不再需要进行健康检查，但需操作高风险船只人士除外。而已递交的健康证明书的有效日期会登记在海事处的系统内，并能经网上电子证书核证系统查核本地合格证明书时显示。

第二目标组

9. 所有操作高风险船只人士（即的船长及轮机操作员）须每隔五年获取健康证明书。
10. 高风险船只的运作牌照上将附加条件以执行健康要求，牌照的附加条件会列明操作高风险船只人士须持有有效的健康证明书及该证明书须向海事处提交作记录。海事处会通知高风险船只的船东有关的运作牌照上附加条件的安排。如违反牌照附加的条件均属犯罪，并会根据第 548D 章《商船(本地船只)(证明书及牌照事宜)规例》第 36 条处理。
11. 海事处会在日常和特别巡逻时对高风险船只上人士检查健康证明书以监察执行情况。

实施日期

12. 委员通过本建议后，海事处将举行多场简报会以向业界详细介绍上述安排的细节。预计上述方案可在 2024 年第三季施行。

³ 高风险船只包括(a)载客船只；以及(b)石油／气体运输船因其存在对环境严重污染的风险。现时约有 600 艘高高风险船只在香港水域运作。

征求意见

13. 请委员就上述第 7、9 和 12 段的建议方案及实施日期提出意见，并对海事处的建议予以通过。

海事处

本地船舶及考试科

2024 年 7 月



香港特別行政區政府海事處

MARINE DEPARTMENT

THE GOVERNMENT OF THE HONG KONG SPECIAL ADMINISTRATIVE REGION

**Medical Assessment Form
(Holder of Local Certificate of Competency)**

健康評估表
(本地合格證明書持有人)

PART I — Personal Details

第I部分 — 個人資料

Surname 姓氏 (英文) :		Forename(s) in full 名 (英文) :			
Name in Chinese 姓名 (中文) :			Date of birth 出生日期 :		
H.K. Identity Card No. or Passport No. 香港身份證或護照號碼 :				Gender 性別 :	

PART II — Medical Assessment

第II部分 — 健康評估

This Part is to be completed by a Marine Department-registered medical practitioner (RMP). When completing this part, RMP should refer to the Marine Department's stipulated Guidelines for Conducting the Medical Assessment of Local Certificate of Competency Holders.

本部分由海事處認可醫生（“認可醫生”）填寫。在填寫本表格時，認可醫生應參照海事處發出的本地合格證明書持有人健康評估指引。

Risk Group 1 – Sudden Loss of Consciousness, Altered Awareness, Epilepsy and Sleep Disorders

第一組風險 — 突發性失去意識、知覺改變、腦癇和睡眠障礙

- 1 Does the applicant have a history of epilepsy or epileptic attack in the past five years? Yes 是 No 否
 在過去五年中，申請人是否有患過腦癇症或腦癇發作病歷？
 If YES, please give details of the last attack and the date when treatment ceased
 如 是，請提供最近一次發作的資料和治療終止的日期
- 2 Does the applicant have blackout or an impairment of consciousness (including sleep apnoea) within the last two years? Yes 是 No 否

在過去兩年內，申請人是否曾有昏厥或意識障礙（包括睡眠窒息症）？

If YES, has applicant had following conditions?

如是，申請人是否有患過下列情況？

Seizure 發作

Yes 是 No 否

Migraine 偏頭痛

Yes 是 No 否

Sleep apnoea 睡眠窒息症

Yes 是 No 否

Narcolepsy 昏睡症

Yes 是 No 否

Malignant neoplasms 惡性腫瘤

Yes 是 No 否

Syncope 昏厥

Yes 是 No 否

Intracranial surgery/injury 顱內手術／受傷

Yes 是 No 否

Risk Group 2 – Mental Health Conditions Including Alcohol and Substance Abuse

第二組風險 — 精神健康疾病，包括酒精和物質濫用

3 Does the applicant have a history of regular use of any drugs (including prescribed medicine), substances or alcohol at any point over the last three years? Yes 是 No 否

在過去三年的任何時候，申請人是否有定期使用任何藥物（包括處方藥）、物質或酒精的情況？

If YES, has the applicant had the following conditions?

如是，申請人是否有過下列情況？

Alcohol abuse 酗酒

Yes 是 No 否

Drug dependence/persistent substance abuse 藥物依賴／物質濫用

Yes 是 No 否

4 Does the applicant have any mental health problems over the past five years? Yes 是 No 否

在過去五年中，申請人是否有任何精神健康問題？

If YES, has the applicant had the following conditions?

如是，申請人是否有過下列情況？

Acute psychosis 急性思覺失調

Yes 是 No 否

Mood/affective disorders 心境／情感障礙

Yes 是 No 否

Risk Group 3 – Cardiovascular Disease

第三組風險 — 心臟及血管疾病

5 Does the applicant have any cardiovascular conditions in the past one year? Yes 是 No 否

申請人在過去一年內是否有心臟及血管疾病？

If YES, has the applicant had the following conditions?

如是，申請人是否有過下列情況？

Valvular heart disease 心臟瓣膜疾病

Yes 是 No 否

Congenital heart disease 先天性心臟病

Yes 是 No 否

Hypertension 高血壓

Yes 是 No 否

Cardiac event 心臟意外

Yes 是 No 否

Cardiac arrhythmias and conduction defects 心律不正及傳導缺陷

Yes 是 No 否

Ischaemic cerebrovascular disease 腦血管缺血性疾病

Yes 是 No 否

Implantation of cardiac pacemaker 植入心臟起搏器

Yes 是 No 否

Implantation of cardioverter defibrillator 植入心臟復律除顫器

Yes 是 No 否

Risk Group 4 – Diabetes Mellitus

第四組風險 — 糖尿病

6 Does the applicant have uncontrolled or insulin treated diabetes mellitus? Yes 是 No 否

申請人是否患有不受控制或使用胰島素治療的糖尿病？

Risk Group 5 – Medical Conditions Affecting Physical Capabilities

第五組風險 — 影響運動系統疾病

- 7 Does the applicant have any conditions that significantly affect his/her mobility or his/her physical operation of a vessel? Yes 是 No 否
申請人是否有任何嚴重影響其肢體活動功能或船舶實際操作的情況？
If YES, has the applicant had the following conditions?
如是，申請人是否有過下列情況？
- Artificial limbs 使用義肢 Yes 是 No 否
Osteoarthritis 骨關節炎 Yes 是 No 否
Multiple sclerosis 多發性硬化症 Yes 是 No 否
Parkinson's disease 帕金森症 Yes 是 No 否
Obesity (BMI over 35) 肥胖症 (體重指標超過35) Yes 是 No 否
- 8 Does the applicant have Meniere's disease or other forms of chronic or recurrent disabling vertigo? Yes 是 No 否
申請人是否患有美尼爾氏症 (耳水不平衡) 或其他形式的慢性或複發性致失能眩暈？

Risk Group 6 – Chronic Respiratory Disease

第六組風險 — 慢性呼吸系統疾病

- 9 Does the applicant have any health problem affecting his/her lungs or breathing to the extent that it incapacitates him/her? Yes 是 No 否
申請人是否有任何健康問題影響到其肺部或呼吸，以至使其失去行動能力？
If YES, has the applicant had the following conditions?
如是，申請人是否有過下列情況？
- Chronic obstructive pulmonary disease with usage of supplement oxygen 需要使用輔助氧氣的慢性阻塞性肺病 Yes 是 No 否
Asthma 哮喘 Yes 是 No 否

Risk Group 7 – Medical Conditions Affecting Communication Ability

第七組風險 — 影響語言溝通能力疾病

- 10 Does the applicant have unclear speech which will impair his/her ability to call for help during an emergency? Yes 是 No 否
申請人有否言語不清，會影響其在緊急情況下尋求幫助的能力？
- 11 Is the applicant able to hear a whispered voice in a quiet room? Hearing aids are acceptable provided that their use does not impede watch-keeping duties to be adequately performed. Yes 是 No 否
申請人能在環境肅靜的房間裡聽到耳語嗎？如不妨礙履行正常值班職責是允許使用助聽器。

Risk Group 8 – Eye Disease

第八組風險 — 眼科疾病

- 12 Has the applicant been diagnosed with any chronic or progressive or recurrent eye disorders? Yes 是 No 否
申請人是否被診斷患有任何慢性或漸進性或複發性眼部疾病？
If YES, has the applicant had the following conditions?
如是，申請人是否有過下列情況？
- Glaucoma 青光眼 Yes 是 No 否
Maculopathy 黃斑病 Yes 是 No 否

Diabetic retinopathy 糖尿病視網膜病變

Yes 是 No 否

Risk Group 9 – Medical Conditions Affecting Memory and Cognitive Function

第九組風險 — 影響記憶及認知能力疾病

- 13 Does the applicant have dementia or cognitive impairment? Yes 是 No 否
申請人是否患有癡呆症或認知障礙?
If YES, has the applicant had the following conditions?
如 是，申請人是否有過下列情況？
- Alzheimer's Disease 阿滋海默症 Yes 是 No 否
Vascular Dementia 血管性認知障礙症 Yes 是 No 否
Mild Cognitive Impairment 輕度認知障礙 Yes 是 No 否

Other Medical Conditions

其他醫療狀況

- 14 Has the applicant used any medication that may impair his/her ability in performing routine and emergency duties? Yes 是 No 否
申請人有否因所服用的藥物對其執行一般及應急職責的能力有負面影響？
- 15 Does the applicant have any conditions that can impair his/her fitness to operate a vessel? Yes 是 No 否
申請人有否因其健康狀況對操作船隻的適合性有負面影響？
- 16 For a revalidation application: has there been any significant changes to the applicant's eyesight and hearing including visual or hearing aids that would affect his/her ability to perform duties? Yes 是 No 否
如屬延展證明書期限申請：申請人的視力和聽力（包括使用助視器或助聽器）曾有否任何重大改變會影響其履行職責的能力？

If "Yes" was answered for any of the above, or if there are any medical conditions not included in the questions, or there is any additional information which could help for assessment, the medical practitioner should provide details below:

如上述任何一項回答“是”，或有發現不在上述問題內所包括的健康狀況，或有任何附加資料有助於評估，醫生應提供詳細資訊於此：

PART III — Basic Health Examination

第III部分 — 基本體格檢查

Height (cm): 身高 (厘米)	Weight (kg): 體重 (公斤)	Body Mass Index (BMI) 體重指標
Urinary Glucose: 尿液化驗(尿糖)	Urinary Protein: 尿液化驗(尿蛋白)	$\frac{Weight(kg)}{\{Height(m)\}^2}$
Pulse rate (per minute): 心率 (每分鐘)	Rhythm: 心律	
Blood pressure (mm Hg): 血壓 (毫米汞)	Systolic: 收縮壓	Diastolic: 舒張壓

Other relevant physical examination findings (if applicable), please give details below:
其他相關體格檢查結果 (如適用) , 請詳細說明於此:

PART IV — Examinee's Declaration

第IV部分 — 體檢者聲明

I hereby confirm that the information given to the medical practitioner by me is truthful and that I have not concealed any information about my state of health.

我特此確認, 我向醫生提供的資料是真實的, 我沒有隱瞞任何有關我的健康狀況資料。

Signature of Examinee

體檢者簽署

Date 日期:

Medical Fitness Certificate

健康證明書

On the basis of my assessment recorded above, I certify that the applicant is medically:

根據我以上的評估記錄，我作出證明，申請人的健康評估為：

(Please tick one of the following blocks in sections A, B, or C)

(請在以下 A、B 或 C 部分中勾選一方框)

A. Fit to operate a local vessel: Without restrictions With restrictions:
適合操作本地船隻 沒有限制 設有限制

B. Unfit to operate a local vessel:
不適合操作本地船隻

C. Based on the available health information, the applicant's fitness is considered doubtful, and the applicant is required to undergo a further medical examination on []
item by a medical specialist or provide evidence of treatment for the condition concerned for his/her health status to be considered acceptable.

根據現有的健康資訊，申請人的健康狀況被認為有疑問，需要接受由專科醫生對
[] 項目進行進一步檢查或提供治療證明以確認其健康狀況被接受。

Remarks and description of restrictions if applicable:

備註及具體說明何種限制（如適用）

This medical fitness certificate is valid until* : DD/MM/YYYY

本體格檢驗證書有效期至

Date	Signature of Medical Practitioner	Stamp of Medical Practitioner
日期	醫生簽署	醫生蓋印

* RMP may issue a certificate of medical fitness for a lesser period if appropriate.
如需要，認可醫生可簽發較短期限的體格檢驗證書。

Certificate issue duration	證書有效期限	Age	年齡
Up to 5 years	不多於五年	18 to 60 years old	18 歲或以上但未滿61歲
Up to 3 years	不多於三年	61 to 68 years old	61 歲或以上但未滿69歲
Up to 1 years	不多於一年	69 years old or more	年滿69歲或以上

Guidance Notes 填表須知

At the time of the initial issue/revalidation of the Local Certificate of Competency or serving on the specified type of local vessel requires the applicant to hold a valid Medical Fitness Certificate (Holder of Local Certificate of Competency).

本地合格證明書在首次簽發／延展期限，或在指明類型本地船隻上工作時，申請人需要持有有效的體格檢驗證書（本地合格證明書持有人）。

The primary objectives of a medical assessment of fitness for duty at sea are:

- to ensure that individuals are fit to perform the essential tasks of their job at sea effectively; and
- to anticipate and where possible, prevent the avoidable occurrence of ill-health offshore which could place individuals, their colleagues, passengers and emergency personnel at risk.

履行海上職責人士而進行體格檢驗的主要目的為：

- 確保個人適合有效地執行海上工作的基本任務，和
- 在預計有可能發生的情況下，避免離岸工作中因身體欠佳狀況出現對個人、伙伴、乘客及應急人員構成危害。

For examinee 受評核人須知

- 1 The information on the medical assessment form will be used by Marine Department to determine if the applicant is medically fit to operate a local vessel.

海事處對健康評估表上的資料用於評估申請人的健康狀況是否適合操作本地船隻。

- 2 This form is to be submitted to the Marine Department for the application or revalidation of Local Certificate of Competency.

此表格提交給海事處作申請本地合格證明書或本地合格證明書續期之用。

- 3 Having a medical condition will not necessarily debar the applicant from working onboard a local vessel. This will depend on the nature of the medical condition, results of medical assessment, together with the circumstances and mode of vessel operation.

如有醫療狀況申請人並不一定被禁止在本地船上工作，而會因應醫療狀況的性質、醫療評估的結果，以及有關情況和船隻操作模式作考慮。

- 4 Any person who makes, assists in making or procures to be made any false representation for the purpose of procuring, either for himself or for any other person, a local certificate of competency commits an offence.

任何人如為了為自己或他人取得本地合格證明書，作出或協助作出任何虛假陳述，或促致作出任何虛假陳述，即屬犯罪。

Personal Data Collection Statement

收集個人資料聲明

1. Purposes of Collection 收集目的

The personal data provided by means of this form will be used by Marine Department for the following purposes:

海事處會使用透過本表格所獲得的個人資料作下列用途：

- (a) activities relating to the processing of your application for a Local Certificate of Competency;
辦理有關審批你所提出申請本地合格證明書的事務；
- (b) facilitating communication between Marine Department and yourself;
方便海事處與你聯絡；
- (c) assisting in the enforcement of any other Ordinances and Regulations by other Government Bureaux and Departments;
藉此協助其他政府決策局和部門執行其他法例和規例；
- (d) limited personal data of successful applicants may be used via the Marine Department's Internet web site for verification of the issued certificate by any third party; and
成功申請人的有限個人資料會用於海事處的互聯網網頁以供第三者查證本處所發出的證書；以及
- (e) for statistics and research purposes on the condition that the resulting statistics or results will not be made available in a form which will identify the data subjects.
供作統計及研究用途，但所得的統計數字或研究成果，不會以能辨識各有關的資料當事人或其中任何人的身份的形式提供。

2. Classes of Transferees 獲轉交資料的部門／人士

The personal data you provided by means of this form may be disclosed to other Government Bureaux and Departments for the purposes mentioned in paragraph 1 above.

你透過本表格所提供的個人資料會向其他政府部門、決策局及有關機構，以作上述第 1 段所列的用途。

3. Access to Personal Data 索閱個人資料

You have a right of access and correction with respect to personal data as provided for in Sections 18 and 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance. Your right of access includes the right to obtain a copy of your personal data provided by this form.

根據《個人資料(私隱)條例》第 18 及 22 條及附表 1 第 6 條，你有權索閱及修正你的個人資料。你的索閱權包括獲取本申請表所提供的個人資料副本一份。

4. Enquires 查詢

Enquiries concerning the personal data collected by means of this form, including the making of access and correction, should be addressed to:

有關透過本申請表收集的個人資料的查詢，包括索閱及修正資料，應寄往：

Officer-in-charge
River Trade and Local Examination Section
Marine Department
Room 303, 3/F, Harbour Building 38 Pier Road, Central
Hong Kong

香港
中環統一碼頭道38號
海港政府大樓3樓303室
內河航行及本地考試組主管

**Guidelines for Conducting Medical Assessment on
Holders of Local Certificate of Competency**

I. Introduction

The following guidelines are provided for registered medical practitioners (“RMPs”) approved to medically assess seafarers by conducting medical assessment on holders of Local Certificate of Competency (“LCoC”). In conducting medical assessment on LCoC holders, RMPs should follow these guidelines and make reference to the relevant sections of the “Guidelines on the medical examinations of seafarers” (STCW.7/Circ.19, hereinafter referred to as “the Guidelines”) published by the International Maritime Organization (“IMO”) and the International Labour Organization (“ILO”).

II. Background

In accordance with the Merchant Shipping (Local Vessels) Ordinance (Cap. 548), persons employed as coxswains, engine operators and pleasure vessel operators are required to hold a relevant LCoC issued under section 16 of this Ordinance.

To safeguard maritime safety, LCoC holders are required to meet basic medical standards at the time of the initial issue and revalidation of a LCoC. To this effect, LCoC applicants will be required to undergo a medical assessment. Upon medical assessment, RMPs will issue medical fitness certificates to the applicants. This may certify him/her as fit without restriction, fit with restrictions or unfit. RMPs should adopt the following guidelines when conducting medical assessment.

III. Working Conditions On Board Local Vessels in Hong Kong Waters

Local vessels refer to vessels licensed in Hong Kong under the Merchant Shipping (Local Vessels) Ordinance (Cap. 548), among which the most common types are as follows:

Pleasure vessels (including jet-skis): used exclusively for pleasure

purposes, such as traditional junks and open cruisers.

Cargo vessels and oil carriers: used for the transportation of goods or oil. Typically travel at slow speeds.

Ferries and launches: used for the transportation of passengers.

The operating environment applicable to LCoC holders significantly differs from that for foreign going vessels and therefore RMPs should fully consider the following factors when assessing the medical fitness of a LCoC holder. Factors to be taken into consideration include:

- the generally calm waters of Hong Kong;
- the availability of emergency services;
- the extensive coverage of communication networks, such as mobile phone networks and maritime distress response centres;
- the limited size of Hong Kong waters where local vessels are engaged in very short voyages;
- the LCoC holders do not live on board their vessels; and
- the availability of onshore medical care.

IV. General Considerations

The fundamental purpose of medical assessment is to determine whether an individual LCoC holder is physically and medically fit to perform the essential tasks of operating a local vessel safely. It is recognised that not all potentially dangerous medical conditions are covered in this document and therefore medical practitioners should assess the range of medical, physical and psychological circumstances that could affect the ability of a LCoC holder to control a vessel to the extent of endangering public safety. The interests of a LCoC holder must also be balanced against the need for public safety. Equally, no one should be deprived of their livelihood or access to the sea where the risk to the public is essentially negligible. As such, when conducting medical assessment, RMPs should apply the following criteria to determine whether a condition would render a person unfit to operate a local vessel:

- (a) *Medical conditions that hamper the applicant's ability to carry out duties on board the vessel (e.g. loss of sight and loss of*

hearing);

- (b) Medical conditions that can lead to the complete incapacitation of seafarers in 30 minutes; and*
- (c) Mental disorders that can cause changes to perception, cognition, affect/mood, risk taking and thought processes.*

V. Medical Conditions and Medical Assessment

Medical assessment should be conducted in addition to basic health exam (Part III of MAF) by completing questions 1 to 16. The objective of medical assessment is to screen out those who could not operate a local vessel safely, but not a full medical examination for diagnostic purposes.

Conditions which could potentially impair the ability of a LCoC holder to perform the essential tasks are categorised into the following nine classes. The nine classes of conditions form the basis of the medical assessment form. RMPs should follow the rationale and guidelines listed below when assessing the medical fitness of a LCoC applicant.

1. Sudden Loss of Consciousness, Altered Awareness, Epilepsy and Sleep Disorders (Corresponding Questions 1 and 2)

Depending on the case, diseases falling under this category could alter the state of consciousness of a local vessel operator, which could then prevent him/her from performing his/her duties. When the onset is sudden or the local vessel operator is not aware of the change of state, he/she may put himself/herself or the passengers on board and the vessel at risk. In some cases, loss or alteration of consciousness is recurrent and may increase the probability of harm. Examples include epilepsy, syncope, migraine, seizure, sleep apnoea, malignant neoplasms, intracranial surgery and narcolepsy.

Guidelines

ICD-10¹ (diagnostic codes)	Condition	Criteria for operating local vessels in Hong Kong Waters
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¹ The World Health Organization's International Classification of Diseases, 10th revision ("ICD-10")

G40-41	Epilepsy (multiple seizures)	<p><u>Without provoking factors:</u></p> <p>Without seizures and not on any anti-epilepsy medication in the last five years, provided there is no continuing liability to seizures.</p> <p><u>Provoked by alcohol, medication, head injury:</u></p> <p>Without seizures and not on any anti-epilepsy medication in the last five years, provided there is no continuing liability to seizures from exposure to provoking substances.</p>
G40-41	Single seizure	One year after seizure and one year after end of treatment.
G43	Migraine (frequent attacks causing incapacity)	No anticipated incapacitating adverse effects while at sea.
G47	Sleep apnoea	<p>Treatment initiated and demonstrably working effectively to prevent daytime sleepiness for three months. Confirmed compliance with continuous positive airway pressure (CPAP) use during this period needed.</p> <p>Six monthly assessments of compliance with CPAP use based on CPAP machine recording.</p>
G47	Narcolepsy	<p>No watchkeeping duties, if specialist confirms full control of treatment for at least two years.</p> <p>Annual review.</p>
C00-48	Malignant neoplasms	<p>Cancer diagnosed more than 5 years ago, or specialist reviews no longer required and no current impairment or low continuing likelihood of impairment from recurrence.</p> <p>To be confirmed by specialist report with evidence for opinion stated.</p>

R55	Syncope	<p><u>Simple faint:</u> If no incapacitating recurrences ~ fit.</p> <p><u>Unexplained syncope with low risk of recurrence:</u> Three months after event if no recurrences ~ fit.</p> <p><u>Presumed syncope with high risk of recurrence:</u> If no cause found after one year with no recurrences ~ fit. If cause found and treated successfully after four months with no recurrences or treatment problems ~ fit.</p> <p><u>If recurrent incidents persist:</u> Despite full investigation and appropriate treatment ~ temporary unfit.</p>
T90	Intracranial surgery/injury, including treatment of vascular anomalies or serious head injury with brain damage	<p>After at least one year, if seizure likelihood is low and no impairment from underlying condition or injury.</p> <p>Conditional on continued compliance with any treatment and on periodic review, as recommended by specialist.</p>

*2. Mental Health Conditions Including Alcohol and Substance Abuse
(Corresponding Questions 3 and 4)*

Conditions may include bipolar affective disorder, alcohol and drug misuse, personality disorders with aggressive or impulsive components, etc. These conditions can have adverse effects on personal performance through changes to perception, cognition, affect/mood, risk taking and thought processes. In some cases, there is also impairment of movement and co-ordination. Such impairment sometimes causes constant effects on an individual's capabilities and can pose direct dangers to others on board and vessel operations.

Recurrences may be part of the natural history of the disease; or can be attributed either to work-related provoking factors such as overload, tiredness or a managerial climate perceived as harsh or inconsistent or to non-occupational causes such as relationship or financial problems. In addition, the impairing effects of some medications used to treat mental

health problems may hamper a seafarer’s cognitive ability, and this is often exacerbated if there is misuse of alcohol or drugs.

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ICD-10 (diagnostic codes)	Condition	Criteria for operating local vessels in Hong Kong Waters
F10	Alcohol abuse (dependency)	After three years from end of last episode without relapse and without co-morbidity.
F11-19	Drug dependence/persistent substance abuse, including both illicit drug use and dependence on prescribed medications	After three years from end of last episode without relapse and without co-morbidity.
F20-31	Psychosis (acute) - whether organic, schizophrenic or other category listed in the ICD. Bipolar (manic depressive disorders)	<p><u>Following single episode with provoking factors:</u> Case-by-case assessment at least one year after the episode, provided that provoking factors can and will always be avoided.</p> <p><u>Following single episode without provoking factors:</u> Case-by-case assessment to exclude likelihood of recurrence at least five years since end of episode if no further episodes; no residual symptoms; and no medication needed during the last two years.</p> <p><u>If recurrent episodes:</u> A psychiatrist specialist advice should be obtained.</p>

F32-38	Mood/affective disorders Severe anxiety state, depression, or any other mental disorder likely to impair performance Minor or reactive symptoms of anxiety/depression	<u>Severe:</u> Case-by-case assessment to exclude likelihood of recurrence after at least two years with no further episodes and with no medication or on medication with no impairing effects. <u>Minor:</u> Case-by-case assessment after one year from end of episode if symptom free and off medication or on medication with no impairing effects.
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3. Cardiovascular Disease (Corresponding Question 5)

Cardiovascular diseases and conditions may be aggravated by stress of work at sea. They may also lead to loss of consciousness or death. A local vessel operator who underwent coronary artery bypass grafting or percutaneous coronary intervention has a higher likelihood of suffering from subsequent cardiovascular events. Opinion from a specialist cardiologist may be required for individuals with a history of myocardial infarction or coronary artery disease requiring angioplasty, stenting or bypass grafting.

Guidelines

ICD-10 (diagnostic codes)	Condition	Criteria for operating local vessels in Hong Kong Waters
I05-08 I34-39	Congenital and valve disease of heart (including surgery for these conditions). Heart murmurs not previously investigated	Case-by-case assessment based on advice from a specialist cardiologist.

I10-15	Hypertension	<p>Blood pressure higher than 160/100 mm Hg is classified as severe ~ temporary unfit.</p> <p>Normally if >150 systolic or >95 diastolic mm Hg until investigated and initially treated with anti-hypertensive drug therapy and effective control of hypertension is achieved (not greater than 150/95 mm Hg) without appreciable side effects over a four-week period, subject to annual review.</p> <p>Where blood pressure control under regular surveillance, compliant with recommended treatment, has been achieved and is stable for 2 years, 2-yearly reviews are appropriate.</p>
I20-25	Cardiac event, i.e. myocardial infarction, ECG evidence of past myocardial infarction or newly recognised left bundle-branch block, angina, cardiac arrest, coronary artery bypass grafting, coronary angioplasty	<p>For three months after initial investigation and treatment (longer if symptoms not resolved) ~ temporary unfit.</p> <p>Opinion from a cardiologist on the level of excess risk of recurrence should be sought.</p> <p>If likelihood of recurrence is very low (i.e. recurrence rate is less than 2 percent per year) and fully compliant with risk reduction recommendations and no relevant co-morbidity, issue a six-month certificate initially and then an annual certificate.</p> <p>If likelihood of recurrence is low (i.e. recurrence rate ranges from 2 to 5 percent per year), restricted to no lone working or watchkeeping duties, issue a six-month certificate initially and then an annual certificate.</p> <p>If likelihood of recurrence is moderate (i.e. recurrence rate ranges from 5 to 20 percent per year), case-by-case assessment of ability to determine restriction on duties. With annual review if considered to be capable.</p>

I44-49	Cardiac arrhythmias and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD))	<p>Investigated, treated and adequacy of treatment confirmed.</p> <p>If no impairing symptoms present and very low (i.e. recurrence rate is less than 2 percent per year) excess likelihood of impairment from recurrence, based on specialist cardiologist report.</p> <p>Unfit if applicant has had a defibrillator device implanted.</p> <p>If applicant has had a pacemaker implanted and the medical practitioner is satisfied that the pacemaker function has been appropriately tested subject to six-monthly testing at a pacemaker clinic and cardiological review.</p>
G46	Ischaemic cerebrovascular disease (stroke or transient ischaemic attack)	<p>Treated and any residual impairment stabilised and for three months after event.</p> <p>Case-by-case assessment of fitness for duties. This should include risk of future cardiac events, provided that general standards of physical fitness can be met.</p> <p>Annual assessment is required.</p>

4. Diabetes Mellitus (Corresponding Question 6)

Diabetes presents in two main forms and both forms increase the risk of blood vessel diseases. Large blood vessel disease increases the risk of arterial diseases, including heart attacks and strokes. Performance at tasks may be reduced by impaired cognitive function from hypoglycemia.

Diabetes presents a high risk depending on the type, management and stability. The main hazard in people with insulin treated diabetes is the unexpected occurrence of hypoglycemia, causing loss of consciousness or seizure. It can occur any time of the day or night. A severe hypoglycemic event is particularly relevant to the operation of vessel because it affects brain function and may cause impairment of perception, motor skills or consciousness. It may also cause abnormal behaviour. The applicant should have a comprehensive understanding of, and insight into, the conditions, risks and warning signs of hypoglycaemia; how to prevent and manage this issue; and should practise a consistently applied

self-testing regime to minimise its likelihood.

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ICD-10 (diagnostic codes)	Condition	Criteria for operating local vessels in Hong Kong Waters
E10	Diabetes	The insulin regime has been stable with good control of blood glucose, full compliance with treatment recommendations and good hypoglycaemia awareness. Restricted to non-lone working or non-lone watchkeeping duties. Compliant with advice from treating doctor on vascular risk control, annual specialist assessment.

5. Medical Conditions Affecting Physical Capabilities (Corresponding Questions 7 and 8)

Conditions such as varying degrees of physical disability, severe osteoarthritis, Parkinson’s disease and conditions affecting the mobility of an applicant fall under this class of diseases. These conditions could lead to the applicant’s inability to undertake arduous emergency tasks such as fire-fighting, evacuation from the vessel and recovering people from the water in small vessels such as yachts. A local vessel operator with physical capability issues may also have difficulties in entering and leaving restricted spaces during normal duties and emergencies. These limitations create risk both for the seafarer himself/herself and for other crew members.

Guidelines

ICD-10 (diagnostic codes)	Condition	Criteria for operating local vessels in Hong Kong Waters
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Y83.4 Z97.1	Limb prosthesis	If routine and emergency duties can be performed but there are limitations on specific non-essential activities. Where there is any doubt about mobility, the medical practitioner should recommend obtaining an operating ability assessment conducted by Marine Department (MD).
M10-23	Osteoarthritis	Case-by-case assessment, able to fully meet routine and emergency duty requirements with very low likelihood of worsening such that duties could not be undertaken. Where there is any doubt about mobility, the medical practitioner should recommend obtaining an operating ability assessment conducted by MD.
G00-99	Other organic nervous disease, e.g. multiple sclerosis, Parkinson's disease	Case-by-case assessment based on job and emergency requirements, informed by specialist advice. Where there is any doubt about mobility, the medical practitioner should recommend obtaining an operating ability assessment conducted by MD.
E65-68	Obesity	Restricted duties if unable to perform certain tasks but able to meet routine and emergency capabilities for assigned safety-critical duties. Where there is any doubt about mobility, the medical practitioner should recommend obtaining an operating ability assessment conducted by MD.
H81	Ménière's disease	Low (recurrence rate ranges from 2 to 5 percent per year) likelihood of impairing effects while at sea.

Physical capability testing is not required as a routine, unless there are indications that there is an increased probability of limitations. Where there is any doubt about mobility or other musculoskeletal issues, it may be more appropriate to conduct an operating ability assessment by a MD examiner via referral.

6. Chronic Respiratory Disease (Corresponding Question 9)

Severe respiratory diseases may cause asphyxiation, leading to reduced mobility, incapacitation or death. These diseases include chronic obstructive pulmonary disease (COPD), pulmonary fibrosis, asthma, etc. Chronic conditions such as asthma have a long term risk of an acute episode at sea where rapid medication is required for treatment. Evidence of stability and good control of asthma via medication is essential.

Guidelines

ICD-10 (diagnostic codes)	Condition	Criteria for operating local vessels in Hong Kong Waters
J40-44	Chronic obstructive pulmonary disease (COPD) (e.g. Chronic bronchitis, emphysema)	Case-by-case assessment, consider fitness for emergencies and ability to meet general standards of fitness. An advice from treating medical practitioner may be sought. Severe impairment or a requirement for continuous supplemental oxygen due to respiratory disease generally indicates significant impairment of the functions needed for routine and emergency duties. Where there is any doubt about capability, the medical practitioner should recommend obtaining an operating ability assessment conducted by MD.
J45-46	Asthma	History of moderate adult asthma with good control using regular preventer or reliever inhalers and no hospital admission OR oral steroid use in the last 2 years, or history of mild or exercise-induced asthma that needs treatment.

7. Medical Conditions Affecting Communication Ability (Corresponding Questions 10 and 11)

The condition is not to require perfect hearing but the functional capability to meet the safety-critical job requirements. Adequate hearing is essential for interpersonal and radio/telephone communications at sea. The

communication often takes place with background noise or interference and has to transcend language barriers. Failure to hear and respond to a message correctly is frequently safety-critical. Hearing should be tested using either pure-tone audiometry or the speech recognition test (e.g. [hearWHOApp](#)). If hearing loss is greater than 30dB (unaided) in the better ear and 40dB (unaided) in the less good ear by taking the averages of the frequencies 500, 1000, 2000, 3000 Hz, it indicates that there are likely to be problems with hearing normal speech at a distance of 2 to 3 metres. A view from an audiologist or ENT specialist on impairment with and without the aid should be obtained.

Impairment to essential speech communication might affect the safe and effective performance of normal and emergency duties. Please specify if assistance with communication is needed to ensure reliable performance of duties safely and effectively.

8. Eye Disease (Corresponding Question 12)

Certain diseases may either result in types of vision defect that will not be apparent on the routine tests used or will, because of their progressive or recurrent nature, mean that frequent surveillance is needed. Eye disorders is mainly a condition of older persons. Reduced field of vision, reduced acuity and patchy visual field losses in the central area of vision. It will not normally be possible to meet the requirements for visual acuity.

Guidelines

ICD-10 (diagnostic codes)	Condition	Criteria for operating local vessels in Hong Kong Waters
H00-59	Glaucoma	Regular eye medication is usually prescribed. Check that there are no side effects or visual impairment from its use. Issue a time limited certificate if progression likely within next two years.
H00-59	Maculopathy	As central vision is lost, it will not normally be possible to meet the requirements for visual acuity.

H00-59	Diabetic retinopathy	It is characterised by patchy visual loss (scotomata) at random across the visual fields. Acuity standards will often not be met, but if a diagnosis of diabetic retinopathy has been made and they are met, a specialist report on likely progression should be obtained.
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*9. Medical Conditions Affecting Memory and Cognitive Function
(Corresponding Question 13)*

Dementia is a syndrome, usually of a chronic or progressive nature, affecting brain function due to neurological pathology. Patient’s memory, comprehension, language, learning capacity, calculation and judgement would be affected. Some also present with emotional, behavioural or sensory problems. There is currently no treatment available to cure dementia. Intact memory and cognitive function are reasonable requirements for operating a vessel safely and efficiently. An applicant suffering from dementia is considered as unfit.

10. Other Medical Conditions (Corresponding Questions 14 and 15)

Some medications have the capability of altering vision, perception, judgement, attention span and motor function. Seafarers should be asked about effects arising from their use of these medications on their ability to carry out duties safely.

It is important for older persons to have adequate strength, flexibility, and endurance to accomplish tasks. A person’s eyesight, physical strength, reactions and even cognitive abilities are likely to diminish with age. Although illness and medical impairment become increasingly problematic starting at age 55, many older persons still meet the medical fitness and physical standards required to work safely at sea for extended periods of time. When assessing older persons, the primary consideration is that they should be in reasonable health and safe to work at sea.

RMPs should bear in mind that it is not possible to cover every clinical situation in these guidelines and when conducting assessment, they must exercise judgement in relation to the key objective, i.e. to reduce risks to other crew members and ensure the safe operation of vessels.