



# MERCY SHIPS CREW HEALTH

Pre-Arrival Information Guide



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# Hello...From the Crew and Occupational Health Team

Dear Applicant,

We are excited at the possibility of you joining our incredible volunteer crew. Living and working on board a Mercy Ships vessel is a uniquely rewarding experience.

As an organization working in low to middle-income countries, it is important to emphasize that Mercy Ships field locations are usually in countries with limited health facilities including access to emergency medical care. You will need to be physically and mentally fit to adapt to your work and life in a new and unfamiliar culture, and cope with an environment which may expose you to new physical stresses and health risks.

The medical review process is an important step in your application process. This Crew Health Guide will help you navigate this process as you arrange your medical examination, obtain vaccinations, screen for tuberculosis and obtain preventative malaria prophylaxis medication.

It is **vital** that you read and understand the information provided here and on our website. We want to avoid the disappointment of a medical denial, so please read the [Medical Fitness Guide](#) on our website **before** starting the medical review process, especially if you know of any previous or current health issues. If you are medically denied, Mercy Ships are unable to reimburse any medical costs incurred including any tests or vaccination costs. Please also be aware that any undisclosed health conditions could affect your service with Mercy Ships.

If you have a question regarding your health that you would like to discuss prior to progressing with the medical review process, then please email our Medical Review Facilitators at [medical.review.facil@mercyships.org](mailto:medical.review.facil@mercyships.org)

Managing your health onboard is also important. This Crew Health Guide contains information about our Crew Health services on board as well as preventative advice for common health risks you may encounter while in our field service locations.

Thank you for taking time to read this important guide. We hope to see you on board soon.

*Kind regards,*

*Crew and Occupational Health Team, Mercy Ships*

# Medical Requirements Forms

The objective of the medical review process is to determine your physical and mental fitness for travel and service with Mercy Ships primarily in low and middle income countries. No physical or mental health condition will prevent service, unless this condition means that you are incapable of performing the essential function of your position, or unless it is determined that service will pose a direct threat to your own or others' health or safety.

## Volunteer Acknowledgement and Health Consent Form

Allows Mercy Ships to uphold the safety and well-being of both the crew member and the Mercy Ships community.

The form consists of several statements acknowledging your consent for:

- The release and use of your personal protected health information (PHI) which is managed by Mercy Ships in compliance with international data legislation.
- Mercy Ships medical review process which may include case-by-case medical reviews of certain health conditions and a potential denial if a health condition cannot be managed onboard
- Onboard Wellness program managed by the Crew Clinic for any existing health condition that requires regular monitoring or support.
- Consent for emergency treatment if required while outside your home country.
- Taking personal responsibility for informing Mercy Ships of any change in your health status and acceptance that a subsequent medical review may result in onboard monitoring of your condition or medical denial if your health condition cannot be managed onboard.

## Pre-Employment (pre-service) Medical Examination Form

- The Pre-Employment (*pre-service*) Medical Examination (PEME) provides a comprehensive overview of your previous and current health history.
- The PEME is required every 2 years unless clinically indicated otherwise.

- The PEME consists of two separate forms: a Personal Health History and a Physical Examination.
- You must take both forms to the appointment with your Healthcare Provider and ensure that both forms are signed during the appointment.
  - Your Healthcare Provide must not be a family member or spouse.

### **Part 1- Personal Health History (PHH) Form**

- The Personal Health History form (PHH) is for you to complete.
- Your Healthcare Provider should review your completed PHH as part of your examination.
- The completed PHH is signed by you and the Healthcare Provider during your appointment.

### **Part 2- Physical Examination (PE) Form**

- This **in-person** physical examination is an opportunity for your Healthcare Provider to assess your current health.
- The PE must be completed by a qualified, licensed and currently practicing Healthcare Provider, either a Medical Doctor, Nurse Practitioner or Physician's Associate/Assistant.

## **New applicants**

Your medical review will be handled by VIKAND, our external maritime medical review partner.

### **Step by step guide:**

1. Sign the Volunteer Acknowledgement and Health Consent form *before* you start the medical review process.
2. You will receive a task from your Onboarding Specialist with the **Pre-Employment (pre-service) Medical Examination** (PEME) form.
3. Download the PEME form and book a physical examination appointment

with your Healthcare Provider.

4. You must personally complete Part 1 of the PEME, your '**Personal Health History**' but wait until your doctor's appointment to sign it.
5. **During appointment with your Healthcare Provider** ensure both 'Part 1' and 'Part 2' are fully completed and signed during this appointment. **All forms must be fully completed and signed and dated** as incomplete or unsigned forms will be returned to you, delaying your medical review process.
6. **When your PEME is complete**, click on the link in the portal message you already received to create your account with VIKAND if you have not already done this. Answer the intake questions and upload your PEME. Remember to upload any relevant supporting documentation (test results, letter of clearance from clinical specialist etc.) at this time.
7. VIKAND will email you directly should they require further supporting information from you.
8. Await notification of your medical review status. At this stage, your PEME has been accepted, and your medical review is moving forward.

**This is not the end of the medical review process.**

9. After your PEME is accepted, VIKAND will provide a link for you to complete your **mandatory** vaccinations and TB screening in order to receive a status of 'Fit for Duty' or 'Fit for Duty with Wellness'.
10. Use the [Vaccination and Tuberculosis Screening checklist](#) as a reference for which vaccinations are needed for your role and the country you are travelling to. Documentary proof may be any one of these 3 options, with your name clearly written on each record:
  - vaccination cards or letters with clear vaccination name and date administered.
  - immunity titer/serology blood test results.
  - written documentation from your Healthcare Provider confirming childhood disease.
11. Your medical review status will move to 'Fit for Duty' or 'Fit for Duty with Wellness' **after** proof of all mandatory vaccinations and your TB screening

result have been received and approved by VIKAND. Then you can travel to the ship!

If you are not medically cleared to serve with Mercy Ships, one of our Medical Review Facilitators will contact you by a phone call, followed up with a confirmation email.

### **Children: Instructions for Parents**

- Your child will follow the same medical review process as outlined above.
- As the parent, you will receive emails and instructions to follow on behalf of your child.

## **Mercy Ships Alumni**

Alumni is a term that refers to all those who have previously served with Mercy Ships.

### **Process for Alumni who have served within the past 2 years *and* have a valid PEME**

- Your medical review is fast-tracked through our Alumni process, and your medical review will be processed by Mercy Ships medical review team.
- Your vaccinations and TB screening will be checked, and you will be informed if you require any updated vaccinations or TB screening.
- You will be requested to provide documentary proof of vaccinations or TB screening results if we do not already have these in your Mercy Ships medical record.

### **Process for Alumni who served with Mercy Ships more than 2 years ago *or* no longer have a valid PEME**

- Your medical review will be processed as a 'new applicant' through VIKAND, our medical review partner.
- Since your medical review will be processed with an external partner, you will

be requested to provide documentary proof of **all** vaccinations or TB screening results, even if you have previously submitted these to Mercy Ships.

- If you require a copy of vaccinations that Mercy Ships have on your personal medical record, please email [medical.review.facil@mercyships.org](mailto:medical.review.facil@mercyships.org) and these can be emailed to you.

**Recommendation:** make sure you keep a record of your PEME and vaccination documents for future reference purposes.

### **Children: Instructions for parents**

- Your child will follow the same medical review process as outlined above.
- As the parent, you will receive emails and instructions to follow on behalf of your child.

## **Mercy Ships Staff**

**If you have a valid PEME form:** your medical review will be processed by Mercy Ship medical review team. Refer to the Alumni medical review process.

**If no previous PEME form or if PEME form expired:** your medical review will be processed by VIKAND, our external medical review partner. Refer to the New Applicants medical review process.

## **Mercy Ships Guests and Visitors**

Your medical review will be processed by Mercy Ships medical review team.

# Medical Review Process

## Your Medical Review Process

The medical review process will conclude with you being assigned with a medical review status, which will be one of the following:

**Fit for Duty:** 'Fit for Duty' means that you are declared 'fit for service' with Mercy Ships and have completed your required vaccinations

**Fit for Duty with Wellness:** 'Fit for Duty with Wellness' means you are approved subject to compliance with a Wellness Program. You will be on a Wellness Program for one of the following reasons:

- **Clinical reason:** You (or your child) have a condition that requires regular monitoring.
- **Medication reason:** You (or your child) take medication that is not available at the onboard pharmacy and there may need to be a plan in place to manage your medication onboard.
- **Vaccination reason:** You still need to complete your vaccinations – usually this means that you do not have enough time to complete a full vaccination series before your service dates. For example, you may have received your 1<sup>st</sup> Hepatitis A vaccination but need to take your 2<sup>nd</sup> Hepatitis A vaccination to complete your vaccination series and this may be after your service with Mercy Ships is complete.

### Medically denied

Unfortunately, you are determined to be unfit for service with Mercy Ships. We aim to avoid the disappointment of a medical denial so please ensure that you read the [Medical Fitness Guide](#).

# Vaccinations and Tuberculosis (TB) Screening

The [Vaccination and Tuberculosis Screening Checklist for Adults](#) and the [Child Volunteer Acknowledgement and Health Consent Form](#) in the Appendices, provides guidelines for mandatory and recommended vaccinations and TB screening.

## Vaccinations

### Why does Mercy Ships require vaccinations?

As a healthcare organization, we are committed to providing a safe surgical environment for our patients and a safe living and working environment for our Crew. Mercy Ships operate in countries where healthcare systems are easily overwhelmed by infectious disease outbreaks. The vaccinations we require help protect volunteers and the people we serve from outbreaks of contagious or infectious diseases. These diseases can have serious health consequences, including significant morbidity and mortality. Our vaccination requirements and recommendations are based on guidelines from the World Health Organization (WHO) and the Centers for Disease Control and Prevention (CDC).

For more Frequently Asked Questions about vaccinations - please refer to the [Medical Fitness Guide](#) go to the [Frequently Asked Questions](#) section on the website.

### Vaccination Waivers for Clinical Reasons

If you cannot have a vaccination due to medical reasons, you must provide a signed letter from your healthcare provider confirming the clinical reason you cannot receive a particular vaccination.

It is important to submit this information as early as possible in the medical review process to allow sufficient time to process your request.

Each request will be carefully reviewed, and if appropriate, a waiver will be provided.

## Yellow Fever Vaccination Waivers

Yellow Fever vaccination is only required if the country of service requires Yellow Fever vaccination as a country entry requirement. Please note, that nearly all Mercy Ships field service countries do require Yellow fever.

If a Yellow Fever vaccination waiver is required for clinical reasons, the waiver or medical letter of exemption must be issued from an official Yellow Fever center or approved health professional otherwise the waiver may not be accepted by the port/border authority. The waiver or medical letter of exemption is only valid for one trip and should be taken into consideration by the port/border health.

## Tuberculosis (TB) Screening

### What is Tuberculosis?

Tuberculosis (TB) is a serious infectious disease primarily affecting the lungs. It spreads through the air when individuals with active TB cough, sneeze, or spit. In close-contact settings, such as on a ship, the potential for airborne transmission is high.

There are two main classifications for TB:

- **Tuberculosis infection (TBI).** Tuberculosis infection (TBI), previously known as latent TB, simply means that an individual has been exposed to TB and has the *M. tuberculosis* bacteria in their body but in an inactive state. Individuals with TBI are not contagious, so they cannot spread TB to other people. They also do not feel sick or experience any symptoms.
- **Active TB disease** - In some individuals, TB bacteria overcome the immune system defenses and begins to multiply, resulting in progression from TB infection to TB disease. Some individuals develop TB disease soon after infection, while others develop TB disease later if their immune system weakens. TB disease is considered infectious and there is a risk that TB bacteria may spread to others.

## Why does Mercy Ships screen for TB?

Our Crew come from all over the world, including countries where TB infection is prevalent. In order to protect our vulnerable patients and crew on board, we require TB screening to ensure that no one has active TB disease when they join. If you have active TB disease you will not be able to serve with Mercy Ships, until successfully treated.

## TB screening is required every 2 years for:

- Adults (>18 years) serving on board in a low to middle income country or in a land based position with ship or patient contact.
- **TB Screening is NOT required for:**
- Children (<18 years)
- Adults serving in positions during ship Annual Maintenance Periods.
- Adults serving in a land-based positions off ship with no ship or patient contact.

## What TB Screening test is accepted?

### EITHER:

1. **Interferon-gamma release assay (IGRA)**. We recommend that volunteers receive a blood test known as an IGRA. IGRA tests are either a QuantiFERON TB Gold (QFT Plus) or a T-Spot test. IGRA's are the preferred choice of test if you have not had a previous IGRA test with a positive result.

### OR

2. **Tuberculin skin test (called a Mantoux or PPD - purified protein derivative test)** is cheaper than an IGRA test but it is not recommended if you have had prior BCG vaccination (TB vaccination) as you may show a false positive result.

### What TB Screening test is NOT accepted?

1. **BCG vaccinations**
2. **Scar checks**
3. **Sputum Samples**
4. **Chest X-rays**, unless completed in response to a positive TB screening, they are not effective as a routine screening method and are not accepted by Mercy Ships

### What happens if my screening shows evidence of Tuberculosis?

- A positive IGRA or tuberculin skin test result will require further evaluation to exclude TB disease. TB evaluation includes clinical history, physical examination and a chest x-ray.
- If you have TB infection, you will still be allowed to serve onboard. You will be required to attend the Crew Clinic for a monthly Wellness check to ensure that TB infection does not progress to active TB disease.
- If you have active TB disease - this is contagious, and you will not be able to serve with Mercy Ships. We recommend that you follow a treatment plan with your local health care provider until you are disease free.

### Why is Tuberculosis (TB) screening mandatory every 2 years?

- TB screening is mandatory every 2 years for all adults who are serving onboard or in a land-based position with patient contact.
- TB screening every 2 years allows us to detect any latent or active TB infections among crew and take action to prevent transmission.

# Marine Operations Deck and Engineering Crew - Seafarers Medical Fitness Examination and Certificate

## Medical Review Process for Deck and Engineering Crew

Marine Operations Deck and Engineering Crew follow the same medical review process but are required to submit a **maritime examination form** called a **Seafarer Medical Examination Form** (SMFE) with the accompanying Seafarer Medical Fitness **Certificate** (SMFC). The Seafarer Medical Fitness Examination (SMFE) with Certificate (SMFC) are submitted *instead* of a Mercy Ships PEME.

- Since Mercy Ships sail under the Maltese flag, a country's Seafarer Medical Fitness Examination (SMFE) and Certificate (SMFC) can only be accepted if the country is approved by the Malta Maritime Authority (refer to [link](#) for the most current countries).
- SMFE's can only be performed by a physician who is registered to perform maritime medical examinations.
- All Marine Operations Deck and Engineering positions must complete a SMFE/C
- You may also be requested to complete:
  - [Personal Health History Supplement: Marine Operations Deck and Engineering Serving in Low to Middle Income Countries](#)

Mercy Ships [Vaccination and Tuberculosis Screening requirements](#) apply.

**Why do marine operations deck and engineering positions require a different medical examination?**

The International Maritime Organization (IMO) sets qualification Standards of Training, Certification and Watchkeeping (STCW) regulations for Seafarers. Marine Operations Deck and Engineering positions on board a Mercy Ships vessel must meet STCW I9 regulation for medical requirements by having a valid Seafarer Medical Fitness Certificate (SMFC) prior to embarkation.

Marine Operations Crew without a valid SMFC are unable to sign on articles or perform duties on board.

[Recognized Countries under Malta](#) – please click this link to find out more.

**All Member States of the European Union and the following countries:**

- |            |                          |                    |
|------------|--------------------------|--------------------|
| Argentina  | Hong Kong                | New Zealand        |
| Australia  | Iceland                  | Norway             |
| Azerbaijan | India                    | Pakistan           |
| Brazil     | Indonesia                | Peru               |
| Cabo Verde | Islamic Republic of Iran | The Philippines    |
| Canada     | Israel                   | Republic of Korea  |
| China      | Jamaica                  | Russian Federation |
| Cuba       | Japan                    | Singapore          |
| Egypt      | Jordan                   | Sri Lanka          |
| Ethiopia   | Lebanon                  | Tunisia            |
| Georgia    | Montenegro               | Turkey             |
| Ghana      | Myanmar                  |                    |

## Marine Operations Deck and Engineering Positions:

Deck Positions	Engineering Positions
Captain	Chief Engineer
Chief Officer	Second Engineer
Second Officer	Third Engineer
Third Officer	Fourth Engineer
Bosun	Heating, Ventilation and Air Conditioning (HVAC) Engineer
Assistant Bosun	Electronics Technician
Able Seafarer Deck	Assistant Storekeeper
Deck Rating	Engine Rating
Carpenter	Engine Hand
Deck Hand	Mechanic/Fitter
Deck Administrator	Heating, Ventilation and Air Conditioning (HVAC) Technician
Deck Cadet	Engine Cadet
Deck Assistant	Chief Electrician
Security Assistant	Electrician
Staff Captain	Welder
Firefighter	Plumber
Purser	Hotel Engineer
Assistant Purser	Storekeeper
Head Receptionist	Engineering Administrator
Receptionist	Engineering Training and Safety Officer
Ship Security Officer	Environmental Engineer
Ship Security Guard	Electro-Technical Officer (ETO) Cadet
Ship Security Guard Supervisor	Able Seafarer Engine
Ship Security Guard Assistant Supervisor	Electrical and Control Technician
Assistant Ship Security Officer	Hospital Infrastructure Engineer

## **The Seafarer Medical Fitness Examination (SMFE) and Certificate (SMFC)**

Deck and Marine Operations Crew obtain a SMFC by having a Seafarer Medical Fitness Examination (SMFE) where they are issued a Seafarer Medical Fitness Certificate (SMFC) stating either: 'Fit for Duty' or 'Fit for Duty with Restrictions'.

The SMFE and corresponding certificate (SMFC) ensure:

- Physical capability to fulfil the requirements of Basic Training.
- Demonstration of adequate hearing and speech to communicate effectively and detect audible alarms.
- No 'medical condition, disorder, or impairment' that will prevent the effective and safe conduct of routine and emergency duties onboard.
- No medical condition likely to be aggravated by service at sea or to endanger the health and safety of other persons onboard.
- No medication is taken that has side effects that will impair judgment, balance, or any other requirement for effective and safe performance of routine and emergency duties onboard.

## Crew Health Services on Board Crew Clinic

Each Mercy Ships vessel has an on board **Crew Clinic**. The Crew Clinic provides primary healthcare and urgent healthcare for all Crew on board.

### Crew Clinic:

- is staffed by a doctor, nurses, and an administrative assistant.
- is open every weekday for Crew appointments.
- functions similarly to a general practitioner or family practice.
- manages Crew injuries and illness.
- provides wellness programs which includes clinical and laboratory check-ups for crew requiring ongoing monitoring for chronic conditions.
- has a Crew Nurse and Crew Physician on-call after working hours in the evenings and over weekends.
- supports and coordinates emergency medical care for Crew when required.
- refers Crew for specialist care when necessary. If the required specialist care is unavailable on board or in the country where the ship is docked, crew members may need to take a medical leave of absence to seek care in their home country.

The Crew Clinic is closed during the ship's annual maintenance period in European countries.

### Wellness Programs

If you have a health condition that requires regular monitoring then you will be accepted as 'Fit for Duty with Wellness', and you will join a Wellness Program for regular monitoring.

- 'Fit for Duty with Wellness' implies conditional fitness, subject to compliance with the Wellness Program.
- Mercy Ships Wellness Program is a Healthcare Provider/Patient partnership

approach to chronic healthcare management with an emphasis on care and support. The goal can be to manage, prevent, treat, or reverse the complications of the health condition and improve quality of life.

- The on board Crew Clinic will provide support through a Wellness Program. Wellness Programs require regular follow up with the Crew Nurse or Crew Physician at the onboard Crew Clinic.
- Wellness Programs may outline certain requirements or restrictions.

## Pharmacy

- Crew taking medication for long term conditions must bring at least a **90 day supply** with them from their home country. Within the first month of arrival on board, you should make an appointment with the Crew Physician to review your medication needs.
- Mercy Ships keeps a list of all the medications that are available onboard in the Mercy Ships Formulary. Medication is limited, and your medication may not be available on board. This may mean that you need to consider changing your medication to a medication that is available in the Mercy Ships Formulary or arranging for your medication to be sent to the ship via crew mail.
- Crew preparing to serve on board can contact the senior pharmacist on board prior to arrival with any questions about their medications, depending on which ship you are serving.
  - Africa Mercy: [pharmacist.afm@mercyships.org](mailto:pharmacist.afm@mercyships.org)
  - Global Mercy: [pharmacist.glm@mercyships.org](mailto:pharmacist.glm@mercyships.org)
  - Regular refills of chronic medication are only available to crew serving 10 months or longer (1 field service) except for malaria prophylaxis, which is available for crew physicians to prescribe to crew after using up their three-month supply from home.
  - Medications not available to crew at Mercy Ships Locations, except in emergencies include ADHD controlled medications, opiates, benzodiazepines. Refer to the [Medical Fitness Guide](#) for further information regarding medications for specific conditions.

### **Pharmacy Availability:**

- **During field service:** The pharmacy is available to crew on weekdays from Monday - Friday from 0800 - 1700 to provide over the counter medications, fill prescription medications from the crew physician, and provide information on medications and their use.
- **During Annual Maintenance Period:** The pharmacy is closed. Over-the-counter medications may be available through the crew nurse (hours differ). If prescription medications are needed, the crew nurse will refer crew members to a local medical clinic and pharmacy.

### **Dental Care**

The on board Dental Clinic primarily provides treatment for local patients. Dental services for Crew include:

#### **Emergency Treatment**

Emergency dental treatment is provided although follow-up treatment may be required to be completed in your home country.

#### **Routine Dental Treatment**

Routine dental treatment may be provided for long-term Crew serving for 1 year or longer, although treatment is dependent upon field service operations.

#### **Annual Maintenance Period**

The Dental Clinic is closed during the annual maintenance period. Crew Clinic will help with providing information on where to find dental care in the port or city area.

## **Dietary Needs**

Responsibility for any specific dietary needs is that of the individual. If you have any special dietary requirements, please bring any supplements or special foods with you.

## **Open Galley/Kitchen**

Mercy Ships vessels and locations operate an 'open galley/kitchen' environment. Food is prepared in an open space which can increase the risk of cross-contamination and makes it harder to guarantee the absence of allergens.

## **Crew Galley**

A Crew galley is available on each ship. Crew may use the Crew Galley to prepare their own food using their own ingredients. However, the Crew Galley also operates as an 'open galley/kitchen' and Mercy Ships cannot guarantee that other crew will not have allergen inducing ingredients open and in use.

## **Food Allergies**

Mercy Ships cannot guarantee that any food item will be completely free of an allergen.

## **Meals On Board**

Mercy Ships provide 3 meals per day, except at weekends. On weekends, 2 meals are provided. There is no cooked lunch although lunch options are available to be packed at breakfast.

The Food Services team aim to provide a healthy well-balanced diet; however, food options may be limited.

## **Chaplaincy and Member Care Support**

There is a Chaplaincy team on board. This includes Chaplains (Christian faith advisors) and Chaplain Counselors. The off-ship Member Care Team is also available to provide ongoing support throughout your entire Mercy Ships journey.

### **Chaplaincy**

Chaplaincy promotes spiritual, emotional, and relational health for all Crew through adequate assessment, spiritual formation and member care. Chaplains aim to be objective, safe and impartial in order to provide the best possible environment for spiritual growth and development.

### **Member Care**

Member care simply means the way an organization supports its people, how individuals care for themselves and how we care for one another as a community on board.

Living and working on a ship in a multicultural community is an unconventional lifestyle and brings unique experiences, joys and challenges. It is helpful to know from the outset that you may find the work and social life on board difficult or challenging. The mental, emotional, and spiritual challenges you already experience at home may increase and being away from family, friends, community and routine can be difficult for some Crew.

The Member Care Team supports the spiritual, emotional, mental and social well-being of Crew so that they can:

- Follow their calling
- Fulfill their commitment
- Thrive in community.

## Change in Health Status While On Board

If your health changes while onboard, you may require a clinical assessment. This will be done by the Crew Physician in the Crew Clinic on board. Depending on the outcome of your assessment you may require additional monitoring of your health condition. may be required, and you may be assigned to a Wellness Program.

Occasionally a change in health status requires that your service be paused or discontinued if your health condition becomes unmanageable onboard.

## Emergency Medical Team

Each ship has an Emergency Medical Team (EMT). The EMT is a medical first response team consisting of nurses and doctors who are specifically designated to respond to Crew health emergencies on board or in the designated dock area of a Mercy Ships vessel.

## Medical Evacuation

Mercy Ships is unable to provide long-term acute care for unwell crew. Crew are stabilized and treated on board, or off-ship at a local health facility, until a medical evacuation can be organized.

### **Emergency Medical Evacuation:**

- Medical evacuations are covered by 'Emergency Medical Care and Medical Evacuation' with Mercy Ships partner insurance company Talent Trust.
- Medical evacuations often require an air ambulance as continuous monitoring and medical management during flight are needed.
- Crew with a serious medical problem needing immediate or ongoing advanced care, will be managed with the most appropriate medical decision. This may be to transfer to a regional center of medical excellence rather than the home country.

## Urgent Medical Repatriation

- Medical repatriation by definition means returning to your home country.
- Medical repatriation covers conditions that cannot be managed in the field location but are neither an emergency nor immediately life threatening.
- In the case of medical repatriations which are clearly evaluated as nonemergent, transportation can be planned by commercial flight, with or without an escort, depending on the condition.
- Medical repatriation is covered by our 'Emergency Medical Care and Medical Evacuation' coverage with the insurance, Talent Trust.

## Health Insurance

Mercy Ships offers a comprehensive single insurance policy that will be provided at no cost to all active volunteers. This policy covers inpatient and outpatient medical care, accidents, travel, emergency evacuation and repatriation. Coverage begins upon travel to and return from the ship or field service, and family members are included if they are travelling on Mercy Ships business or are recorded as volunteers in Vista.

Volunteers may keep their own personal insurance if they wish, but in any emergency the Mercy Ships policy will take precedence to ensure immediate action and clear coordination. Claims will be managed through Talent Trust, our long-standing insurance partner.

# Potential Health Risks – Preventative Information

## 1. Malaria Prophylaxis

You are responsible for taking appropriate malaria prophylaxis (anti-malarial medication) so please discuss available options and potential side effects with your Healthcare Provider. Crew who live in a malaria endemic area and have regular exposure to malaria may not need to take prophylaxis. Please discuss this with your Healthcare Provider.

Malaria can mimic many diseases. Symptoms include fever, headache, shivers, joint pain, nausea, diarrhea. We encourage you not to delay presenting to our on board Crew Clinic if you have any of these symptoms even if you are taking malaria prophylaxis.

If you are prescribed malaria prophylaxis by your Healthcare Provider, please bring 90 days' supply with you to the ship. If your service is longer than 90 days, our Crew Physician can issue you with a prescription and you can purchase malaria prophylaxis medication from the on board pharmacy.

Crew Physicians and Pharmacists are available to provide advice and supply malaria prophylaxis.

Drug Name	Frequency	Start Before Departure	After Return
Mefloquine	1/ week	1 week	4 weeks
Atovaquone/Proguanil (Malarone)	1/ day	1day	4 days
Doxycycline	1/ day	1 week	4 weeks

## 2. Rabies

Rabies is a deadly but preventable viral disease that affects mammals, including humans. It is most commonly transmitted through the saliva of infected animals via bites or scratches. High-risk animals include dogs, cats, bats, lemurs, and monkeys.

Rabies vaccination is strongly recommended, as this significantly increases protection and simplifies post-exposure treatment. Rabies is almost always fatal once symptoms appear.

If bitten or scratched, **immediate action is critical**: clean the wound thoroughly with soap and running water for at least 15 minutes, disinfect the area, and report to the Crew Clinic without delay for further evaluation and treatment. Prompt reporting and intervention can save lives.

**Children:** Rabies vaccination is also recommended for children. There is no minimum age requirement.

## 3. Sea Sickness (Motion Sickness)

Some people may feel seasick even when the ship is gently moving while in port. If you have a sensitive stomach, have previously experienced seasickness or motion sickness when travelling in vehicles, or if you are worried about getting sick, you might consider bringing treatment with you to prevent motion/sea sickness.

Note: some countries require a ferry journey to reach the ship's destination.

Preventive over the counter and prescription medication are available on board from the Crew Clinic/Pharmacy. Health promotion and education and advice on treatment is also provided by the Crew Clinic.

## 4. Dehydration

Dehydration occurs when your body loses more fluids than it takes in, often due to vomiting, diarrhea, or intense sweating.

- In normal conditions, drinking water is typically sufficient to stay hydrated.
- However, in situations where there is illness, excessive sweating, or heat exposure such as in a hot climate, drinking at least **3-4 liters of fluids daily** is recommended.
- The best strategy is prevention: ensure you are drinking enough throughout the day to avoid dehydration.
- A good indicator of proper hydration is urinating at least **4-5 times a day**.

## 5. Water and Foodborne Diseases (Traveler's Diarrhea)

Traveler's diarrhea is a common illness caused by consuming contaminated food or water. Prevention is key: practice good hygiene by washing your hands thoroughly, ensuring food is cooked and stored safely, and drinking only safe, clean water.

**Seek medical attention immediately from the on board Crew Clinic if you have:**

- diarrhea that is bloody, very frequent, or watery
- signs of dehydration (thirst, dry mouth, dark urine, or dizziness when standing)
- fever
- severe abdominal pain
- symptoms that persist for more than 3 days.

## Appendices

The following forms are examples of medical requirement forms.

Please do not use these sample forms. All medical review forms will be sent to you once you start your medical review process.



## Crew and Occupational Health Acknowledgement and Consent: Adult

*This form is to be completed by the **APPLICANT***

Personal Details		
Surname ( <i>legal name on passport</i> ):	First Name ( <i>legal name on passport</i> ):	Date of Birth: ( <i>day/month/year</i> )
Email:		
Signature:		Date ( <i>day/month/year</i> ):

By clicking on each of the following boxes, you acknowledge that you have read, understand, and agree to the following statements and give your consent as stated.

- I consent to sharing personal information in order that I may be given medical attention during my service with Mercy Ships should that be necessary or appropriate. Personal information is held confidentially according to Mercy Ships Data Protection Policy and compliant with United States of America and European Union Data Protection legislation. Personal health information is transferred to an online Electronic Health Record database which is accessed by Crew and Occupational Health personnel.
- I understand that prior to completing the Pre-Employment (*pre-service*) Medical Examination (PEME) form, Mercy Ships request that I check the list of disqualifying health conditions as detailed in the Medical Criteria Guide on Mercy Ships website (<https://opportunities.mercyships.org/volunteer/learn-more/medical-requirements/>). Potentially disqualifying health conditions are assessed on a case-by-case basis and further clinical information may be required. I understand that it may be determined during the medical review process that my condition is disqualifying.
- I understand I may be required to attend the onboard Crew Clinic for regular appointments if I have an existing health condition requiring clinical monitoring or intervention. I also understand if there is a deterioration or change in my existing health, I may be required to undergo a medical review at the onboard Crew Clinic. The outcome of this review may determine that I attend the onboard Crew Clinic for regular monitoring of my condition, or I may be required to pause or terminate my service with Mercy Ships if my health condition is not manageable onboard.
- I understand that any change in my health status prior to, or during my service with Mercy Ships, must be reported to Mercy Ships medical review team. This includes any medical treatment, diagnosis, surgery, or hospitalization. Failure to disclose a health condition or a change in my health status may result in early termination of my service at my own expense.
- If I require emergency treatment during the course of my service with Mercy Ships and while outside my home country, and I am unable to give informed consent at the time, Mercy Ships will contact my named emergency contact who will act on my behalf. If emergency treatment is required before my emergency contact can be reached, I consent to such treatment, anesthetics, and operations if, in the opinion of the attending physician, it is deemed necessary.
- I understand that Mercy Ships requires that I bring an initial 90-day supply of all prescribed medication that I currently take or may require during my service with Mercy Ships. This includes malaria prophylaxis or EpiPen medication.



Vaccination and Tuberculosis Screening Checklist: Adults Serving in Low to Middle Income (LMIC) Countries

This checklist is for reference purposes only. Documentary evidence is required.

SECTION 1: MANDATORY for EVERYONE <i>unless</i> vaccination is <i>not</i> a country entry requirement			
Vaccination	Guidance	Proof of Immunization	
Yellow Fever	1 dose. Single lifetime vaccination with appropriate documentation on a WHO approved vaccination form. <i>Some countries require vaccination for travelers arriving from or transiting for more than 12 hours through the airport of a country determined by WHO to be at risk for yellow fever transmission. Refer to <a href="#">Countries with risk of yellow fever transmission and countries requiring yellow fever vaccination</a> or check with your vaccination provider. Country requirements may be subject to change at any time.</i>	Official Yellow Fever International Certificate of Vaccination or Prophylaxis (ICVP).	
SECTION 2a: MANDATORY for EVERYONE <i>except</i> :			
<ul style="list-style-type: none"> <li>• Positions that are land-based with no patient contact and no visits to a Mercy Ships vessel (<i>recommended only</i>)</li> <li>• Positions during Annual Maintenance Period (<i>recommended only</i>)</li> </ul>			
Tuberculosis (TB) Screening		Positive Result Requirement	Proof of Immunization
EITHER:	Interferon-gamma release assay test (IGRA): QuantiFERON-TB Gold (QFT Plus) or T-Spot test.	If positive screening results: follow-up with detailed medical history, physical examination and chest x-ray.	Documented tuberculin skin test result or IGRA blood test result.
OR:	Tuberculin skin test (Mantoux/Purified Protein Derivative-PPD) <i>Not recommended if prior BCG (Bacillus Calmette-Guérin) vaccination.</i>		
Note: <b>NOT accepted test options</b> are BCG vaccination, BCG scar check, sputum sample, or chest x-ray. Chest x-rays are only accepted in response to positive TB screening; they are not effective as a routine screening method.			
Vaccination	Guidance	Proof of Immunization	
Diphtheria and Tetanus	3 doses at 0, 2, and 6 months. Booster every 10 years.	Vaccination or antibody titer result ( <i>blood test</i> ) document.	
Hepatitis B	Usually 3 doses at 0, 1 and 6 months.		
Measles, Mumps, Rubella, (MMR)	2 doses, 4 weeks apart. Adults born before 1963 do not need to show evidence of vaccination or prior disease.	Vaccination or antibody titer result ( <i>blood test</i> ) document or document from Healthcare Provider confirming history of disease. If single dose vaccination received for measles, mumps or rubella, proof of immunization for each disease must be provided.	
SECTION 2b: MANDATORY for Marine Operations-ENGINEERING ONLY, GLOBAL PATIENT SELECTION TEAM, HOSPITAL (including Crew Clinic, Dental and Hope Center) and STEWARDS (all roles <i>except</i> hairdresser) <b>RECOMMENDED</b> for everyone else			
Vaccination	Guidance	Proof of Immunization	
Hepatitis A	2 doses at 0 months and 6 -12 months after 1 <sup>st</sup> dose. Booster <b>recommended</b> after 25 years.	Vaccination or antibody titer result ( <i>blood test</i> ) document.	
Typhoid	Single injection every 2 or 3 years ( <i>varies per country</i> ), <b>or</b> Oral course, every 5 years, 3 or 4 doses ( <i>varies per country</i> ) over alternate days.	Vaccination document	
SECTION 3: RECOMMENDED ONLY			
Vaccination	Guidance	Proof of Immunization	
COVID-19	1 dose of a World Health Organization (WHO) approved vaccine every year	Vaccination document	
Meningococcal Meningitis ACWY	1 dose. Menveo: every 5 years <b>or</b> Mencevax: every 3 years. <i>Recommended for Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, The Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, South Sudan, Sudan, Tanzania, Togo, Uganda.</i>	Vaccination or antibody titer result ( <i>blood test</i> ) document.	
Pertussis	Primary course of 3 doses. Booster every 10 years.		
Polio	3 doses at 0, 2, and 6 months. Single lifetime IPV (inactivated polio vaccine) booster <i>recommended</i> after 10 years.		
Rabies	2 doses at days 0 and 7. Booster given from 3 weeks to 3 years after 1 <sup>st</sup> vaccine dose. Rabies vaccination strongly recommended for land-based positions.		
Mpox	<b>This vaccination is hard to obtain;</b> vaccines are not readily available in all countries. Check with your provider or the World Health Organization (WHO) for the latest advice. <a href="#">WHO Mpox fact sheet</a>		



## Pre-Employment (*pre-service*) Medical Examination (PEME)

### Instructions for Applicant

Requirement	Details
Completion of forms	1. <b>Part 1 - Personal Health History</b> will be completed by the applicant. The entire form including instructions must be given to the Provider performing the examination. 2. <b>Part 2 - Physical Examination</b> is completed by the Healthcare Provider (licensed Medical Doctor, Nurse Practitioner, or Physician's Associate). <b>Please note: any form with missing details including signatures and dates will not be accepted. All fields on Part 1 and Part 2 forms must be completed.</b>
Identity Verification	You may sign digitally using the digital e-sign feature or print the completed form and sign manually.
Health Disclosure	Non-disclosure of relevant health conditions or history may lead to automatic disqualification.

### Instructions for Healthcare Providers

Requirement	Details
Identity Verification	Please check the applicant's photographic identity (preferably passport).
Review of Personal Health History form	The Personal Health History form must be checked by the Healthcare Provider and signed by both the applicant and the Healthcare Provider during the Physical Examination appointment.
Completion	The Physical Examination form must be fully completed by the Healthcare Provider performing the examination and signed and stamped (if available) before being returned to the applicant.

**Clinical Information for Healthcare Providers - tests required for the following criteria. Please attach documentation of test results including test reference ranges.**

Criteria ( <i>diagnostic test/s required if 1 or more of the following criteria are met</i> )	Diagnostic Test/s Required:
1. Age $\geq$ 40 years and Body Mass Index (BMI) $\geq$ 35 kg/m <sup>2</sup> (no blood tests are required if $\leq$ 6 weeks service). 2. Age $\geq$ 70 years 3. High fasting blood glucose levels 4. Other risk factors: history of gestational diabetes or polycystic ovaries etc.	Complete blood count (CBC) Aspartate aminotransferase (AST) Alanine transaminase (ALT) Creatinine Glycated hemoglobin (HbA1c)
1. Age $\geq$ 70 years 2. High-risk factors present	Electrocardiogram (ECG)
1. Adults with cardiovascular risk factors: diabetes, coronary history, smoking, hypertension, or obesity etc.	Total cholesterol Low-density lipoprotein (LDL) High-density lipoprotein (HDL) Triglycerides (TG) levels

### Malaria Prophylaxis

Malaria Prophylaxis	Recommended unless the applicant was born, and continues to live, in an endemic region.
Medication Supply	Up to a 90-day supply is required. After 90 days, refills may be obtained from the Pharmacy on board.

### Tuberculosis (TB) Screening Requirements

Frequency	Required every 2 years, even for individuals with prior Bacillus Calmette-Guérin (BCG) vaccination.
Test Options	<ul style="list-style-type: none"> <li><b>Preferred</b> - Interferon-gamma release assays (IGRAs): is the preferred choice of test - as long as the individual has no previous positive IGRA test result. IGRA tests include: QuantiFERON®-TB Gold Plus (QFT-Plus) and T-SPOT®.</li> <li><b>Alternative</b> - Tuberculin skin test (Mantoux/purified protein derivative): test is not advised if prior BCG vaccination.</li> <li><b>NOT accepted</b> test options - BCG Vaccinations, Scar Checks, Sputum Samples, or Chest X-rays. Chest X-rays are only accepted in response to a positive TB screening, they are not effective as a routine screening method.</li> </ul>
Clinical Requirements following Positive TB Screening Results	<ul style="list-style-type: none"> <li>If a tuberculin skin test or IGRA test result is positive, it will remain positive, indicating a past TB infection or TB disease.</li> <li>An initial positive IGRA or tuberculin skin test requires further clinical evaluation including clinical history, physical examination, and chest x-ray to exclude TB disease.</li> <li>Individuals with relevant clinical manifestations (cough &gt; 3-week duration, fevers, night sweats, weight loss) and/or abnormal chest radiograph, should submit 3 sputum specimens (obtained via cough or induction at least 8 hours apart, including at least 2 early-morning specimens) for acid-fast bacilli smear, mycobacterial culture, and nucleic acid amplification testing. Evaluate symptoms related to any extrapulmonary sites.</li> </ul>



## Pre-Employment (pre-service) Medical Examination (PEME)

### Part 1 – Personal Health History (for adults serving in low to middle income countries)

#### Personal Details

Last Name (passport last name)								First Name (passport first name)			
Date of Birth								Age		Gender	
day	day	month	month	year	year	year	year		years	Female	Male

#### Health Questions

Current or previous condition or treatment for the following?	Yes	No	Details
Vision impairment not corrected with glasses, or color blindness	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing deficiency not corrected by hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular (heart) conditions (arrhythmia, valve issue, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory (lung) conditions; asthma, sleep apnea with use of CPAP machine etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological condition (epilepsy, stroke), or any condition that affects balance or mobility	<input type="checkbox"/>	<input type="checkbox"/>	
Non-insulin dependent diabetes (Insulin dependent is disqualifying)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, date/result of last HbA1c blood test:
Gastro-intestinal conditions (irritable bowel syndrome, hernia etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary conditions (kidney, bladder, gynecological or prostate/testicular etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal conditions (arthritis, bone, tendon or joint pain, instability or recurrent dislocations etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Human immunodeficiency virus (HIV), Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer (previous or current history)	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-immune conditions such as rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health problems (anxiety, depression, burnout etc.) including professional or pastoral consultation or treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Any aid (walking stick, prosthesis) for daily activities	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty climbing in and out of an upper bunk bed	<input type="checkbox"/>	<input type="checkbox"/>	
Smoking or chewing tobacco	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what and how much per week?
Alcohol consumption (unit = 10g)	<input type="checkbox"/>	<input type="checkbox"/>	Number of units per week:
Recreational drug use or any treatment for substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	
Other health conditions:	<input type="checkbox"/>	<input type="checkbox"/>	
Female applicants: pregnancy (>24 week is disqualifying)	<input type="checkbox"/>	<input type="checkbox"/>	If yes, how many weeks pregnant?

#### Signatures

Date Signed								Applicant Signature			
day	day	month	month	year	year	year	year				
Healthcare Provider Name (please print)								Healthcare Provider Signature			



## Pre-Employment (pre-service) Medical Examination (PEME)

### Part 2 - Physical Examination (for adults serving in low to middle income countries)

To be completed by the Healthcare Provider (licensed Physician, Nurse Practitioner or Physician's Associate)

#### Applicant Details

Applicant Last Name (passport last name)		Date of Examination							
		day	day	month	month	year	year	year	year
Applicant First Name (passport first name)		Date of Birth							
		day	day	month	month	year	year	year	year
Identity confirmed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Identity type:		<input type="checkbox"/> Passport	<input type="checkbox"/> Identity Card	<input type="checkbox"/> Photographic license			

#### Physical Measurements

Height		cm	Weight		kg	Body Mass Index (BMI > 40 is disqualifying) To calculate BMI: divide weight in kilograms by your height in meters squared.		kg/m <sup>2</sup>
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#### Vital Signs

Blood pressure		/		Pulse rate		/minute	Pulse rhythm	
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#### Physical Examination

Physical Examination	Normal	Abnormal	Comments
General (eyes, ear, nose, throat, skin, lymph nodes, thyroid)	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiorespiratory (heart, lungs, chest, varicose veins)	<input type="checkbox"/>	<input type="checkbox"/>	
Abdominal (abdomen and kidneys)	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal (upper and lower extremities, spine)	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	
Any other examination findings			

#### Malaria Prophylaxis

Indicate which preventative malaria medication will be taken:				
<input type="checkbox"/> Malarone	<input type="checkbox"/> Mefloquine	<input type="checkbox"/> Doxycycline	<input type="checkbox"/> Prescription obtained elsewhere	<input type="checkbox"/> None

#### Medications (please note: anticoagulants, insulin, or regular use of benzodiazepine medications are disqualifying)

Medication (generic name) <small>include as needed medication (example: EpiPen).</small>	Dose	Frequency	Reason for medication



## Pre-Employment (pre-service) Medical Examination (PEME)

### Health Conditions

Additional information (refer to Part 1 - Personal Health History form completed by applicant)

### Allergies

Allergen	Reaction type (rash, swelling, breathlessness etc.)	Reaction severity: minor, moderate or severe	Treatment needed	Date/s of last allergic reaction
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		

### Hospitalizations

Reason for hospitalization (or medical evacuation)	Dates (from - to)	Treatment given

### Fitness for service

Healthcare Provider's additional comments: any concerns regarding fitness for service, including reasons for any limitations?

### Signatures

This certifies the applicant's examination and findings are as documented on the health history and physical examination forms:							
Applicant Signature (signed in presence of Healthcare Provider)				Healthcare Provider Signature and Stamp (if stamp available)			
Healthcare Provider Full Name (please print)							
Healthcare Provider Designation							
Physician		Nurse Practitioner		Physician Associate			
Healthcare Provider License Number							
Date Signed							
day	day	month	month	year	year	year	year
				This PEME shall remain valid for 2 years from this date unless there is a change in health status.			

**\*\*\*Please note: any form with missing details including signatures and dates will not be accepted. All fields in Part 1 and Part 2 forms must be completed.\*\*\***



## Personal Health History: Adults on Mercy Ships Vessels in High Income Countries

To be completed by the **APPLICANT**. We reserve the right to request an additional Pre-Employment (*pre-service*) Medical Examination (PEME) if further information is required.

Please print clearly in English.

### Personal Details

Last Name (passport last name)								First Name (passport first name)			
Date of Birth								Age:		Gender	
day	day	month	month	year	year	year	year	years	Female	Male	

### Health Questions

Current or previous condition, or treatment for the following?	Yes	No	Details
Vision impairment not fully corrected with glasses			
Hearing deficiency not corrected by hearing aids			
Cardiovascular (heart) conditions; arrhythmias etc.			
High blood pressure			
Respiratory (lung) conditions; asthma, sleep apnea with use of CPAP machine etc.			
Any condition that affects balance or mobility			
Non-insulin dependent diabetes <i>Insulin dependent diabetes is disqualifying</i>			If yes, date and result of last HbA1c blood test:
Current/history of mental health problems including professional or pastoral consultation or treatment			
Recreational drug use or history of treatment for substance use disorder			
Use of aid (walking stick, prosthesis) for daily activities			
Difficulty climbing in and out of an upper bunk bed or walking up the equivalent of 4 flights of stairs			
Female applicants: pregnancy ( $\geq 24$ weeks is disqualifying)			
Other health conditions:			

### Medications (please note: anticoagulants, insulin, or regular use of benzodiazepine medications are disqualifying)

Medication (generic name) include as needed medication (example: EpiPen).	Dose	Frequency	Reason for medication

### Allergies

Allergen	Reaction type (rash, swelling, breathlessness etc.)	Reaction severity: minor, moderate or severe	Treatment needed	Date of last allergic reaction

### Hospitalizations

Reason for hospitalization (or medical evacuation)	Dates (from - to)	Treatment received

### Signature

Date Signed	Signature
day day month month year year year year	



## Personal Health History Supplement: Marine Operations Deck and Engineering Crew Serving in Low to Middle Income Countries

**Marine Operations Deck and Engineering Applicant:** thank you for submitting your STCW I/9 **Seafarer Medical Fitness Certificate (SMFC)**. As we do not have access to your full seafarer medical fitness examination, we kindly ask that you complete this **Personal Health History (PHH)** form. This information will assist the on board Crew Clinic in providing you with the best possible care during your service. Thank you.

*Please print clearly in English.*

### Personal Details

Last name ( <i>passport last name</i> ):	Date of Birth:							
	day	day	month	month	year	year	year	year
First name ( <i>passport first name</i> ):	Age			Gender:				
				<input type="checkbox"/> male	<input type="checkbox"/> female			

### Health Questions

Current or previous condition or treatment for the following?	Yes	No	Details
Cardiovascular (heart) conditions; arrhythmias <i>etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory (lung) conditions; Asthma, Sleep Apnea with use of CPAP machine <i>etc.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological condition (epilepsy, stroke) or any condition that affects balance or mobility	<input type="checkbox"/>	<input type="checkbox"/>	
Non-Insulin Dependent Diabetes <i>Insulin dependent diabetes is disqualifying</i>	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, date/result of last HbA1c blood test:</i>
Gastro-intestinal conditions (irritable bowel syndrome or hernia <i>etc.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Genitourinary conditions (kidney, bladder, gynecological or prostate/testicular <i>etc.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal conditions (arthritis, bone, tendon or joint pain, instability or recurrent dislocations <i>etc.</i> )	<input type="checkbox"/>	<input type="checkbox"/>	
HIV, Hepatitis B or C	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer (previous or current history)	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-immune conditions such as rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Current/history of mental health problems including professional or pastoral consultation or treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, what, and how much per week?</i>
Alcohol consumption ( <i>unit = 10g</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<i>Number of units per week:</i>
Recreational drug use or history of treatment for substance use disorder	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Female applicants:</b> pregnancy ( <i>≥ 24 weeks is disqualifying</i> )	<input type="checkbox"/>	<input type="checkbox"/>	<i>If yes, how many weeks pregnant?</i>



## Personal Health History Supplement: Marine Operations Deck and Engineering Crew Serving in Low to Middle Income Countries

### Health Conditions

Additional information regarding any other health conditions

### Physical Measurements

Height	<input type="text"/>	cm	Weight	<input type="text"/>	kg	Body Mass Index ( <i>BMI &gt; 40 is disqualifying</i> ) <i>To calculate BMI: divide weight in kilograms by your height in meters squared.</i>	<input type="text"/>	kg/m <sup>2</sup>
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### Medications (please note: anticoagulants, insulin, or regular use of benzodiazepine medications, are disqualifying)

Medication <small>(generic name)</small> <small>include as needed medication (example: EpiPen).</small>	Dose	Frequency	Reason for medication

### Malaria Prophylaxis

Indicate which preventative malaria medication will be taken:

<input type="checkbox"/> Malarone	<input type="checkbox"/> Mefloquine	<input type="checkbox"/> Doxycycline	<input type="checkbox"/> Prescription obtained elsewhere	<input type="checkbox"/> None
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### Allergies

Allergen	Reaction type <small>(rash, swelling, breathlessness etc.)</small>	Reaction severity: minor, moderate or severe	Treatment needed	Date of last reaction
		<input type="text"/>		
		<input type="text"/>		
		<input type="text"/>		

### Hospitalizations

Reason for hospitalization <small>(or medical evacuation)</small>	Dates (from - to)	Treatment received

APPLICANT Signature	Date Signed
<input style="width: 95%; border: none;" type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	day   day   month   month   year   year   year   year



### Tuberculosis Screening (TB) Questionnaire

Please print clearly in English.

#### Personal Details

<b>Last Name (passport last name)</b>		<b>Date of Birth:</b>							
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<small>day</small>	<small>day</small>	<small>month</small>	<small>month</small>	<small>year</small>	<small>year</small>	<small>year</small>	<small>year</small>
<b>First Name (passport first name)</b>		<b>Age</b>			<b>Gender:</b>				
					<input type="checkbox"/>	male		<input type="checkbox"/>	female

#### TB Symptom Screening

Have you experienced any of the following symptoms in the past 12 months?	Yes	No	Details
A cough for more than 3 weeks	<input type="checkbox"/>	<input type="checkbox"/>	
Unexplained fevers or night sweats	<input type="checkbox"/>	<input type="checkbox"/>	
Coughing up blood	<input type="checkbox"/>	<input type="checkbox"/>	
Unexplained weight loss	<input type="checkbox"/>	<input type="checkbox"/>	
Persistent shortness of breath	<input type="checkbox"/>	<input type="checkbox"/>	

#### Risk Assessment for TB

Have you had...	Yes	No	Details
Contact with anyone with active TB disease in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment for TB or latent TB?	<input type="checkbox"/>	<input type="checkbox"/>	
If yes to TB treatment, give dates and medications taken:			
<input type="text"/>			

#### TB Vaccination and Testing

Have you had...	Yes	No	Details
A BCG vaccination?	<input type="checkbox"/>	<input type="checkbox"/>	
Either of these TB blood tests: QuantiFERON-TB Gold (QFT Plus) or T-Spot test?	<input type="checkbox"/>	<input type="checkbox"/>	
A tuberculin skin test (also referred to as a PPD or Mantoux test)?	<input type="checkbox"/>	<input type="checkbox"/>	

#### Signatures

<b>APPLICANT'S Signature</b>		<b>Date Signed</b>							
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		<small>day</small>	<small>day</small>	<small>month</small>	<small>month</small>	<small>year</small>	<small>year</small>	<small>year</small>	<small>year</small>



## Crew and Occupational Health Acknowledgement and Consent: Child

*This form is to be completed and signed by the **CHILD'S PARENT/ LEGAL GUARDIAN.***

Parent/Legal Guardian Personal Details	Child's Personal Details	
Parent/Legal Guardian's Surname ( <i>legal name on passport</i> ):	Child's Surname ( <i>legal name on passport</i> ):	
Parent/Legal Guardian's First Name ( <i>legal name on passport</i> ):	Child's First Name ( <i>legal name on passport</i> ):	
Parent/Legal Guardian's Signature:	Child's Date of Birth ( <i>day/month/year</i> ):	Child's Age:
Parent/Legal Guardian's Email:	Date ( <i>day/month/year</i> ):	

By clicking on each of the following boxes, you acknowledge that you have read, understand, and agree to the following statements and give consent for your Child as stated.

- I, the Parent (or Legal Guardian) consent to sharing my Child's personal information in order that my Child may be given medical attention during his/her time with Mercy Ships should that be necessary or appropriate. Personal information is held confidentially according to Mercy Ships Data Protection Policy and compliant with United States of America and European Union Data Protection legislation. Personal health information is transferred to an online Electronic Health Record database which is accessed by Crew and Occupational Health personnel.
- I, the Parent (or Legal Guardian) understand that prior to completing the Pre-Employment (*pre-service*) Medical Examination (PEME) form on behalf of my Child, Mercy Ships request that I check the list of disqualifying health conditions as detailed in the Medical Criteria Guide on Mercy Ships website (<https://opportunities.mercyships.org/volunteer/learn-more/medical-requirements/>). Potentially disqualifying health conditions are assessed on a case-by-case basis and further clinical information may be required. I understand that it may be determined during the medical review process that my Child's condition is disqualifying.
- I, the Parent (or Legal Guardian) understand that my Child may be required to attend the onboard Crew Clinic for regular appointments if my Child has an existing health condition requiring clinical monitoring or intervention. I also understand if there is a deterioration or change in my Child's existing health, my Child may be required to undergo a medical review at the onboard Crew Clinic. The outcome of this review may determine that my Child attends the onboard Crew Clinic for regular monitoring of his/her condition, or my family may be required to pause or terminate our service with Mercy Ships if my Child's health condition is not manageable onboard.
- I, the Parent (or Legal Guardian) understand that I need to report any change in my Child's health status prior to or during service, including any new medical treatment, diagnoses, surgeries, or hospitalizations. Failure to disclose a change in my Child's health status may result in early termination of my family's service at our own expense.
- If my Child requires emergency treatment during the course of service with Mercy Ships and while outside my Child's home country, and I am unable to give informed consent on behalf of my Child at the time, I the Parent (or Legal Guardian) hereby agree to the performance of such treatment, anesthetics, and operations if, in the opinion of the attending physician, it is deemed necessary.
- I, the Parent (or Legal Guardian) understand that Mercy Ships requires that I bring an initial 90-day supply of all prescribed medication that my Child currently takes or may require during our service with Mercy Ships. This includes malaria prophylaxis or EpiPen medication.



## Vaccination Checklist: Child (under 18 years of age)

This checklist is for reference purposes only. Documentary evidence is required.

MANDATORY		
Vaccinations	Guidance	Proof of Immunization
Diphtheria	Follow the recommended vaccination schedule from the child's home country. Children must be vaccinated prior to enrolment in Mercy Ships <b>Academy</b> (including pre-school, from age 3).	Vaccination document.
Hepatitis A	Follow the recommended vaccination schedule from the child's home country.	
Hepatitis B		
Measles, Mumps, Rubella (MMR)	<b>Mandatory for children over 6 months.</b> <u>Child under 12 months:</u> 3 doses: an early additional dose to be given between 6 - 11 months of age, then follow the vaccination schedule from the child's home country. <u>Child aged 12 months and over:</u> 2 doses: 1 <sup>st</sup> dose given between 12 - 15 <sup>th</sup> months of age, 2 <sup>nd</sup> dose given between 4 to 6 years of age. Follow the vaccination schedule from the child's home country.	
Pertussis	Follow the recommended vaccination schedule from the child's home country. Children must be vaccinated prior to enrolment in Mercy Ships <b>Academy</b> (including pre-school, from age 3).	
Polio		
Tetanus		
MANDATORY <u>unless</u> vaccination is not a country entry requirement		
Vaccination	Guidance	Proof of Immunization
Yellow Fever	<b>If required, mandatory</b> for children <b>over 9 months or 1 year</b> depending on country of entry. 1 dose. Single lifetime vaccination with appropriate documentation on a WHO approved vaccination form. <i>Some countries require vaccination for travelers arriving from or transiting for more than 12 hours through the airport of a country determined by WHO to be at risk for yellow fever transmission. Country requirements may be subject to change at any time. Check with your vaccination provider if required for the country of travel.</i>	Official Yellow Fever International Certificate of Vaccination or Prophylaxis (ICVP).
RECOMMENDED only		
Vaccinations	Guidance	Proof of Immunization
Meningococcal Meningitis ACWY	Recommended for children <u>over 11 years of age.</u> 1 dose. Menveo: every 5 years or Mencevax: every 3 years. Recommended for <i>Benin, Burkina Faso, Burundi, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of Congo, Eritrea, Ethiopia, The Gambia, Ghana, Guinea, Guinea Bissau, Kenya, Mali, Mauritania, Niger, Nigeria, Rwanda, Senegal, South Sudan, Sudan, Tanzania, Togo, Uganda.</i>	Vaccination document.
Rabies	2 doses at days 0 and 7. Booster from 3 weeks to 3 years after 1 <sup>st</sup> vaccine dose.	
Typhoid	Only recommended for children <u>over 5 years of age.</u>	
Varicella (Chickenpox)	Either vaccination or history of childhood disease.	Vaccination document or document from Healthcare Provider confirming childhood disease.



## Pre-Employment (pre-service) Medical Examination (PEME)

### Instructions for Parents

Requirement	Details
Completion of forms	<p>1. <b>Part 1 – Personal Health History</b> is completed by the parent and reviewed and countersigned by the Healthcare Provider during the Physical Examination appointment.</p> <p>2. <b>Part 2 – Physical Examination</b> is completed by the Healthcare Provider (licensed Medical Doctor, Nurse Practitioner, or Physician Associate).</p> <p><b>Please note: any form with missing details including signatures and dates will not be accepted. All fields on Part 1 and Part 2 forms must be completed.</b></p>
Identity Verification	If using the fillable PDF, you may sign digitally using the digital e-sign feature or print the completed form.
Health Disclosure	Non-disclosure of relevant health conditions or history may lead to automatic disqualification.

### Instructions for Healthcare Providers

Requirement	Details
Identity Verification	Please check the child's photographic identity (preferably passport).
Review of Personal Health History form	The Personal Health History form must be checked by the Healthcare Provider and signed by both the parent and the Healthcare Provider during the Physical Examination appointment.
Completion	The Physical Examination form must be fully completed by the Healthcare Provider performing the examination and signed and stamped (if available) before being returned to the parent.

### Clinical Information for Healthcare Providers

<p>This child will be joining his/her parents who have applied to join Mercy Ships. A physical examination is required as part of the application process. The child will be living onboard a vessel in a low to middle income country.</p> <ul style="list-style-type: none"> <li>Mercy Ships will accept this physical examination as valid for a period of two years unless there is a change in health status.</li> <li>List all prescribed medication including malaria prophylaxis and as needed medication (example EpiPen for allergies).</li> <li>List all hospitalizations or medical evacuations including surgical operations, illness, and mental health.</li> </ul>
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### Malaria Prophylaxis

<b>Malaria Prophylaxis</b>	Recommended unless the child was born, and continues to live, in an endemic region.
<b>Medication Supply</b>	A supply of up to 90 days is required. After 90 days, refills may be obtained from the Pharmacy on board.

### Vaccination Checklist

<p>Children must be up to date with childhood vaccinations according to the recommended vaccination schedule of their home country. Since the schedule and timing of childhood vaccinations varies between countries, please provide a copy of the child's vaccination schedule for the parents to present to the onboard Crew Clinic upon arrival. MMR which is required by Mercy Ships as of age 6 months, regardless of the recommended vaccination schedule of their home country.</p>
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## Pre-Employment (pre-service) Medical Examination (PEME)

### Part 1 – Personal Health History: Child (under 18 years of age)

To be completed by the **PARENT** or **LEGAL GUARDIAN ON BEHALF OF THE CHILD**. Please print clearly in English.

#### Personal Details

Child's Last Name (passport last name)								Child's First Name (passport first name)			
Child's Date of Birth								Age:		Gender	
day	day	month	month	year	year	year	year	years	Female	Male	

#### Health Questions

Current or previous condition, or treatment for the following?	Yes	No	Details
Vision impairment not fully corrected with glasses	<input type="checkbox"/>	<input type="checkbox"/>	
Ear, nose, and throat conditions, including hearing deficiency not corrected by hearing aids	<input type="checkbox"/>	<input type="checkbox"/>	
Current dental conditions or treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Cardiovascular (heart) conditions; arrhythmias etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory (lung) conditions; asthma etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Neurological condition, epilepsy; or any condition that affects balance or mobility	<input type="checkbox"/>	<input type="checkbox"/>	
Musculoskeletal conditions (bone, tendon or joint pain, injury, instability or recurrent dislocations etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
Gastro-intestinal conditions; hernia etc.	<input type="checkbox"/>	<input type="checkbox"/>	
Cancer (previous or current history)	<input type="checkbox"/>	<input type="checkbox"/>	
Auto-immune conditions such as rheumatoid arthritis	<input type="checkbox"/>	<input type="checkbox"/>	
Premature birth (less than 36 weeks gestation)	<input type="checkbox"/>	<input type="checkbox"/>	
Any developmental delays	<input type="checkbox"/>	<input type="checkbox"/>	
A diagnosis of an Autism spectrum disorder	<input type="checkbox"/>	<input type="checkbox"/>	
A diagnosis of Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD)	<input type="checkbox"/>	<input type="checkbox"/>	
A diagnosis of dyslexia or other learning disability	<input type="checkbox"/>	<input type="checkbox"/>	
Treatment from a speech therapist	<input type="checkbox"/>	<input type="checkbox"/>	
Any medical aid (prosthesis, hearing aid etc.) used for daily activities	<input type="checkbox"/>	<input type="checkbox"/>	
Difficulty climbing in and out of an upper bunk bed	<input type="checkbox"/>	<input type="checkbox"/>	
Mental health problems including professional or pastoral consultation or treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Allergies:	<input type="checkbox"/>	<input type="checkbox"/>	
Other health conditions:	<input type="checkbox"/>	<input type="checkbox"/>	

#### Signatures

Date Signed	Parent Signature
day day month month year year year year	<input type="text"/>
Healthcare Provider Name (please print)	Healthcare Provider Signature
<input type="text"/>	<input type="text"/>