

# Mercy Ships Medical Fitness Guide

The objective of the medical review is to determine the applicant's physical and mental fitness for travel and service with Mercy Ships in Low- and Middle-Income Countries. No physical or mental medical condition will prevent service unless the condition renders the applicant incapable of performing the essential functions of the position or unless it is determined that service would pose a direct threat to the applicant's health or safety. It is important to emphasize that many Mercy Ships field locations are in countries with significant health and environmental risks and with limited medical facilities. These guidelines are based on International Labour Organization guidance for Seafarers. [https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed\\_dialogue/%40sector/documents/normativeinstrument/wcms\\_174794.pdf](https://www.ilo.org/sites/default/files/wcmsp5/groups/public/%40ed_dialogue/%40sector/documents/normativeinstrument/wcms_174794.pdf)

System	ICD-10 (diagnostic codes)	Condition (justification for criteria)	Disqualifying	Approval
Infectious Diseases	A00–B99	Certain infectious and parasitic diseases		
	A00–09	<b>Gastrointestinal infection</b> <i>Transmission to others, recurrence.</i>	Active infectious diseases must be treated before service.	On successful completion of treatment. Proof of treatment provided by Healthcare Provider.
	A15-16	<b>Pulmonary Tuberculosis (TB)</b> <i>Transmission to others, recurrence .</i>	Tuberculosis Disease (TBD, Active) - Disqualifying.	<p>Tuberculosis Infection (TBI previously Latent Tuberculosis)</p> <ul style="list-style-type: none"> <li>• Treatment for TBI is strongly recommended but not mandatory.</li> <li>• TBI is not disqualifying, but must be monitored if serving &gt; 4 weeks.</li> <li>• NOT accepted test options are BCG (Bacillus Calmette-Guérin) vaccination, BCG vaccination scar check, sputum (spit) sample, or chest x-rays. A chest x-ray is only acceptable in response to a positive TB screening - it is not effective as a routine screening method.</li> </ul> <p>History of Tuberculosis Disease (TBD):</p> <ul style="list-style-type: none"> <li>• Provide proof of treatment completion followed by TB Screening and chest x-ray every 2 years (can align with PEME renewal every 2 years).</li> </ul> <p>History of TBD or TBI:</p> <ul style="list-style-type: none"> <li>• No need for IGRA or PPD for screening due to this always resulting in a positive result for those with previous TBD. Chest x-ray and interpretation and PEME are sufficient every 2 years.</li> </ul>
	A50–64	<b>Sexually transmissible infections</b> <i>Acute impairment, recurrence.</i>	Active infectious diseases must be treated before service.	On successful completion of treatment. Proof of treatment provided by Healthcare Provider.
	B15	<b>Hepatitis A</b> <i>Transmissible by food or water contamination .</i>	Until jaundice resolved and liver function tests returned to normal.	On full recovery.
	B16–19	<b>Hepatitis B, C</b> <i>Transmissible by contact with blood or other bodily fluids. Possibility of permanent liver impairment and liver cancer.</i>	<p>Until jaundice resolved and liver function tests have returned to normal.</p> <ul style="list-style-type: none"> <li>• Ongoing therapy for Hepatitis B or C is disqualifying.</li> <li>• Moderate to severe liver fibrosis or evidence of liver cirrhosis is disqualifying.</li> </ul>	<p><b>Chronic Hepatitis B (HBV)</b> without evidence of impaired liver function may qualify for short-term service, if adherent to treatment and monitoring guidelines.</p> <p>If not receiving treatment, as a minimum should have:</p> <ul style="list-style-type: none"> <li>• Surveillance ALT and HBV DNA every 3 months for the first year after diagnosis.</li> <li>• Once stable/evidence of stability for one year: ALT and HBV DNA every 6 months.</li> </ul> <p>Clearance from treating physician is mandatory and should highlight management and follow up plan. Letter of clearance should include:</p> <ul style="list-style-type: none"> <li>• diagnosis and history of illness</li> <li>• description of current condition including stability</li> <li>• current treatment</li> <li>• recommended follow up</li> </ul> <p>Maximum length of service is 6 months.</p> <p>Healthcare Workers (HCW) who will perform exposure-prone procedures (EPPs) must have negative antibodies.</p>

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<b>Malignancies</b>	B20–24	<b>HIV positive</b> <i>Transmissible by contact with blood or other bodily fluids. Progression to HIV-associated diseases or AIDS.</i>	<ul style="list-style-type: none"> <li>Active infectious disease must be treated before assignment.</li> <li>Symptomatic HIV infection and/or CD4 &lt; 500 cells/mm3.</li> </ul>	<p>Must bring own medication for duration of service. Clearance from treating physician is mandatory and should highlight management and follow up plan. Letter of clearance should include:</p> <ul style="list-style-type: none"> <li>diagnosis and history of illness</li> <li>description of current condition including stability</li> <li>current treatment</li> <li>recommended follow up</li> </ul> <p>Maximum length of service is 6 months. Healthcare Workers (HCW) who will perform exposure-prone procedures (EPPs) must have negative antibodies.</p>
	<b>C00–48</b>	<b>Cancers</b>	<b>Applies to all Cancers</b>	<b>Applies to all Cancers</b>
	C00–48	<b>Malignant neoplasms</b> – including lymphoma, leukemia and related conditions. <i>Recurrence – especially acute complications</i>	<ul style="list-style-type: none"> <li>Ongoing treatment for cancer.</li> <li>Ongoing treatment does not include surveillance visits which are defined as closely watching a condition but not treating unless there are changes in test results.</li> </ul>	<ul style="list-style-type: none"> <li>Approval is granted on a case-by-case basis, consider stage and type. Evidence of metastasis, history of chemotherapy or radiotherapy if less than 5 years since the end of treatment.</li> <li>A letter of clearance from an Oncologist (or treating physician) is mandatory and required annually until surveillance is completed. Letter of clearance from oncologist/physician should include:                             <ul style="list-style-type: none"> <li>diagnosis and history of illness</li> <li>describe current condition and stability</li> <li>current treatment</li> <li>recommended follow up</li> </ul> </li> <li>History of cancer, remission with no current impairment or sign of recurrence.                             <ul style="list-style-type: none"> <li>&gt; 1 year in minimally invasive cancers.</li> <li>&gt; 5 years for other types, after completion of therapy as long as there is no evidence of recurrence - supporting documentation is required.</li> </ul> </li> </ul>
		<b>Special consideration:</b> basal cell carcinoma (BCC)		BCC (Basal Cell Carcinoma) is approved if cleared by treating physician and follow up is manageable onboard.
		<b>Special consideration:</b> breast cancer		Case by case basis - consider stage and type.
		<b>Special consideration:</b> cervical cancer		<ul style="list-style-type: none"> <li>Carcinoma in situ or for those cases treated as outpatients by laser or cauterization; approval may be considered 4 weeks after these surgical treatments.</li> <li>Without evidence of spread, approval can be considered 6 weeks after surgery.</li> <li>Evidence of metastasis may be considered for approval 5 years after completion of therapy as long as there is no evidence of recurrence - supporting gynaecology documentation is required.</li> </ul>
		<b>Special consideration:</b> Hodgkin's lymphoma		<ul style="list-style-type: none"> <li>Approval is possible 2 years after completion of treatment of Stage I and IIA Hodgkin's disease with no evidence of recurrence.</li> <li>Stage IIB through IVB disease cases have a greater recurrence rate with up to 75% achieving median length of remission of 3 years, and can be considered for approval 5 years after completion of therapy.</li> </ul>

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		<b>Special consideration:</b> laryngeal cancer		Early diagnosis (T1N0M0) and treatment not involving laryngectomy, with no evidence of recurrence or speech dysfunction, will be considered after completion of treatment.
		<b>Special consideration:</b> leukemia		<ul style="list-style-type: none"> <li>An adult with a history of acute lymphoblastic leukemia (ALL) as a child may be approved.</li> <li>A child with a history of ALL must be in remission for 5 years.</li> <li>Individuals with other leukemias may be considered for approval provided they have been free of symptoms and off treatment for 2 years.</li> <li>Individuals with satisfactory response to treatment for early hairy cell leukemia may be considered on completion of treatment.</li> </ul>
		<b>Special consideration:</b> lung cancer		Individuals with successful resection of early stage carcinoma could be considered for approval after 5 years without recurrence.
		<b>Special consideration:</b> melanoma		<ul style="list-style-type: none"> <li>Not generally considered for approval, but may be evaluated on a case-by-case basis if greater than 5 years disease-free.</li> <li>Approval may be considered after treatment is complete, using the AJCC staging system as a guide.</li> </ul> Documentation required: <ul style="list-style-type: none"> <li>Recent Dermatology documentation with details of original stage of cancer, treatment, remission length, full exam and current treatment/observation recommendations.</li> <li>A diagnosis of Stage IIB and higher tumors detailed neurological exam including comments on any current or past neurological tests and findings.</li> </ul>
		<b>Special consideration:</b> neurological tumors	All malignant tumors involving the brain or meninges, irrespective of therapeutic outcome, are disqualifying.	<ul style="list-style-type: none"> <li>Tumors of the spinal cord may receive approval 5 years after therapy, provided there is no recurrence or sequelae.</li> <li>Approval may be granted for tumors of the peripheral nervous system if there is no impairment of function.</li> </ul>
		<b>Special consideration:</b> non-Hodgkin lymphoma		Low-grade lymphomas are not yet considered curable and do not normally warrant approval recommendation, although approval may be possible after 5 years of remission.
		<b>Special consideration:</b> oral cavity cancer		Approval will be considered on a case by case basis 12 months after completion of therapy for localized disease without recurrence, speech dysfunction, or airway obstruction.
		<b>Special consideration:</b> ovarian tumors		<ul style="list-style-type: none"> <li>Approval may be considered 2 years after cessation of therapy provided the patient is symptom-free and has no evidence of recurrence.</li> <li>Approval is not required for excised benign ovarian tumors.</li> <li>Must wait 6 weeks post surgery for approval.</li> <li>Will require clearance from surgeon/gynecologist for full duty and travel.</li> </ul>
		<b>Special consideration:</b> pituitary tumors	<ul style="list-style-type: none"> <li>Diabetes insipidus (either as a result of posterior pituitary tumor or following surgery or Yttrium-90 implant).</li> <li>Ongoing treatment with bromocriptine.</li> </ul>	<ul style="list-style-type: none"> <li>Approval may be considered provided sequelae are within acceptable limits.</li> <li>Endocrinology exam/clearance required.</li> </ul>

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		<b>Special consideration:</b> prostate cancer		<ul style="list-style-type: none"> <li>• Approval may be considered as early as six months post-treatment (radical prostatectomy or radiation therapy) for tumors staged as T2, Gleason 3+3.</li> <li>• Staged as T3 or higher or Gleason score greater than or equal to 7 may submit a medical review request, but due to a greater chance of local recurrence, the urology/oncology documentation must specifically mention the likelihood of disease progression.</li> <li>• Treatment by 'watchful waiting' with quarterly prostate-specific antigen (PSA) and biannual urology consultation and follow-up may be considered however, approval for service will be restricted to less than 3 months.</li> <li>○ Required: urology exam with detailed history of tumor stage, treatment, plan, and disposition.</li> </ul>
		<b>Special consideration:</b> testicular tumors		<ul style="list-style-type: none"> <li>• Urology exam with clearance required.</li> <li>• Due to increased likelihood of surveillance requirements after treatment, a history of a testicular tumor may be approved with restriction, dependent upon length in remission and follow up requirements. Examples of possible lengths of service: &lt;1 year = 2 weeks service, 1-2 years = &lt;1 month service, 2-3 years + 6 months service, 3-5 years = 1 year service, &gt;5 years = no restriction.</li> </ul>
		<b>Special consideration:</b> seminoma		<ul style="list-style-type: none"> <li>• Stage I or IIA seminomatous tumors treated by orchiectomy and/or external beam radiation - considered for approval after completion of radiation, provided tumor markers are absent.</li> <li>• Stage IIB or III treated with orchiectomy plus chemotherapy - consideration after 2 years post treatment as long as cleared from recurrence (normal physical exam, tumor markers negative).</li> </ul>
		<b>Special consideration:</b> non-seminomatous germ cell tumors		<ul style="list-style-type: none"> <li>• Clinical Stage I or low volume Stage II treated with orchiectomy and retroperitoneal lymph node dissection - approval considered after 6 months if cleared from recurrence.</li> <li>• Stage IIB or adjuvant chemotherapy is required - approval considered 2 years post treatment completion if free of symptoms and recurrence.</li> <li>• Stage III treated with orchiectomy and chemotherapy - approval considered 2 years post treatment. Must be cleared from recurrence (normal exam, tumor markers negative, abdominal CT scan cleared for residual masses) and pulmonary function tests normal.</li> </ul>
		<b>Special consideration:</b> uterine cancer		<ul style="list-style-type: none"> <li>• Approval may be considered 6 weeks after hysterectomy provided that there has been a full recovery and there is no indication of metastasis.</li> <li>• Approval may be considered 2 years after treatment of disseminated disease provided there is no evidence of sequelae or recurrence. Gynaecologist clearance required.</li> </ul>
<b>Diseases of the blood and blood-forming organs and certain disorders</b>	<b>D50-89</b>	<b>Blood disorders</b>		
	D50-59	<b>Anemia/Hemoglobinopathies</b> <i>Reduced exercise tolerance. Episodic red cell breakdown.</i>	Hemoglobin (Hgb) <11 - until investigated and successfully resolved.	Hemoglobin (Hgb) > 11

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Endocrine and Metabolic Disorders	D73	<b>Splenectomy</b> (history of surgery) <i>Increased susceptibility to certain infections.</i>		Service in tropical regions may need to be restricted due to risk factors.	
	D50–89 Not listed separately	<b>Other diseases of the blood and blood-forming organs</b> <i>Varied recurrence of abnormal bleeding and also possibly reduced exercise tolerance or low resistance to infections.</i>	Hemorrhagic Disorders	Any other disease of the blood forming organs (for example, abnormal clotting disorder), which may adversely affect performance or safety, approval is made on a case-by-case basis.	
	E00–90	<b>Endocrine, nutritional and metabolic diseases</b>			
	E10	<b>Diabetes – Insulin using</b> <i>Acute impairment from hypoglycaemia. Complications from loss of blood glucose control Increased likelihood of visual, neurological and cardiac problems.</i>	Insulin dependent diabetes mellitus.		
	E11-E14	<b>Diabetes – Non-insulin treated, on other medication.</b> <i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems.</i>	Uncontrolled diabetes mellitus.	Controlled non-insulin dependent diabetes mellitus approved if meets the following criteria: <ul style="list-style-type: none"> <li>• Uncomplicated – no end organ damage.</li> <li>• HbA1C &lt;7.5 over 6 months or more immediately prior to service.</li> <li>• Diet, weight, and risk factors under control.</li> <li>• Must bring own testing supplies and keep glucose (sugar) tablets at all times.</li> </ul>	
		<b>Diabetes – Non-insulin treated, treated by diet alone.</b> <i>Progression to insulin use, increased likelihood of visual, neurological and cardiac problems.</i>	Uncontrolled diabetes mellitus.	Controlled non-insulin dependent diabetes mellitus approved if meets the following criteria: <ul style="list-style-type: none"> <li>• Uncomplicated – no end organ damage.</li> <li>• HbA1C &lt;7.5 over 6 months or more immediately prior to service.</li> <li>• Diet, weight, and risk factors under control.</li> <li>• Must bring own testing supplies and keep glucose (sugar) tablets at all times.</li> </ul>	
	E65–E68	<b>Obesity/abnormal body mass – high or low</b> <i>Accident to self, reduced mobility and exercise tolerance for routine and emergency duties. Increased likelihood of diabetes, arterial diseases and arthritis.</i>	Body Mass Index (BMI) $\geq 40$ kg/m <sup>2</sup> or $\leq 16.5$ kg/m <sup>2</sup>	Body Mass Index (BMI) $\geq 35$ kg/m <sup>2</sup> and $\leq 40$ kg/m <sup>2</sup> - applicants must submit the following blood tests: complete blood count (CBC), aspartate aminotransferase (AST, alanine transaminase (ALT), creatinine, glycated hemoglobin (HbA1c) from within the past year. <ul style="list-style-type: none"> <li>• approved if blood test results within normal range</li> <li>• if abnormal blood tests, approved on a case-by-case basis.</li> </ul> For short service time, $\leq 6$ weeks, approved if $< 40$ kg/m <sup>2</sup> .	
	E00–E90 Not listed separately	<b>Other endocrine and metabolic disease</b> (thyroid, adrenal including Addison’s disease, pituitary, ovaries, testes) <i>Likelihood of recurrence or complications.</i>	Uncontrolled thyroid disease.	Other endocrine conditions (such as Addison’s disease, acromegaly, Cushing’s disease/syndrome, diabetes insipidus, and any cause of hypoglycaemia functional or due to pancreatic or adrenal pathology). <ul style="list-style-type: none"> <li>• Thyroid tests (within the last 2 years)</li> </ul>	

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Psychological and Psychiatric Conditions	F00–99	<b>Mental, Behavioral and Neurodevelopmental disorders</b>		
	F10	<p><b>Alcohol abuse</b> (dependency) <i>Recurrence, accidents, erratic behaviour/safety performance.</i></p> <p><b>Harmful pattern of alcohol use:</b> <i>is a sustained pattern of drinking (at least 12 months episodic or 1 month continuous) that causes physical or mental health damage to the individual or harms others through intoxication-related behaviour, toxic effects on the body, or harmful methods of use.</i></p> <p><b>Any other disorders due to use of alcohol as per ICD-11 for Mortality and Morbidity Statistics</b></p>	<b>Disqualifying:</b> unless 3 years sober with no relapses.	<p>Applicants must submit documentation of successful rehabilitation and treatment.</p> <p>Alcohol AUDIT tool only needs to be completed when Alcohol consumption is &gt; 7 drinks per week - with a score that can range from 0 to 40, a score of 8 or greater on the AUDIT is generally considered a positive test for unhealthy alcohol use.</p> <p>Alcohol consumption is based on drink standard units = 10g:</p> <p>Case by case basis:</p> <ul style="list-style-type: none"> <li>• Risky use of alcohol, defined as follows: The National Institute on Alcohol Abuse and Alcoholism (NIAAA) in the United States estimates amounts of alcohol that increase health risks below: <ul style="list-style-type: none"> <li>o Men under age 65 – &gt; 14 standard drinks per week on average, or more than four drinks on any day</li> <li>o Women and adults 65 years and older – &gt;7 standard drinks per week on average, or &gt;3 drinks on any day</li> </ul> </li> </ul>
	F11–19	<p><b>Drug dependence/persistent substance abuse</b> includes both illicit drug use and dependence on prescribed medications. <i>Recurrence, accidents, erratic behaviour/safety performance.</i></p>	History of illicit drug abuse or prescription drug abuse unless 3 years sober with no relapses.	Applicants must submit documentation of successful rehabilitation and treatment.
	F20–31	<p><b>Psychosis</b> (acute) – whether organic, schizophrenic or other category listed in the ICD group. Bipolar (manic depressive disorders). <i>Recurrence leading to changes to perception/cognition, accidents, erratic and unsafe behaviour.</i></p>	History of psychosis, schizophrenia	
	F32–38	<p><b>Severe mood/affective disorders</b> Severe anxiety state, depression, or any other mental disorder likely to impair performance. <i>Recurrence, reduced performance especially in emergencies.</i></p>	Severe mood or affective disorders are disqualifying. These include but are not limited to: severe anxiety or depression, bipolar disorder, significant personality disorder.	History of mental disorders requiring hospitalization, regular follow-up, or long-term therapy $\geq$ 6 months are reviewed on a case by case basis.

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		<p><b>Minor mood/affective disorders</b> minor or reactive symptoms of anxiety/depression <i>Recurrence, reduced performance, especially in emergencies</i></p>	<p>Anxiety disorder: GAD-7 score of <b>10</b> or higher Depression disorder: PHQ-9 score of <b>15</b> or higher.</p>	<p>Anxiety disorder requires: an up-to-date General Anxiety Disorder (GAD-7) assessment. The GAD-7 is a screening tool which asks 7 questions about levels of anxiety currently experienced. - a GAD-7 score of 5 - 9 requires no further action if <math>\leq 6</math> months of service. - a GAD-7 score of 5 - 9 if serving <math>\geq 6</math> months requires a letter of clearance from the treating Healthcare Provider. This letter should include: diagnosis, stability, remission or active, management plan including follow up.</p> <p>Depression requires: 1. stable on antidepressants for <math>&gt; 12</math> months, with no hospitalizations for severe depression, psychosis, or suicide attempts in the last 5 years. 2. an up-to-date Patient Health Questionnaire (PHQ-9) assessment. The PHQ-9 is a screening tool which asks 9 questions about levels of depression experienced. - a PHQ-9 score of 5 - 9 requires no further action if <math>&lt; 6</math> months of service. - a PHQ-9 score of 5 - 9 if serving <math>&gt; 6</math> months, requires a letter of clearance from the treating Healthcare Provider. The letter should include: diagnosis, stability, remission or active, management plan including follow up.</p>
	F00-99 Not listed separately	<p><b>Other disorders</b>, such as disorders of personality, attention (for example, ADHD), development (for example, autism) <i>Impairment of performance and reliability and impact on relationships.</i></p>	<ul style="list-style-type: none"> <li>• Phobias if not compatible with service on board or travel.</li> <li>• Any use of regular benzodiazepine medication.</li> </ul>	<ul style="list-style-type: none"> <li>• Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD): controlled medications and stimulant medications are reviewed on a case by case basis. Medications are not available at the on board Pharmacy, and importing or shipping them might be illegal. The individual is responsible for organizing and bringing this medication if required while on board.</li> <li>• History of major psychological trauma. Case by case basis.</li> <li>• Eating disorders: clearance from a treating Psychologist required.</li> </ul>
		<p><b>Suicidal ideation</b></p>	<ul style="list-style-type: none"> <li>• Current suicidal ideation or in the past 12 months.</li> <li>• Suicidal attempt in the past 5 years.</li> </ul>	
	Z73	<p><b>Problems related to life-management difficulty</b></p>	<p>Anxiety disorder: GAD-7 score of <b>10</b> or higher Depression disorder: PHQ-9 score of <b>15</b> or higher.</p>	<p>History of mission-related stress or burnout. Case by case basis: an up-to-date General Anxiety Disorder (GAD-7) assessment. The GAD-7 is a screening tool which asks 7 questions about levels of anxiety currently experienced. - a GAD-7 score of 5 - 9 requires no further action if <math>&lt; 6</math> months of service. - a GAD-7 score of 5 - 9 if serving <math>&gt; 6</math> months, a letter of clearance from the treating Healthcare Provider. The letter should include: diagnosis, stability, remission or active, management plan including follow up.</p> <p>Depression requires: 1. stable on antidepressants for <math>&gt; 12</math> months, with no hospitalizations for severe depression, psychosis, or suicide attempts in the last 5 years. 2. an up-to-date Patient Health Questionnaire (PHQ-9) assessment. The PHQ-9 is a screening tool which asks 9 questions about levels of depression currently experienced. - a PHQ-9 score of 5 - 9 requires no further action if <math>&lt; 6</math> months of service. - a PHQ-9 score of 5 - 9 if serving <math>&gt; 6</math> months, requires a letter of clearance from the treating Healthcare Provider. The letter should include: diagnosis, stability, remission or active, management plan including follow up.</p>

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<b>Neurological Conditions</b>	<b>G00–99</b>	<b>Diseases of the nervous system</b>		
	G40–41	<b>Single seizure</b> <i>Harm to ship, others and self from seizures.</i>	Seizure <1 year ago	Single seizure: must be seizure-free for one year following treatment.
		<b>Epilepsy, no provoking factors</b> (multiple seizures) <i>Harm to ship, others and self from seizures.</i>	Seizures within the past 2 years	<ul style="list-style-type: none"> <li>Must be seizure-free for 5 years if off treatment or seizure-free for 2 years if stable on medication.</li> <li>Recommend short-term service only as medication blood level monitoring cannot be done on location.</li> <li>A neurologist evaluation is required.</li> </ul>
		<b>Epilepsy, provoked by alcohol, medication, head injury</b> (multiple seizures) <i>Harm to ship, others and self from seizures.</i>		<ul style="list-style-type: none"> <li>Single seizure: must be seizure-free for one year following treatment.</li> <li>Multiple seizures: must be seizure-free and off medication for 5 years.</li> </ul>
	G43	<b>Migraine</b> (frequent attacks causing incapacity) <i>Likelihood of disabling recurrences.</i>		Case by case assessment: severe migraine, frequent or long-lasting migraine headaches: > 4 headaches per month or headaches that last > 12 hours, with or without preventive treatment.
	G47	<b>Sleep apnea</b> <i>Fatigue and episodes of sleep while working</i>	<ul style="list-style-type: none"> <li>Until treatment started and successful for 3 months.</li> <li>CPAP machines producing noise levels <math>\geq</math> 30 dB are disqualifying.</li> </ul>	CPAP machines producing noise < 30 dB are acceptable. <ul style="list-style-type: none"> <li>Must submit machine manual with decibel levels documented.</li> <li>Suggested to bring an extension cord as there may not be a plug source near the bed.</li> </ul>
		<b>Narcolepsy</b> <i>Fatigue and episodes of sleep while working.</i>	Until controlled by treatment for at least 2 years.	<ul style="list-style-type: none"> <li>A neurologist evaluation is required.</li> </ul>
	G00–99 Not listed separately	<b>Other organic nervous disease</b> such as multiple sclerosis, Parkinson’s disease <i>Recurrence/progression. Limitations on muscular power, balance, coordination and mobility.</i>	Progressive conditions are disqualifying.	
	R55	<b>Syncope and other disturbances of consciousness</b> <i>Recurrence causing injury or loss of control</i>	Syncope (fainting or ‘passing out’) if recurrent without reversible cause	Case by case assessment: treating Healthcare Provider clearance
T90	<b>Intracranial surgery/injury, including treatment of vascular anomalies or serious head injury with brain damage</b> <i>Harm to ship, others and self from seizures. Defects in cognitive, sensory or motor function. Recurrence or complication of underlying condition.</i>		Must be at least 6 months post surgery or injury. Clearance from treating physician is mandatory.	
<b>Eyes and Ears</b>	<b>H00–99</b>	<b>Diseases of the eyes and ears</b>		

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	H00–59	<b>Eye disorders: Progressive or recurrent (such as glaucoma, maculopathy, diabetic retinopathy, retinitis pigmentosa, keratoconus, diplopia, blepharospasm, uveitis, corneal ulceration and retinal detachment)</b> <i>Future inability to meet vision standards, risk of recurrence.</i>	Seafarers: <ul style="list-style-type: none"> <li>• Inability to meet relevant vision maritime standards or, if treated, increased likelihood of subsequent deterioration or impairing recurrence.</li> <li>• Any eye disease or visual defect that renders the applicant unable to carry out job duties efficiently and safely, or impairs safe mobility around the vessel including stairs.</li> </ul>	Approval is made on a case-by-case basis. <ul style="list-style-type: none"> <li>• History of glaucoma and uveitis: require ophthalmologist assessment.</li> <li>• Monocular applicants.</li> </ul>
	H53.5	<b>Color Vision deficiencies</b>	Disqualifying for Deck and Engineering Marine Operations positions which require a Seafarer Medical Fitness Certificate (SMFC).	SMFC positions: case by case basis if onboard when vessel not sailing
	H65–67	<b>Otitis – External or Media</b> <i>Recurrence, risk as infection source in food handlers, problems using hearing protection</i>	Until treated successfully.	
	H68–95	<b>Ear disorders</b> <i>Progressive (such as otosclerosis)</i>	<ul style="list-style-type: none"> <li>• Hearing loss sufficient to interfere with communications or to impede safety (inability to hear audible warning devices) or when applicant is expected to perform watch-keeping duties.</li> <li>• Active middle ear disease with exudate until resolved.</li> </ul>	Disorders of the tympanic membrane (such as dry perforations and grommets) and the middle ear may require ENT assessment.
	H81	<b>Ménière’s disease and other forms of chronic or recurrent disabling vertigo</b> <i>Inability to balance, causing loss of mobility and nausea.</i>	Intractable inner ear disorders with severe motion sickness, vertigo <i>etc.</i> some cases of Meniere’s disease and syndrome du mal de débarquement (disembarkment syndrome)	Benign Paroxysmal Positional Vertigo (BPPV) with clearance from Healthcare Provider or <4 weeks service.
	<b>Cardiovascular System</b>	<b>I00–I99</b>	<b>Cardiovascular system</b>	
	I05–08 I34–39	<b>Congenital and valve disease of heart (including surgery for these conditions) Heart murmurs not previously investigated.</b> <i>Likelihood of progression, limitations on exercise.</i>	Valve conditions requiring anticoagulation	All congenital and valve conditions require clearance from cardiologist .
	I10–15	<b>Hypertension</b> <i>Increased likelihood of ischemic heart disease, eye and kidney damage and stroke. Possibility of acute hypertensive episode.</i>	Uncontrolled hypertension: BP >140 systolic blood pressure and/or >90 diastolic blood pressure	Controlled Hypertension - BP must be stable for at least 3 months. Letter of clearance from specialist should include: <ul style="list-style-type: none"> <li>• diagnosis and history of illness</li> <li>• describe current condition and stability</li> <li>• current treatment</li> <li>• recommended follow up</li> </ul>

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System	ICD-10 (diagnostic codes)	Condition (justification for criteria)	Disqualifying	Approval
	I20-25	<p><b>Cardiac event: myocardial infarction (heart attack), ECG evidence of past myocardial infarction or newly recognized left bundle-branch block, angina, cardiac arrest, coronary artery bypass grafting, coronary angioplasty</b></p> <p><i>Sudden loss of capability, exercise limitation. Problems of managing repeat cardiac events at sea.</i></p>	<ul style="list-style-type: none"> <li>• Arteriosclerosis or other vascular disease with evidence of circulatory compromise.</li> <li>• Coronary artery disease (CAD) or ischemic heart disease (IHD) disqualifying if inducible ischemia on stress testing or Ejection Fraction &lt;45%.</li> <li>• Prior Heart Attack (Myocardial Infarction, Acute Coronary Syndrome) disqualifying if inducible ischemia on stress testing or Ejection Fraction &lt;45%.</li> </ul>	<p>Approval is made on a case-by-case basis and must include:</p> <ul style="list-style-type: none"> <li>- an electrocardiogram (EKG) and an echocardiogram (ECHO) with Ejection Fraction &gt;45% within 2 years required.</li> <li>- letter of clearance from a cardiologist is required.</li> </ul>
	I44-I49	<p><b>Cardiac arrhythmias and conduction defects (including those with pacemakers and implanted cardioverter defibrillators (ICD))</b></p> <p><i>Likelihood of impairment from recurrence, sudden loss of capability, exercise limitation. Pacemaker/ICD activity may be affected by strong electric fields.</i></p>	<ul style="list-style-type: none"> <li>• Cardiac pacemaker, Internal cardiac defibrillator.</li> <li>• Cardiac arrhythmias (tachy or bradycardia) requiring hospitalization or emergency treatment in the past 12 months.</li> <li>• Symptomatic cardiac arrhythmias</li> <li>• Atrial Fibrillation: disqualifying unless asymptomatic and on stable medical regimen not requiring anti-coagulation.</li> </ul>	<p>Any arrhythmia will need cardiac tests and clearance from a cardiologist that details any concerns, diagnosis, treatment, and follow up recommendations (if applicable).</p>
	I61-69 G46	<p><b>Ischaemic cerebrovascular disease (stroke or transient ischaemic attack - TIA)</b></p> <p><i>Increased likelihood of recurrence, sudden loss of capability, mobility limitation. Liable to develop other circulatory disease-causing sudden loss of capability.</i></p>	<p>Stroke within the last 24 months. Initial TIA within the last 12 months.</p>	<ul style="list-style-type: none"> <li>• History of stroke - must have full, unreserved clearance from a neurologist, no functional deficit, and it must be &gt; 24 months from the initial cerebrovascular event without any recurrence.</li> <li>• History of TIA - must have full, unreserved clearance from a neurologist, and it must be &gt; 12 months from the initial TIA without any recurrence.</li> </ul>
	I73	<p><b>Arterial claudication</b></p> <p><i>Likelihood of other circulatory disease causing sudden loss of capability. Limits to exercise capacity.</i></p>	<p>If surgical intervention is indicated.</p>	<p>Peripheral Arterial Disease with symptomatic claudication requires clearance from treating physician.</p>
	I83	<p><b>Varicose veins</b></p> <p><i>Possibility of bleeding if injured, skin changes and ulceration.</i></p>	<p>Until treated if impairing symptoms.</p>	
	I80.2-3	<p><b>Deep vein thrombosis/pulmonary embolus</b></p> <p>Likelihood of recurrence and of serious pulmonary embolus. Likelihood of bleeding from anticoagulant treatment.</p>	<p>Anticoagulant use</p>	<p>History of deep vein thrombosis (DVT) or pulmonary embolism (PE). Full recovery with no anticoagulant use</p>

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Respiratory System	I00–99 Other CV Not Listed Separately	<b>Other heart disease, such as cardiomyopathy, pericarditis, heart failure</b> <i>Likelihood of recurrence, sudden loss of capability, exercise limitation.</i>	<b>Congestive Heart Failure (CHF):</b> disqualifying unless: <ul style="list-style-type: none"> <li>• on stable medical therapy for &gt;6 months,</li> <li>• no CHF hospitalizations in at least 1 year,</li> <li>• New York Heart Association/ Canadian Cardiovascular Society (NYHA/CCS) Class 1 or II and Ejection fraction must be &gt;40%.</li> </ul>	<b>Hyperlipidemia:</b> will need recent blood tests (within previous 12 months)  <b>CHF:</b> Class I - No symptoms and no limitation in ordinary physical activity, such as shortness of breath when walking, climbing stairs etc. Class II - Mild symptoms (mild shortness of breath and/or angina) and slight limitation during ordinary activity May be approved if the following conditions are met: <ul style="list-style-type: none"> <li>• on stable medical therapy for &gt;6 months,</li> <li>• no CHF hospitalizations in at least 1 year,</li> <li>• New York Heart Association/ Canadian Cardiovascular Society (NYHA/CCS) Class 1 or II and Ejection fraction must be &gt;40%.</li> </ul>
	J00–J99	<b>Respiratory system</b>		
	J02–04 J30–39	<b>Nose, throat and sinus conditions</b> <i>Impairing for individual. May recur. Transmission of infection to food/other crew in some conditions.</i>	Until resolved.	
	J40–44	<b>Chronic bronchitis and/or emphysema</b> <i>Reduced exercise tolerance and impairing symptoms.</i>	<ul style="list-style-type: none"> <li>• Cystic Fibrosis.</li> <li>• Any chronic respiratory disease that limits functional capacity.</li> <li>• Any condition that requires supplementary oxygen.</li> </ul>	Chronic obstructive pulmonary disease (COPD) with normal functional capacity  If you plan to bring a personal nebulizer, please verify that its electrical voltage is compatible with the vessel.
	J45–46	<b>Asthma</b> (detailed assessment with information from specialist in all new entrants) <i>Unpredictable episodes of severe breathlessness</i>	Asthma requiring daily oral steroids are disqualifying (inhaled steroids are acceptable).	History of hospitalization in the past 2 years must be assessed on a case by case basis.  If you plan to bring a personal nebulizer, please verify that its electrical voltage is compatible with the vessel.
	J93	<b>Pneumothorax</b> (spontaneous or traumatic) <i>Acute impairment from recurrence</i>	A history of spontaneous pneumothorax: except for a single episode without recurrence for 1 year.	Single episode of spontaneous pneumothorax without recurrence for 1 year.
Gastrointestinal System	K00–K99	<b>Digestive system</b>		
	K01–06	<b>Oral health (Dental)</b> <i>Acute pain from toothache. Recurrent mouth and gum infections</i>	Disqualifying: Unresolved dental issues such as dental caries, abscess or severe gum disease.	Dentures or other orthodontic appliances must be well fitting and functional.
	K25-K28	<b>Peptic ulcer</b> <i>Recurrence with pain, bleeding or perforation.</i>	Active Peptic Ulcer disease.	History of Peptic Ulcer disease that's healed as documented by a gastroenterologist, with a normal diet for at least 3 months.
	K40–41	<b>Hernias – Inguinal and femoral</b> <i>Likelihood of strangulation.</i>	Surgical assessment is mandatory to indicate that surgical repair is not required.	Any hernia that does not have surgical correction will need a detailed exam and documentation stating that it does not need surgical correction at this time. Depending on the case (location, length of service, and age of individual), there may be a limitation to service time.
	K42–43	<b>Hernias – Umbilical, ventral</b> <i>Instability of abdominal wall on bending and lifting</i>	Surgical assessment is mandatory to indicate that surgical repair is not required.	-If applicant is being treated with medication only a note from the treating physician stating that it's under control with medication and does not require a surgical consultation, can also be used on the RFAF.

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System	ICD-10 (diagnostic codes)	Condition (justification for criteria)	Disqualifying	Approval
	K44	<b>Hernias – Diaphragmatic (hiatus)</b> <i>Reflux of stomach contents and acid causing heartburn, etc.</i>	Surgical assessment is mandatory to indicate that surgical repair is not required.	noted on the PEML.
	K50, 51, 57, 58, 90	<b>Non-infectious enteritis, colitis, Crohn’s disease, diverticulitis, etc.</b> <i>Impairment and pain.</i>	Non-Infectious Ulcerative Colitis or Crohn’s Disease that requires treatment with immune-suppressant medication or chronic oral steroids.	Mild to moderate Ulcerative Colitis or Crohn’s Disease that does not require immune-suppressant medication or chronic oral steroids.
	K60 184	<b>Anal conditions: Piles (haemorrhoids), fissures, fistulae</b> <i>Likelihood of episode causing pain and limiting activity.</i>	Surgical assessment is mandatory to indicate that surgical repair is not required prior to service.	Anal conditions that do not require surgical treatment.
	K70, 72	<b>Cirrhosis of liver</b> <i>Liver failure. Bleeding oesophageal varices</i>	Serious or progressive liver disease particularly where esophageal varices or ascites are present.	
	K80–83	<b>Biliary tract disease</b> <i>Biliary colic from gallstones, jaundice, liver failure.</i>	Advanced liver disease, recurrent or persistent impairing symptoms.	Case by case basis.
	K85–86	<b>Pancreatitis</b> <i>Likelihood of recurrence</i>	Chronic or recurring pancreatitis	
	Y83	<b>Stoma (ileostomy, colostomy)</b> <i>Impairment if control is lost – need for bags, etc. Potential problems during prolonged emergency</i>		Stoma (Ileostomy, Colostomy) <b>Maximum of 1 month service. Applicants must bring 2 months of stoma supplies.</b>
		<b>Other digestive disorders</b>	History of digestive disorders causing severe or recurrent symptoms requiring special diet or medication such as esophagitis, gastritis, cholelithiasis, celiac disease, inflammatory or parasitic bowel disease, Irritable bowel syndrome (IBS) that is incapacitating or requires special diet.	
		<b>Underweight child</b>	Failure to thrive - must have been resolved.	Failure to thrive - needs clearance from primary provider through puberty. Letter of clearance from specialist should include: <ul style="list-style-type: none"> <li>• diagnosis and history of illness</li> <li>• describe current condition and stability</li> <li>• current treatment</li> <li>• recommended follow up</li> </ul>

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System	ICD-10 (diagnostic codes)	Condition (justification for criteria)	Disqualifying	Approval
Skin and Subcutaneous Tissue	<b>L00-99</b>	<b>Skin</b>		
	L00-08	<b>Skin infections</b> <i>Recurrence, transmission to others.</i>	<ul style="list-style-type: none"> <li>• Must be satisfactorily treated before assignment.</li> <li>• Food Services staff with recurrent problems.</li> </ul>	Cured with low likelihood of recurrence.
	L10-99	<b>Other skin diseases</b> – eczema, dermatitis, psoriasis <i>Recurrence, sometimes occupational cause.</i>	Until investigated and satisfactorily treated.	Eczema, Psoriasis - must be under control without regular systemic steroids.
Musculoskeletal System	<b>M00-99</b>	<b>Musculoskeletal</b>		
	M06	<b>Rheumatoid Arthritis</b> <i>Pain and mobility limitation affecting normal or emergency duties. The possibility of infection or dislocation and limited life of replacement joints.</i>	<ul style="list-style-type: none"> <li>• Advanced and severe cases.</li> <li>• Cases requiring steroids or immunosuppressants.</li> </ul>	Case-by-case assessment. Able to fully meet routine and emergency duty requirements with very low likelihood of condition worsening to the extent that duties could not be undertaken.
	M10-23	<b>Osteoarthritis</b> , other joint diseases and subsequent joint replacement. <i>Pain and mobility limitation affecting normal or emergency duties. The possibility of infection or dislocation and limited life of replacement joints.</i>	Advanced and severe cases.	Case-by-case assessment. Able to fully meet routine and emergency duty requirements with very low likelihood of condition worsening to the extent that duties could not be undertaken.
	M24.4	<b>Recurrent instability of shoulder or knee joints</b> <i>Sudden limitation of mobility, with pain.</i>		Treated; very low* likelihood of recurrence.
	M54.5	<b>Back pain</b> <i>Pain and mobility limitation affecting normal or emergency duties. Exacerbation of impairment.</i>	Recurrent or incapacitating.	
	Y83.4 Z97.1	<b>Limb prosthesis</b> <i>Mobility limitation affecting normal or emergency duties.</i>	Essential job duties cannot be performed.	Case by case. If routine and emergency duties can be performed but there may be limitations on specific non-essential activities.
	Genitourinary System	<b>N00-99</b>	<b>Genito-urinary conditions</b>	
N00, N17		<b>Acute nephritis</b> <i>Renal failure, hypertension</i>	Any renal disease that could lead to acute renal failure, such as nephritis or nephrosis.	
N03-05, N18-19		<b>Sub-acute or chronic nephritis or nephrosis</b> <i>Renal failure, hypertension</i>	Any renal disease that could lead to acute renal failure, such as nephritis or nephrosis.	
N20-23		<b>Renal or ureteric calculus</b> <i>Pain from renal colic.</i>	Confirmed kidney stones or recurrent ureteric colic are disqualifying until treated.	
N33, N40		<b>Prostatic enlargement/urinary obstruction</b> <i>Acute retention of urine.</i>	If surgical intervention is indicated.	

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Pregnancy	N70–98	<b>Gynecological conditions</b> – Heavy vaginal bleeding, severe menstrual pain, endometriosis, prolapse of genital organs, other gynecological condition. <i>Impairment from pain or bleeding.</i>	Until investigated and satisfactorily treated.	
	R31, R80, R81, R82	<b>Proteinuria, haematuria, glycosuria</b> or other urinary abnormality. <i>Indicator of kidney or other diseases.</i>	<ul style="list-style-type: none"> <li>Chronic obstructive pulmonary disease until investigated and satisfactorily treated.</li> <li>Underlying condition may be disqualifying.</li> </ul>	
	Z90.5	<b>Removal of kidney or one non-functioning kidney</b> <i>Limits to fluid regulation under extreme conditions if remaining kidney not fully functional.</i>	<ul style="list-style-type: none"> <li>Polycystic disease,</li> <li>Hydronephrosis,</li> <li>Unilateral nephrectomy with disease in the remaining kidney</li> <li>Renal transplant</li> </ul>	
		<b>Recurrent Urinary Tract Infection (UTI)</b>	Recurring urinary tract infections (UTI): until investigated and treated.	
		<b>Male genitalia</b>		Hydrocoele or painful conditions of the testicles.
		<b>O00–99</b>	<b>Pregnancy</b>	
	O00–99	<b>Pregnancy</b> <i>Complications, late limitations on mobility. Potential for harm to mother and child in the event of premature delivery at sea.</i>	Disqualifying > week 24 of pregnancy (gestation) High risk pregnancy includes but is not limited to: <ul style="list-style-type: none"> <li>advanced maternal age: Maternal age <math>\geq</math> 35 years</li> <li>diabetes or history of gestational diabetes,</li> <li>hypertension</li> <li>endocrine disorders</li> <li>autoimmune disease</li> <li>prior miscarriages or preterm birth</li> <li>history of prior pre-eclampsia</li> <li>history of Intra-Uterine Growth Restriction (IUGR)</li> <li>multiple pregnancy</li> <li>HIV-positive status</li> <li>fetal anomaly</li> <li>prior 'high-risk' pregnancies</li> <li>conditions that cannot be properly managed with onboard resources and personnel</li> </ul>	<ul style="list-style-type: none"> <li>New applicants planning to join field service with a known pregnancy must have an initial prenatal evaluation, including standard screening laboratory tests, clinical examination, and ultrasound.</li> <li>If becomes pregnant; must have an initial prenatal evaluation, including standard screening laboratory tests, physical, and ultrasound; and must be cleared by physician.</li> <li>Service must end at 24th week of gestation</li> </ul>

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System	ICD-10 (diagnostic codes)	Condition (justification for criteria)	Disqualifying	Approval
<b>General</b>				
	R47, F80	<b>Speech disorders</b> <i>Limitations to communication ability</i>		Speech pathologist assessment is mandatory.
	T78 Z88	<b>Allergy</b> (other than allergic dermatitis and asthma) <i>Likelihood of recurrence and increasing severity of response. Reduced ability to perform duties.</i>	<ul style="list-style-type: none"> <li>History of anaphylaxis or other severe allergic reaction requiring hospitalization may be automatically disqualifying depending on severity. If approved, the individual must bring an Epi-Pen and will be responsible for its replacement as EpiPens cannot be prescribed and issued on board.</li> <li>If anaphylaxis occurs on board, the individual is unable to remain on board and must return home.</li> </ul>	<ul style="list-style-type: none"> <li>Peanut allergies - Individuals must be aware that Mercy Ships locations are not peanut-free.</li> <li>Other allergies - Individuals must be aware that Mercy Ships locations cannot accommodate special diets for allergies. Off-ship food resources are not considered a reliable option for other food allergies.</li> <li>If approved, the individual must bring 2 Epi-Pens and will be responsible for their replacement. EpiPens cannot be prescribed and issued on board.</li> </ul>
	Z94	<b>Transplants</b> – Kidney, heart, lung, liver. <i>Possibility of rejection. Side effects of medication.</i> For prosthetics, such as joints, limbs, lenses, hearing aids, heart valves, etc. see condition-specific sections).	Immune-suppressive medications, including chronic use of systemic steroids.	failure to thrive - needs clearance from primary provider through puberty. Letter of clearance from specialist should include: <ul style="list-style-type: none"> <li>diagnosis and history of illness</li> <li>describe current condition and stability</li> <li>current treatment</li> <li>recommended follow up</li> </ul>
		<b>Conditions not specifically listed</b>		Consider likelihood of sudden incapacity, recurrence or progression and limitations on performing normal and emergency duties.
	Z99.3 Z99.8	<b>Mobility Aids</b>	<ul style="list-style-type: none"> <li>Dependence on a wheelchair</li> <li>Any condition that prevents walking up and down stairs</li> </ul>	Dependence on other enabling machines and devices, or mobility aids, approved on a case by case basis.
		<b>Developmental Delay for Children</b>		Case by case. Pediatric Healthcare Provider assessment is mandatory.
<b>Age</b>				
	Age		Age ≥ 80 years.	<u>Age 70 - 79 years</u> - Must also be assessed for other comorbidities to determine fitness for service - Must submit a Lipid Profile, HbA1c, LFTs, Creatinine, and an Electrocardiogram. - Maximum length of service is 6 months, then a new assessment is required. • Less restrictions to be considered for short periods of service (< 6 weeks).
	Age		Age ≤ 6 months.	Children ≥ 6 months old up to 18 years: <ul style="list-style-type: none"> <li>Must have the initial sets of vaccinations (Diphtheria, Hepatitis A, Hepatitis B, Measles, Mumps and Rubella (MMR), Tetanus) <i>between birth and the time they join</i>, as scheduled by their country of origin.</li> <li>Must have Yellow Fever vaccination if required by the country of service.</li> <li>If &lt; 36 complete weeks gestation at birth, require follow-up in the Crew Clinic on board.</li> </ul>

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<b>Medications</b>		Drugs and prescription medications	<p>Disqualifying:</p> <ul style="list-style-type: none"> <li>• Anticoagulants</li> <li>• Insulin</li> <li>• Opiates for chronic pain: the underlying condition is likely to be disqualifying.</li> <li>• Chronic use of benzodiazepines, such as regular use &gt; 2 months.</li> <li>• Immune-suppressive medications, including chronic use of systemic steroids.</li> </ul>	<p>Tobacco use and e-cigarettes (vaping): Not allowed onboard, but not disqualifying.</p> <p>We will do our best to ensure you have the medication you need on board during your service. However, some medications may not be readily available, and in some cases we may stock a comparable alternative.</p> <p><b>Important: You are required to bring a 90-day supply of your medications from home at the start of your service.</b></p> <p>If you are able to bring more than a 90-day supply, that is preferable. If you are unable to bring more than 90 days of medication, we understand. Please make an appointment with our on-board Crew Physician upon arrival, who will prescribe your medication so that you can obtain it from our on-board pharmacy. Please note that some medications may not be available, and a comparable alternative may be required.</p> <p>In the meantime, before you arrive on board, our pharmacy team will review your medications and will contact you if they anticipate any difficulties.</p> <p>If you would like to speak with someone in the pharmacy team or have any concerns, you can contact them on: <a href="mailto:volunteer.meds@mercyships.org">volunteer.meds@mercyships.org</a></p>
	<b>Vaccinations</b>		<b>Vaccine</b>	
		Diphtheria	<p>Unvaccinated if mandatory vaccination is required.</p> <p>If mandatory vaccination is required and a waiver is needed for clinical reasons, then a supporting letter from a Healthcare Provider is required.</p> <p>For further guidance on vaccinations, refer to Vaccination Checklist in Crew Health Guide.</p>	<p>Primary course and booster are mandatory for adults except: ☐</p> <ul style="list-style-type: none"> <li>• Positions that are land-based with no patient contact and no visits to a Mercy Ships vessel (recommended only).</li> <li>• Positions on board a Mercy Ships vessel during Annual Maintenance Period (recommended only).</li> <li>• Mandatory for children. Must have initial vaccination (as scheduled by their country of origin) before joining the ship.</li> <li>• Documentary proof of vaccination is required.</li> </ul>
		Hepatitis A	<p>For further guidance on vaccinations, refer to Vaccination Checklist in Crew Health Guide.</p>	<ul style="list-style-type: none"> <li>• Mandatory for Engineering, Global Patient Selection Team (GPST), Hospital (including Crew Clinic, Dental, Hope Center) and Stewards (except Hairdresser). Recommended for all other departments.</li> <li>• Mandatory for children. Must have initial vaccination (as scheduled by their country of origin) before joining the ship.</li> <li>• Documentary proof of vaccination is required.</li> <li>• Vaccination fulfilment plan is required if the initial vaccination series has not been completed.</li> </ul>

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		Hepatitis B		<p>Primary course mandatory.</p> <ul style="list-style-type: none"> <li>• Primary course: usually 3 doses. 2 doses are acceptable if there is not enough time to receive the 3rd dose prior to service onboard.</li> <li>• Hepatitis B vaccination non-responders: classified as a result &lt;10mIU/ml result on anti-Hepatitis B immunity titer after primary vaccination series. Non-responders may be approved for service but are recommended to repeat the vaccination course (3 doses).</li> <li>• Mandatory for children. Must have initial vaccination (as scheduled by their country of origin) before joining the ship.</li> <li>• Documentary proof of vaccination is required.</li> </ul>
		Measles, Mumps and Rubella (MMR)		<ul style="list-style-type: none"> <li>• Vaccination fulfilment plan is required if the initial vaccination series has not been completed.</li> <li>• Documentary proof required for those born after 1963. Immunity is assumed for those born before 1963.</li> </ul>
		Pertussis (Whooping Cough)		<ul style="list-style-type: none"> <li>• Mandatory for Children only.</li> <li>• Recommended for adults.</li> <li>• Documentary proof of vaccination is required.</li> </ul>
		Polio		<ul style="list-style-type: none"> <li>• Mandatory for Children only.</li> <li>• Recommended for adults - primary course and inactivated polio vaccine (IPV) booster.</li> <li>• Documentary proof of vaccination is required.</li> </ul>
		Tetanus		<p>Primary course and booster, exemption documentation required if maximum number of boosters reached.</p> <ul style="list-style-type: none"> <li>• Documentary proof of vaccination is required.</li> </ul>
		Typhoid		<ul style="list-style-type: none"> <li>• Mandatory for Engineering, Global Patient Selection Team (GPST), Hospital (including Crew Clinic, Dental, Hope Center) and Stewards (<i>except Hairdresser position</i>). Recommended for all other departments.</li> <li>• Primary course and booster.</li> <li>• Recommended for children <math>\geq 5</math> years of age only.</li> <li>• Documentary proof of vaccination is required.</li> </ul>
		Yellow Fever	<p>Unvaccinated if the country of service requires Yellow Fever vaccination as a country entry requirement.</p> <p>If mandatory vaccination is required and a waiver is needed for clinical reasons, an official Yellow Fever waiver is required.</p>	<p>If a waiver is required: only a medical waiver issued from an official Yellow Fever approved Center is acceptable.</p>

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System	ICD-10 (diagnostic codes)	Condition (justification for criteria)	Disqualifying	Approval
<b>Tuberculosis Screening</b>				
	Either	<b>Tuberculin Skin Test</b> Mantoux or PPD (purified protein derivative)	Tuberculosis disease	Documentary proof of tuberculin skin test result is required. <ul style="list-style-type: none"> <li>• Mandatory every 2 years for adults with no history of tuberculosis infection (TBI) or TB disease.</li> <li>• Tuberculin skin test not advised if prior BCG vaccination.</li> <li>• If positive tuberculin skin test screening and history of BCG vaccination, either:                             <ul style="list-style-type: none"> <li>• Have an IGRA test (determines TBI)</li> <li>• If IGRA is not possible, then classify as TBI. Follow-up with detailed medical history, physical examination and chest x-ray to rule in or out TB disease.</li> </ul> </li> <li>• NOT accepted test options are BCG (Bacillus Calmette-Guérin) vaccination, BCG vaccination scar check, sputum (spit) sample, or chest x-rays. A chest x-ray is only acceptable in response to a positive TB screening - it is not effective as a routine screening method.</li> </ul>
	Or	<b>Interferon-gamma release assay test</b> IGRA test: QuantiFERON-TB Gold (QFT Plus), or T-Spot test	Tuberculosis disease	<ul style="list-style-type: none"> <li>• Mandatory every 2 years for adult applicants with no history of TBI or TB disease.</li> <li>• Documentary proof of tuberculin blood test result is required.</li> </ul>
<b>Surgery</b>				
		Recent Surgery	< 6 weeks postoperative for minor surgery defined as surgery performed on superficial tissue, usually under local anaesthesia (may be under general in some cases) and using minimal equipment. No entry into a body cavity or joint.  < 6 months post major surgery defined as a procedure that involves the removal of an organ or body part, or the repair of a large body part.	Approval is made on a case-by-case basis: <ul style="list-style-type: none"> <li>• Must be minimum of 6 weeks post minor surgery.</li> <li>• Must be minimum of 6 months post major surgery.</li> </ul>
<b>* Recurrence rates</b>	<p><b>* <u>Recurrence rates:</u></b> Where the terms very low, low and moderate are used for the excess likelihood of a recurrence. These are essentially clinical judgements but, for some conditions, quantitative evidence on the likelihood of recurrence is available. Where this is available, such as for seizure and cardiac events, it may indicate the need for additional investigations to determine an individual's excess likelihood of a recurrence.</p> <p>Quantitative recurrence levels approximate to:</p> <ul style="list-style-type: none"> <li>– Very low: recurrence rate less than 2 per cent per year.</li> <li>– Low: recurrence rate 2–5 per cent per year.</li> <li>– Moderate: recurrence rate 5–20 per cent per year.</li> </ul>			
<b>** Asthma severity definitions</b>	<p><b><u>Childhood Asthma:</u></b></p> <ul style="list-style-type: none"> <li>• <b><u>Mild:</u></b> Onset age &gt;10 years with few or no hospitalizations, normal activities between episodes, controlled by inhaler therapy alone, remission by age 16, normal lung function.</li> <li>• <b><u>Moderate:</u></b> Few hospitalizations, frequent use of reliever inhaler between episodes, interference with normal exercise activity, remission by age 16, normal lung function.</li> <li>• <b><u>Severe:</u></b> Frequent episodes requiring treatment to be made more intensive, regular hospitalization, frequent oral or IV steroid use, lost schooling, abnormal lung function.</li> </ul>			

# Mercy Ships Medical Fitness Guide

System	ICD-10 (diagnostic codes)	Condition (justification for criteria)	Disqualifying	Approval
^^Exposure-prone procedures guidelines		<p><b>Exposure-prone procedures (EPPs)</b> include procedures where the worker’s gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (spicules of bone or teeth) inside a patient’s open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.</p> <p>Procedures where the hands and fingertips of the worker are visible and outside the patient’s body at all times, and internal examinations or procedures that do not involve possible injury to the worker’s gloved hands from sharp instruments and/or tissues, are <b>considered not to be exposure-prone</b>, provided that routine infection-control procedures are adhered to at all times.</p> <p>Examples of procedures that are <b>not exposure-prone</b> include:</p> <ul style="list-style-type: none"> <li>• Taking blood (venepuncture);</li> <li>• Setting up and maintaining intravenous (IV) lines or central lines (provided that any skin-tunnelling procedure used for the latter is performed in a non-exposure-prone manner, for example without the operator’s fingers being at any time concealed in the patient’s tissues in the presence of a sharp instrument);</li> <li>• Minor surface suturing;</li> <li>• The incision of external abscesses;</li> <li>• Routine vaginal or rectal examinations;</li> <li>• Simple endoscopic procedures.</li> </ul>		
		<p>1. HBeAg +ve, and HBV DNA &gt;20000 IU/mL, and a. either ALT &gt;2x ULN for 3 months b. or Evidence of moderate or severe inflammation, significant fibrosis, or cirrhosis                  2. HBeAg -ve, and HBV DNA &gt;2000 IU/mL, and a. either ALT &gt;2x ULN b. or Evidence of moderate or severe inflammation, significant fibrosis, or cirrhosis.</p>		
^^^AJCC Stage Melanoma		<b>AJCC Stage</b>	<b>5 year Survival %</b>	<b>General Recommendation</b>
		IA (T1a < 1.00 mm, Clark II or III)	95%	May be considered for approval after 2 years post treatment. Restricted to 6 month service length.
		IB (T1b < 1.0 mm, T2a: 1.0 - 2.0 mm, Clark IV or V)	91%	May be considered for approval after 3 years post treatment. Restricted to 6 month service length.
		IIA (T2b, T3a: 2.0-4.0 mm)	60-80%	May be considered for approval after 3 years post treatment. Restricted to 6 month service length.
		IIB (T3b, T4a > 4.0 mm)	60-80%	May be considered for approval after 5 years post treatment. Restricted to 3 month service length.
		IIC, III A/B/C (IIC: T4b > 4.0 mm, III: regional nodes)	60-80%	May be considered for approval after 5 years post treatment. Restricted to 3 month service length.
		IV (distant metastasis, elevated serum LDH)	5-25%	Disqualifying due to poor prognosis and likelihood of recurrence, approval will not be considered.