SARNIA MARINE
INSURANCE BROKERAGE CO. LTD

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"SARNIA NEWS" CIRCULAR

(Ref: 268/15/BM)

TO ALL SHIPOWNER CLIENTS INSURED WITH BRITISH MARINE 6th May 2015

RE: BRITISH MARINE Pre-Employment Medical Examinations (PEME)

for Philippine – Latvian – Ukrainian – Russian & Bulgarian Seafarers

Due to the rise in crew claims where it is clear that crew members have received a "fit for sea service" medical certificate, despite the fact that they have been suffering from a serious pre-existing medical condition, quite a number of P&I insurers, have made pre-employment medical examinations a mandatory requirement with specific nationalities of crew, and that such medical examinations should be performed by specific clinics to ensure seafarers undergo a thorough medical examination and are not employed with a pre-existing medical condition / illness.

Following earlier Circulars, which have been dispatched by our office in connection with British Marine's Pre-Employment Medical Examination (PEME) Schemes in respect of **Philippine, Ukrainian, Russian and Bulgarian Seafarers, British Marine have since expanded their PEME scheme to also include LATVIA.** Therefore, seafarers originating from any of these countries must be referred to the vetted and approved clinics only, and an updated list of all clinics is herewith attached.

In addition, British Marine have implemented a standardized form, which is **to be completed by the relevant medical facility**, and not only details all the tests to be undertaken but includes a comprehensive medical history questionnaire to be completed by the seafarer, a copy of which is also attached.

Furthermore, in the event that owners source their crew through manning agencies in any of the above-mentioned countries, it must be made very clear to them that you will only employ crew who have passed a "British Marine" approved PEME.

Owners who are employing seafarers from countries other than those mentioned above, and for which British Marine do not presently have an enhanced PEME scheme in place, are respectfully reminded that it is a **prerequisite that a thorough pre-employment medical examination is carried out by a doctor / medical facility "approved" by owners.** As you will appreciate, if you are not (1) vetting the selection of physicians undertaking the medical screening, and (2) are not establishing the extent of the medical examination/tests being undertaken, it would probably be relatively easy for a seafarer to obtain a "clean" medical certificate. As a result, this could lead to a seafarer being recruited with a 'pre-existing' medical condition, which could then, potentially, give rise to a claim, and, in such circumstances, your insurers could, if they felt you had not acted prudently in the selection of crew, decline to cover the costs.

Best regards

Loss Prevention Team

BRITISH MARINE PEME CLINICS

Philippines

Physician's Diagnostic Services Centre, Inc. 4th Floor Physicians Tower 533 United Nations Ave. Ermita, Manila	Tel: +632 524 0626 / 27 / 28 peddeguz@gmail.com jeriberto.guzman@gmail.com
American Outpatient Clinic (American Hospital, Inc.) 2nd Floor F. FEMI Building A. Soriano St. (Formerly Aduana) Intramuros, Manila	Tel: +632 527 1611 Tel: +632 527 1643 Fax: +632 527 1694 Fax: +632 527 5101 amer_h@pldtdsl.net admin@americanoutpatientclinic.com www.americanoutpatientclinic.com
Leticia C. Abesamis, M.D. Joseph Bien C. Abesamis, M.D.	lca@americanoutpatientclinic.com jb_abesamis@americanoutpatientclinic.com
SuperCare Medical Services, Inc. Patria Bldg., 573 Maria Orosa cor. Arkansas St. (Engracia Reyes) Ermita , Manila	
Pascualito D. Gutay, MD	Tel: +6392 850 18078 (02) 521-00-24 to 35 loc 186 and 119 Fax: +(02) 516-44-78 paskygutay@supercare.com.ph peme.assist@supercare.com.ph

Angelus Medical Clinic, Inc.
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Makati City 1229, Philippines

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Tel: +633 815 1997
Tel: +632 751 6341
Tel: +632 817 1935
Fax: +632 817 0765
amci@angelusmedicalph.com
amci.crd@angelusmedicalph.com

Gertrudes Pica-Axibal, MD
(President) Loc:136
Dr. Petrona Ruby M. del Rosario - Medical Director
Marianne L. Enriquez (CRD) Loc:145/146

Halcyon Marine Healthcare Systems
Trafalgar Plaza, 10th Floor
105 H.V. Dela Costa St.
Salcedo Village, Makati City
Metro-Manila, Philippines

Tel: +632 864 0213 / 14
Fax: +632 864 0262
www.halcyonmarinehealth.com

Dr. Glennda Canlas, Medical Director
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Latvia

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Dr. Irina Belokurova
Dr. Gita Reitere

Diplomatic Services Medicine Centre
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Dr. Pauls Vaivods
Dr. Silvija Lejniece

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Dr. Valentina Volkova Dr Galina Kanina Dr Irina Kuzmina	
SIA "Forvaters Terra" Dr. Andra Ergle Private Practise Rigas 1 Ciekurkalna 1. Linija str. Riga, LV-1026, Latvia	Tel: +371 67829919 Fax: +371 67315767 andra.ergle@apollo.lv
Dr. Andra Ergle	

Ukraine

Mariupol Primary Health Care Center No. 4 **Utility Enterprise of Mariupol Municipal Council** 35, Nakhimova Lane, Mariupol 87517 Donetsk Region Ukraine	Tel: +38 0629 37-68-84 Tel: +38 0629 40-89-90 azovcenter4@mail.ru
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Medical-Sanitary Centre of Odessa National Maritime Academy **Academmarine Medical Centre** Odessa National Maritime Academy 10, Malovsky St. Odessa Ukraine	Tel: + 38 048 728 0692 Tel/Fax: +38 048 732 4488 academmarine@yandex.ru academmarine-stf@yandex.ua
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Odessa 65014
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Ukraine

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www.medmarine.od.ua

Mr. Yaroslav S. Surmyak, Director — Mob: +38 096 582 53-54

Medical Centre "Zdorovye"
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Chief Executive Pavel Fedulov

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PRE-EMPLOYMENT MEDICAL EXAMINATION DECLARATION

SEAFARER'S NAME: ....

SEAFARER'S NUMBER: ....

- I hereby declare that I have made full disclosure of all my medical history.
- I understand that in the event of any misrepresentation by statement or omission I may lose the right to certain employment benefits under my Contract of Employment or Collective Bargaining Agreement.
- I hereby consent to this medical examination and associated test results to be made available upon request to my employers, the owners of any vessel in which I work/have worked, the insurers of any vessel in which I work/have worked and any authorised representative.
- In the event that this declaration should come into conflict with any local guidance or regulation, I hereby reaffirm to the doctors to release this medical examination and associated test results to persons name above.
- I hereby confirm that this medical examination and associated test results can be disclosed by electronic means namely facsimile transmission, electronic mail and other software/hardware devices.
- I confirm that a translated version of this declaration was available to me upon request.
- I hereby confirm that I fully understand and accept the content of this declaration and that I have had the opportunity to discuss the content of the same with the doctor.
- I endorse this declaration by way of my normal signature as acceptance of the above declaration terms.

SEAFARER'S SIGNATURE: ....

DATE: ....

PRE-EMPLOYMENT MEDICAL EXAMINATION FORM

IMPORTANT: DO NOT BEGIN PEME UNTIL THE DECLARATION AND MEDICAL HISTORY QUESTIONNAIRE HAVE BEEN COMPLETED IN FULL.

Name :				PHOTO
	Last Name	First Name	Middle Name	
Mailing Address :				
Date of Birth	Blood Group	Place of Birth (City / Country)	Name of Ship	
Medical Certificate No.		Seafarer's Certificate No.		

Examination	Results of the examination		Examination	Results of the Examination	
	Pass	Fail		Pass	Fail
1. Medical History Questionnaire (attached)	☐	☐	13. Ultrasound examination (presence of gall & kidney stones)	☐	☐
2. Physical Examination	☐	☐	14. Hep B Antigen	☐	☐
3. Dental Examination	☐	☐	15. Hep c Antibodies	☐	☐
4. Psychological Test	☐	☐	16. VDRL	☐	☐
5. Visual Test	☐	☐	17. HIV Test	☐	☐
6. Color vision	☐	☐	18. Stress Test	☐	☐
7. Audiometry	☐	☐	19. Diabetes	☐	☐
8. Chest X-ray	☐	☐	20. Fasting Blood Sugar	☐	☐
9. EKG / ECG	☐	☐	21. Glycosylated Haemoglobin (HbA1c)	☐	☐
10. Urinalysis	☐	☐	22. Liver Function Test (SGPT & SGOT)	☐	☐
11. Faecalysis (food service/handlers only)	☐	☐	23. Alcohol/Drug Test	☐	☐
12. Complete Blood Count	☐	☐	24. Spirometry	☐	☐

If failed in any above mentioned examinations, please provide reasons with examination number :	

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

BASED ON THE RESULTS OF THIS MEDICAL EXAMINATION, IS THE SEAFARER FIT FOR DUTY? ☐ **YES** ☐ **NO**

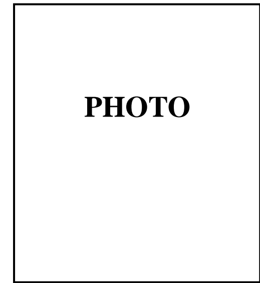
Name of Medical Clinic:		Signature of Physician
Address of Medical Clinic:		
		Official Seal
Contact Phone:		
Contact Fax:		
Name and Degree of Physician:		Hologram
Name of Physician's Licensing:		
Date of Issue of Physician's License:		
Date of Examination:		

PRE-EMPLOYMENT MEDICAL HISTORY QUESTIONNAIRE

Hologram Sticker No.

Dr.'s Initials

Name:				**Date of Birth :**	/ /
Address :					
		Seaman Certificate No.:		**Phone :**	
Employer :		**Vessel :**		**Job Title :**	
In Emergency, Notify :		**Relationship :**		**Ph. :**	
Personal Physician or Clinic :					
Address :					
			Physician's Phone :		



ALLERGIES : ____

Family History Has anyone in your family ever had :

	Yes	No		Yes	No		Yes	No
Diabetes	☐	☐	Heart Disease	☐	☐	Mental Illness	☐	☐
High Blood Pressure	☐	☐	Cancer	☐	☐	Epilepsy/Seizure	☐	☐

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

Any other major conditions?

MALES ONLY	**Yes**	**No**	**If yes, give details :**	**FEMALES ONLY**	**Yes**	**No**
Prostate Problems	☐	☐		Pregnancy	☐	☐
Testicular Lumps	☐	☐		Breast Lumps	☐	☐
Penile Discharge	☐	☐		Menstrual Problems	☐	☐

Are you currently under a doctor's care?	☐ **Yes**	☐ **No**	
If Yes, for what problem(s)?			
Physician(s) Name/Address (if different than noted on page 1):			
History of surgeries/hospitalizations :	☐ **Yes**	☐ **No**	**Date :** / /
If yes, give details :			

Do you have or have received treatment for the following :

	YES	NO		YES	NO
Diabetes	☐	☐	Jaundice or Hepatitis	☐	☐
Heart Trouble	☐	☐	Dizziness	☐	☐
High Blood Pressure	☐	☐	Back Problems	☐	☐
Shortness of Breath	☐	☐	Slipped Disc	☐	☐
Chest Pain	☐	☐	Wrist Problems	☐	☐
Chronic Cough	☐	☐	Fractured Vertebrae	☐	☐
Asthma	☐	☐	Arthritis / Gout	☐	☐
Tuberculosis	☐	☐	Kidney Problems	☐	☐
Rheumatic Fever	☐	☐	Cancer / Tumor	☐	☐
Frequent Headaches	☐	☐	Rash or Skin Problem	☐	☐
Vision Problems	☐	☐	Hernia / Hydrocele	☐	☐
20/20 Vision	☐	☐	Varicose Veins	☐	☐
Epilepsy	☐	☐	Drug Problems	☐	☐
Hearing Problems	☐	☐	Mental Breakdown	☐	☐
Psychological Impairment, Depression or Mental Illness				☐	☐
Sexually Transmitted Disease				☐	☐

Date of last tetanus Vaccination:	/ /	**(dd/mm/yyyy)**
Other Vaccinations . Mention :		/ /
		/ /
Date of last dental cleaning:	/ /	**(dd/mm/yyyy)**
Date of recent dental work:	/ /	**(dd/mm/yyyy)**

	Yes	No		
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?	☐	☐	Mention drugs used below :	

Are you presently on any medication :	☐ **Yes**	☐ **No**
If yes, Please list prescription and over the counter medications you take regularly:		

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

SEAFARER'S SIGNATURE: .... **DATE:** ....

IMPORTANT: HAVE YOU SIGNED THE DECLARATION AND QUESTIONNAIRE? NOW PASS THE FORM ONTO YOUR DOCTOR.

PRE-EMPLOYMENT MEDICAL EXAMINATION CHECKLIST

IMPORTANT – TO ENSURE COMPLIANCE AND FOR VALIDATION PURPOSES - PLEASE ENDURE YOU CAN ANSWER 'YES' TO ALL QUESTIONS BELOW.

1. HAS THE SEAFARER SIGNED TO CONFIRM UNDERSTANDING AND ACCEPTANCE OF THE DECLARATION?
2. HAS THE SEAFARER COMPLETED THE MEDICAL HISTORY QUESTIONNAIRE IN FULL WITHOUT ANY OMMISSIONS?
3. HAS THE PRE-EMPLOYMENT MEDICAL EXAMINATION FORM BEEN COMPLETED IN FULL WITHOUT ANY OMMISSIONS?
4. HAS THE PRE-EMPLOYMENT MEDICAL EXAMINATION FORM BEEN SIGNED AND DATED BY THE DOCTOR?
5. HAS THE OFFICIAL BRITISH MARINE HOLOGRAM SEAL BEEN APPLIED TO THE PRE-EMPLOYMENT MEDICAL EXAMINATION FORM?
6. HAS AN ORIGINAL BEEN GIVEN TO THE SEAFARER?
7. HAS A COPY BEEN STORED IN ACCORDANCE WITH LOCAL/ BM GUIDELINES IN THE APPROVED CLINIC?
8. CAN THE PRE-EMPLOYMENT MEDICAL EXAMINATION AND ASSOCIATED TEST RESULTS BE READILY ACCESSED UPON REQUEST?

SEAFARER'S SIGNATURE: ....

DATE: ....

DOCTOR'S SIGNATURE: ....

DATE: ....