



1 3. DIRECTIVES AFFECTED. This Commandant Instruction Manual replaces prior guidance  
2 on the medical evaluation of Merchant Mariners. Medical and Physical Evaluation  
3 Guidelines for Merchant Mariner Credentials, NVIC 04-08, COMDTPUB 16700.4, and  
4 Guidance on the Issuance of Medical Certificates, NVIC 01-14, COMDTPUB 16721, are  
5 hereby cancelled. Part A of the Marine Safety Manual (MSM) Volume III, Chapter 4,  
6 COMDTINST M16000.8 (series) has not been updated since 1999, and may contain some  
7 information that conflicts with the guidance in this Manual. Until Part A of the MSM is  
8 updated, the guidance in this Manual supersedes the MSM in any areas where they may  
9 conflict.

10 4. BACKGROUND.

11 a. Reference (a) requires each party to establish standards of medical fitness for seafarers.  
12 Reference (a) applies to seagoing vessels, defined as vessels which operate beyond the  
13 Boundary Line. It does not apply to inland mariners. References (b) and (c) require that  
14 mariners be physically able to perform their duties, using terms such as “general physical  
15 condition,” “good health” and “of sound health.” Reference (d) contains special  
16 requirements for registration as a Great Lakes Pilot, including the requirement to “pass a  
17 physical examination given by a licensed medical doctor.” With the exception of hearing,  
18 visual acuity, and color vision, none of these references contains specific standards for  
19 determining whether mariners are physically and medically qualified.

20 b. As noted in the introduction to NVIC 04-08, due to the lack of specificity in references  
21 (a) through (d), the physical and medical standards upon which medical certificate  
22 applicants are evaluated, and the medical tests and other information needed to make  
23 these evaluations may be unclear, leading to confusion and unnecessary delays. This lack  
24 of specificity may also lead to inconsistencies by medical practitioners conducting  
25 examinations of mariner applicants, and ultimately by Coast Guard personnel  
26 determining whether medical certificates should be issued.

27 c. NVIC 04-08 detailed medical conditions that were subject to further review, and the  
28 recommended data for evaluating each condition to determine fitness for certification. It  
29 also detailed physical ability guidelines and acceptable vision and hearing standards.  
30 This was necessary to reduce the subjectivity of the physical and medical evaluation  
31 process and promote more consistent evaluations. NVIC 04-08 also reduced the time  
32 required to process credential applications by helping eliminate the uncertainty that  
33 mariners encountered as to the appropriate physical and medical information needed to  
34 process their applications. This Manual provides more detail on medical conditions  
35 subject to further review and the recommended evaluation data for evaluating those  
36 conditions.

- 1 d. The Coast Guard recognizes the need for qualified mariners and the potential shortage of  
2 mariners in the United States and worldwide. Since this Manual continues the prior  
3 guidance on the evaluation of merchant mariners, it should not result in higher rates of  
4 disqualification for service, or in increased processing time for credential applications  
5 with physical and/or medical issues. To the contrary, the Coast Guard expects the  
6 process to be fairer and less subjective, and anticipates application processing time to be  
7 reduced by all parties knowing precisely what information is needed at the outset of the  
8 application process. The information contained in this Manual consolidates guidance  
9 previously contained in three separate documents; as well as reproducing, in writing,  
10 several current practices that were not contained in any guidance document, making them  
11 transparent and consistent.

12 5. DISCUSSION.

- 13 a. This Manual is a resource to assist mariner applicants in understanding how the Coast  
14 Guard will evaluate their physical and medical status to determine whether they are fit for  
15 merchant mariner medical certification. It is also a resource to assist medical personnel  
16 in performing examinations of applicants. It provides guidance on conditions that are  
17 subject to further review for issuance of the medical certificate and the recommended  
18 supplemental medical tests and evaluations. Medical practitioners should provide  
19 comments and recommendations with regard to the ability of applicants to meet the  
20 standards. The final determination regarding issuance of the medical certificate lies with  
21 the Coast Guard. This manual provides guidance to evaluators on how to assess a  
22 mariner's condition. This will ensure consistency in evaluation of applications for  
23 medical certificates.
- 24 b. Service on vessels may be arduous and impose unique physical and medical demands on  
25 mariners. The public safety risks associated with the medical and physical conditions of  
26 mariners on vessels are important considerations for the safe operation of vessels. In the  
27 event of an emergency, immediate response may be limited to the vessel's crew, and  
28 outside help may be delayed. Mariners should be medically and physically fit to perform  
29 their duties, not only on a routine basis but also in an emergency.
- 30 c. This Manual has been developed by the Coast Guard in consultation with the experienced  
31 maritime community medical practitioners and industry stakeholders comprising the  
32 Merchant Mariner Medical Advisory Committee (MEDMAC). This Manual reflects a  
33 synthesis of their recommendations, the medical requirements in references (a) through  
34 (d), and the recommendations of other federal transportation mode authorities as to  
35 appropriate physical and medical standards. The public was afforded opportunity to  
36 participate in the development of the guidance contained in this Manual by providing  
37 public comment and serving on working groups at the public meetings of MEDMAC.  
38 The public was also afforded opportunity to comment on drafts of the policies contained  
39 in this Manual and its predecessor, NVIC 04-08. *See* 80 FR 8586 (February 18, 2015)  
40 [Diabetes, cardiomyopathy and sleep disorders], 80 FR 4582 (January 28, 2015)  
41 [Medications], 78 FR 17917 (March 25, 2013) [Seizures], and 77 FR 55174 (September  
42 7, 2012) [Implantable Cardioverter Defibrillators].

- 1 d. Chapter 1 of this Manual provides guidance on the medical review process for the  
2 issuance of medical certificates. This chapter additionally discusses limitations, waivers  
3 and/or other conditions of issuance that may be placed on the medical certificate or  
4 credential. The Coast Guard will not enforce the requirement of 46 CFR 15.401(c) on  
5 those mariners who are not required to have a general medical exam or demonstration of  
6 physical ability per 46 CFR part 10, subpart C.
- 7 e. Chapter 2 describes the contents of the medical certificate and discusses key terms and  
8 application procedures, and provides a sample medical certificate.
- 9 f. Chapter 3 provides discussion of the medical certification standards that apply to  
10 applicants for each of the various types of credentials, as set forth in reference (c).
- 11 g. Chapter 4 provides guidance on the general medical examination.
- 12 h. Chapter 5 provides guidance on evaluating vision and hearing.
- 13 i. Chapter 6 provides guidance for determining whether mariner applicants are physically  
14 able to perform their duties.
- 15 j. Chapter 7 provides guidance on the evaluation of mariner applicants who take certain  
16 medications.
- 17 k. Chapters 8 through 25 contain guidance on medical conditions that are subject to further  
18 review, and the supplemental information that should be submitted to facilitate the  
19 review. The list of conditions is non-exhaustive, and not all of the medical conditions  
20 listed will require a waiver.
- 21 l. Applicants for the medical certificate must utilize the Application for Medical Certificate,  
22 Form CG-719K, or the Application for Medical Certificate, Short Form CG-719K/E, as  
23 appropriate for the credential held or sought. The forms are publicly available on the  
24 Coast Guard website at: [http://www.uscg.mil/forms/cg/CG\\_719K.pdf](http://www.uscg.mil/forms/cg/CG_719K.pdf) and  
25 [http://www.uscg.mil/forms/cg/CG\\_719KE.pdf](http://www.uscg.mil/forms/cg/CG_719KE.pdf). Submission of inadequate information  
26 will result in processing delays. Medical practitioners should review and initial each  
27 page of the form, where requested.
- 28 m. Some individuals may have conditions or limitations that are not listed but which would  
29 render them incapable of performing their duties. Others with a listed condition or  
30 limitation may be capable of working at sea without posing a risk to the ship, their  
31 shipmates, or themselves. While each applicant is evaluated individually, the conditions  
32 described in this Manual are those which may be subject to further review, in accordance  
33 with Chapter 1, before a medical certificate will be issued.
- 34 n. In situations where the applicant does not meet the standards specified in references (a)  
35 through (d), as supplemented by the guidance contained herein, waivers, limitations,  
36 and/or restrictions may be considered by the Coast Guard. The supplemental medical  
37 records, consultations, and test results listed in Chapters 8 through 25, Medical

1 Conditions Subject to Further Review, should be submitted as clinically indicated. *See*  
2 also 46 CFR 10.303 and Paragraphs E, F, and G of Chapter 1 of this Manual.

3 o. Maritime academies should ensure that entrants into a cadet program are physically and  
4 medically qualified. A cadet with a condition listed in Chapters 8 through 25 should be  
5 advised as early as possible that he or she may not be physically or medically eligible to  
6 receive a credential upon graduation. Medical staff at an academy may consult with the  
7 NMC.

8 p. Nothing in this Manual precludes marine employers from establishing more rigorous  
9 medical or physical ability guidelines.

10 6. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it  
11 itself a rule. It is intended to provide operational guidance for Coast Guard personnel and is  
12 not intended to nor does it impose legally binding requirements on any party outside the  
13 Coast Guard. It represents the Coast Guard's current thinking on this topic and is issued for  
14 guidance purposes to outline methods of best practice for compliance with the applicable  
15 law. You may use an alternative approach if the approach satisfies the requirements of the  
16 applicable statutes and regulations. While not required, those who wish to discuss alternative  
17 approaches may contact the NMC Medical Evaluations Branch, which is responsible for  
18 implementing this guidance. Contact information for the NMC Medical Evaluations  
19 Division is listed in paragraph 13, below. This Manual complies with Executive Order  
20 13422 and associated OMB Bulletin on Agency Good Guidance Practices. *See* 72 FR 3432  
21 (Jan 25, 2007).

22 7. MAJOR CHANGES. This Manual consolidates, clarifies, and updates prior guidance on  
23 merchant mariner medical evaluation, rather than instituting new policies. The material was  
24 reorganized into this Manual to provide clarity and improve utility.

25 a. After reviewing comments from the public, medical appeal complaints, and  
26 recommendations from the Merchant Mariner Medical Advisory Committee (MEDMAC)  
27 regarding the vague and sometimes confusing guidance contained in NVIC 04-08, the  
28 Coast Guard began a series of revisions to its medical evaluation guidelines, published as  
29 Change 1 and Change 2 to NVIC 04-08. Reference (e) proposed another revision to  
30 NVIC 04-08 and requested public comment on proposed policy clarifications for the  
31 issuance of medical waivers for the conditions of diabetes mellitus, cardiomyopathy and  
32 sleep disorders. Comments received in response to reference (e) were used to revise the  
33 proposed policy, which is now included as guidance in this Manual.

34 b. Because NVIC 04-08 was published prior to publication of the final STCW rule, there  
35 was a requirement to update the references contained in NVIC 04-08. Incorporating the  
36 required reference updates and the proposed policy clarifications, along with changes that  
37 had already been incorporated into Change 1 and Change 2 to NVIC 04-08, triggered  
38 issuance of a new policy document, in accordance with COMDTINST M5215.6H.

39 c. Increased focus on medical issues in the last decade highlighted the confusion caused by  
40 having guidance related to the medical evaluation of mariners contained in several

1 different guidance documents. With the implementation of a Designated Medical  
2 Examiner (DME) program, in accordance with 46 U.S.C. 7509, it is important that the  
3 applicable guidance be contained in a single document so that DMEs can be sure that  
4 their medical certification decisions are made in accordance with Coast Guard policies  
5 and procedures.

6 d. The material was reorganized into a manual format instead of a NVIC to improve utility  
7 and ease of use for the regulated community and others who reference the document.  
8 Additionally, with a Commandant Instruction Manual, the name and number of the  
9 document does not change with every future issuance of the document, reducing the risk  
10 of confusion.

11 e. Most of the Guidance on the Issuance of Medical Certificates, NVIC 01-14, discussed  
12 implementation and transition provisions for moving to issuance of separate medical  
13 certificates. That information is no longer relevant and has been removed.

14 (1) Material was added that provides detailed processing direction to the NMC so that  
15 Coast Guard personnel will have a standardized process for dealing with a number of  
16 situations that recur regularly.

17 (2) Information was added to provide more detail on the interplay between medical  
18 certificates for pilots and the requirement for annual pilot physicals.

19 f. In accordance with 46 CFR 10.304(a), information was added to provide guidance and  
20 clarity on the conduct of the merchant mariner general medical examination.

## 21 8. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS.

22 a. The development of this Manual and the general policies contained within it have been  
23 thoroughly reviewed by the originating office and are categorically excluded under  
24 current USCG categorical exclusion (CE) #33 from further environmental analysis, in  
25 accordance with Section 2.B.2. and Figure 2-1 of the National Environmental Policy Act  
26 Implementing Procedures and Policy for Considering Environmental Impacts,  
27 COMDTINST M16475.1 (series).

28 b. This directive will not have any of the following: significant cumulative impacts on the  
29 human environment; substantial controversy or substantial change to existing  
30 environmental conditions; or inconsistencies with any Federal, State, or local laws or  
31 administrative determinations relating to the environment. All future specific actions  
32 resulting from the general policies in this Manual must be individually evaluated for  
33 compliance with the National Environmental Policy Act (NEPA), Council on  
34 Environmental Policy NEPA regulations at 40 CFR Parts 1500-1508, DHS and Coast  
35 Guard NEPA policy, and compliance with all other environmental mandates.

36 9. DISTRIBUTION. No paper distribution will be made of this Manual. An electronic version  
37 will be located on the following web sites: <http://www.uscg.mil/nmc/> and  
38 [http://www.uscg.mil/directives/listing\\_cim.asp?id=16000-16999](http://www.uscg.mil/directives/listing_cim.asp?id=16000-16999).

- 1 10. RECORDS MANAGEMENT CONSIDERATIONS. This Manual has been evaluated for  
2 potential records management impacts. The development of this Manual has been thoroughly  
3 reviewed during the directives clearance process, and it has been determined there are no  
4 further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C.  
5 3101 et seq., National Archives and Records Administration (NARA) requirements, and  
6 Information and Life Cycle Management Manual, COMDTINST M5212.12 (series). This  
7 policy does not have any significant or substantial change to existing records management  
8 requirements.
- 9 11. FORMS/REPORTS. The forms referenced in this Manual are available from USCG  
10 Electronic Forms on the Standard Workstation, or on the Internet at <http://www.uscg.mil/nmc>  
11 or <http://www.uscg.mil/forms/>; on the Coast Guard Portal at  
12 <https://cgportal2.uscg.mil/library/forms/SitePages/Home.aspx>; and available to the public at  
13 [http://www.uscg.mil/forms/cg/CG\\_719K.pdf](http://www.uscg.mil/forms/cg/CG_719K.pdf), and  
14 [http://www.uscg.mil/forms/cg/CG\\_719KE.pdf](http://www.uscg.mil/forms/cg/CG_719KE.pdf).
- 15 12. REQUESTS FOR CHANGES. This Manual will be posted on the internet at  
16 [http://www.uscg.mil/directives/listing\\_cim.asp?id=16000-16999](http://www.uscg.mil/directives/listing_cim.asp?id=16000-16999). It will also be posted on  
17 the NMC website at <http://www.uscg.mil/nmc/>. Changes will be issued as necessary. All  
18 requests for changes should be directed to the Office of Merchant Mariner Credentialing  
19 (CG-MMC), at (202) 372-2357, or [MMCPolicy@uscg.mil](mailto:MMCPolicy@uscg.mil).
- 20 13. QUESTIONS. All questions regarding implementation of this Manual should be directed to  
21 the NMC Medical Evaluations Division at [iasknmc@uscg.mil](mailto:iasknmc@uscg.mil). The NMC can also be  
22 telephonically contacted at: 1-888-I-ASK-NMC.

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**DRAFT**

1 **CHAPTER 1. GUIDANCE ON THE ISSUANCE OF MEDICAL CERTIFICATES**

2 **A. Introduction.**

- 3 1. Chapter 1 provides guidance for the issuance of medical certificates under the regulations  
4 in Title 46 CFR, part 10, subpart C—Medical Certification (Reference (c)) and the  
5 International Convention on Standards of Training, Certification and Watchkeeping for  
6 Seafarers, 1978, as amended (STCW) (Reference (a)).
- 7 2. Topics covered in Chapter 1 include the medical review process, to include waivers,  
8 limitations and other conditions of issuance that may be placed on the medical certificate  
9 or credential.
- 10 3. As discussed in Paragraph D of this Chapter, the Coast Guard will not enforce the  
11 requirement of 46 CFR 15.401(c) on those mariners who are not required to have a  
12 general medical exam or demonstration of physical ability under 46 CFR 10.302.
- 13 4. Details concerning the format and contents of medical certificates are found in Chapter 2  
14 of this Manual, The Medical Certificate. Key terms related to medical certificates are  
15 also defined in Chapter 2.
- 16 5. Substantive medical qualification guidance follows in this Manual.

17 **B. Background.**

- 18 1. STCW Regulation I/9 and Section A-I/9 of the STCW Code set forth minimum standards  
19 for the medical certification of seafarers. Specifically, the STCW Convention and Code  
20 require that seafarers:
- 21 a. Have the physical capability to fulfill the requirements of their duties and the basic  
22 training as required by Section A-VI/1;
- 23 b. Demonstrate adequate hearing and speech to communicate effectively and detect any  
24 audible alarms;
- 25 c. Have no medical condition, disorder or impairment that will prevent the effective and  
26 safe conduct of the seafarer’s routine and emergency duties;
- 27 d. Are not suffering from any medical condition likely to be aggravated by service at sea  
28 or to render the seafarer unfit for service or to endanger the health and safety of other  
29 personnel on board;
- 30 e. Are not taking medication that has side effects that will impair judgment, balance or  
31 the ability to effectively and safely perform routine and emergency duties on board;  
32 and

- 1 f. Have medical certificates that will remain valid for a maximum period of two years  
2 unless the seafarer is under the age of 18, in which case the maximum period of  
3 validity will be one year.
- 4 2. Title 46 CFR part 10, subpart C contains the physical ability and medical examination  
5 requirements. Specifically, table 1 to 46 CFR 10.302(a) lists various credentials and  
6 references the vision, hearing, general medical examination and demonstration of  
7 physical ability requirements that must be met prior to receiving a medical certificate.  
8 While initially an STCW requirement, the Coast Guard implemented the change to a  
9 separate medical certificate to all credentialed mariners, including those holding only a  
10 national endorsement.
- 11 3. The Maritime Labour Convention (MLC) entered into force on August 20, 2013 and  
12 requires mariners serving on vessels to have a valid medical certificate. Until such time  
13 that the United States ratifies the MLC, the Coast Guard cannot mandate enforcement of  
14 its requirements for U.S. mariners. However, Article V, Paragraph 7 of the MLC  
15 contains a “no more favorable treatment clause” that requires ratifying governments to  
16 impose Convention requirements on all vessels—even those from a non-ratifying  
17 government—when calling on their ports. As a result, U.S. vessels visiting foreign ports  
18 that cannot demonstrate compliance with the MLC may be at risk of port state control  
19 actions, including detention, when operating in the port of a ratifying nation. The MLC  
20 does provide that medical certificates meeting STCW requirements also satisfy the MLC  
21 requirement. Medical certificates issued under reference (c) meet the requirements of  
22 MLC Regulation 1.2.
- 23 4. In the event a vessel is not subject to STCW but is subject to MLC, and is calling on a  
24 port in a country that has ratified the MLC, the Coast Guard will issue a medical  
25 certificate to qualified crewmembers upon proper application under 46 CFR 10.302(a).

### 26 C. Medical Review Process.

- 27 1. The medical review process is used to determine if a mariner meets the medical and  
28 physical standards for a credential, as contained in references (a) through (c) of this  
29 Manual.
- 30 2. When individuals submit an application for a medical certificate, the Coast Guard will  
31 thoroughly review the application to determine if the applicant has any of the medical  
32 conditions listed in Chapters 8 through 25, or any other conditions that may create a risk  
33 of sudden incapacitation or debilitating complication (*See* 46 CFR 10.304). The Coast  
34 Guard will advise the applicant if there are any discrepancies or if any additional  
35 information is needed. Mariner applicants should then schedule additional appointments,  
36 receive test results, or meet other requirements as soon as possible to prevent unnecessary  
37 delays (*See* 46 CFR 10.303(a)).
- 38 3. The NMC will reevaluate all medical and physical conditions requiring further review  
39 (*see* Chapters 8 through 25) prior to making a fitness determination. The NMC will

1 consider the applicant's completed application, as well as all supporting documentation,  
2 in making a decision whether to issue a medical certificate.

- 3 4. The NMC will review all information provided and will make one of the determinations  
4 below, as indicated in 46 CFR 10.301(a). The Coast Guard will inform the applicant of  
5 the results of the review.

6 a. If the mariner is qualified, the Coast Guard will issue a medical certificate.

7 b. If issuance of a medical certificate is denied due to a determination that the applicant  
8 is not physically and/or medically qualified, the applicant will be informed in writing  
9 of the cause and be advised that:

10 (1) Under 46 CFR 1.03-15 and 1.03-40, the applicant may seek reconsideration of the  
11 denial of medical certification within 30 days of the date of the denial; and

12 (2) The applicant may subsequently appeal the reconsideration decision within 30  
13 days of the date of the decision. The Coast Guard may extend the 30-day time  
14 limit to file an appeal upon a showing of good cause. *See* Paragraph N of this  
15 Chapter.

- 16 5. Deterioration of a waived medical condition and/or failure to comply with any  
17 operational limitations and/or restrictions placed on the medical certificate may result in  
18 loss of medical certification. Additionally, appropriate administrative action, up to and  
19 including suspension or revocation of the mariner's credential(s), in accordance with  
20 46 CFR part 5, may result.

21 **D. Detailed Guidance.**

22 1. Coast Guard Procedures.

23 a. The Coast Guard will issue a medical certificate to each qualified mariner when  
24 processing an application for a medical certificate. Once issued, a valid medical  
25 certificate must be carried when serving under the authority of a merchant mariner  
26 credential (MMC) (*See* 46 CFR 15.401(d)).

27 b. The Coast Guard will continue to enforce medical standards in accordance with  
28 46 CFR part 10, subpart C. Waivers, restrictions and limitations will be applied in  
29 accordance with Paragraphs E, F, and G of this chapter.

30 c. Applications for a medical certificate will be processed in accordance with Paragraph  
31 I of this chapter. The issuance of the medical certificate will not change the  
32 expiration date of the mariner's MMC unless the applicant applies for renewal of the  
33 MMC under 46 CFR 10.227.

34 d. No fees will be charged for medical certificates.

1 e. Mariners who have been determined to be medically disqualified will be processed in  
2 accordance with Paragraph K of this chapter.

3 f. Procedures during the Transition Period.

4 Under 46 CFR 15.401(c), all mariners are required to hold a valid medical certificate  
5 in order to serve on a vessel under the authority of their credential. This requirement  
6 will be phased-in during a transition period as follows:

7 (1) Mariners should have a valid medical certificate if they hold an STCW  
8 endorsement, regardless of when issued except as specified in Paragraph J of this  
9 Chapter.

10 (2) Mariners holding only a national endorsement issued after January 24, 2014 will  
11 have had a medical certificate issued to them and will be required to maintain and  
12 carry it with their MMC.

13 (3) Mariners holding only a national endorsement issued before January 24, 2014  
14 have their medical certification embedded in their MMC, and a separate medical  
15 certificate is not required. Upon the first credential transaction requiring a  
16 medical review after January 24, 2014, mariners with national endorsements will  
17 be issued a medical certificate that must be carried with their MMC. This  
18 includes mariners who previously had a waiver for a medical condition that was  
19 subject to annual reporting requirements.

20 2. Mariner Procedures.

21 a. A mariner may not serve under the authority of their STCW endorsement without  
22 holding a valid medical certificate (*See* 46 CFR 15.401(c)).

23 b. Mariners holding only a national endorsement will be transitioned to a separate  
24 medical certificate, in accordance with Paragraph D.1.f of this Chapter. Once  
25 transitioned, a mariner holding a national endorsement may not serve under the  
26 authority of that endorsement without holding a valid medical certificate.

27 c. Mariners should remain cognizant of the expiration dates on their medical certificates  
28 and the applicability of the dates to their current employment.

29 (1) Mariners should monitor the NMC website for information on processing time.

30 (2) Mariners with medical conditions should submit their applications early to allow  
31 adequate processing time.

32 (a) Mariners may be issued medical certificates with certain limitations or  
33 restrictions pursuant to Paragraphs F and G of this chapter. These may differ  
34 from those on the MMC. The mariner must operate within the most restrictive  
35 of the limitations.

1 (b) Mariners holding pilot endorsements should consult Chapter 3 of this Manual  
2 to ensure compliance with all applicable requirements for medical  
3 certification.

4 3. Company and Vessel Operator Procedures.

5 In order to avoid foreign port state control actions and to comply with 46 CFR 15.401,  
6 companies and vessel operators should:

- 7 a. Ensure that all seafarers employed by the company or operator carry a valid medical  
8 certificate when operating under the authority of their MMC on vessels subject to the  
9 STCW; or when engaged on a vessel calling on a port in a country ratifying the MLC.
- 10 b. Determine whether employed mariners have a valid medical certificate in accordance  
11 with 46 CFR 15.401(c). During the transition period, not all mariners will have a  
12 medical certificate, as implementation of the medical certificate provisions will be  
13 transitioned in accordance with Paragraph D.1.f of this Chapter.

14 4. Enforcement Posture:

15 Title 46 CFR 15.401(c) requires that all mariners who must hold an MMC must also hold  
16 a valid medical certificate in order to serve under the authority of their MMC.

- 17 a. Each mariner holding an STCW endorsement has been issued a medical certificate  
18 and must have a valid medical certificate in order to serve under the authority of their  
19 STCW endorsement on an international voyage.
- 20 b. There are several exceptions to the requirement of 15.401(c) to hold a medical  
21 certificate. These exceptions are described in Paragraph J of this Chapter.
- 22 c. Most entry level mariners will be issued an MMC endorsed as food handler.  
23 However, in order to serve as a food handler, entry-level mariners must hold a valid  
24 medical certificate endorsed for food handlers.

25 **E. Medical Waivers.**

- 26 1. The Coast Guard may grant a waiver if a mariner applicant does not possess the vision,  
27 hearing, or general physical condition necessary; and extenuating circumstances warrant  
28 special consideration (*See* 46 CFR 10.303(a)). Chapters 8 through 25 of this Manual  
29 contain guidance on specific medical conditions and factors to consider in determining  
30 whether a waiver is warranted.
- 31 2. An applicant may submit additional correspondence, records, and reports to the Coast  
32 Guard in support of a waiver. In this regard, recommendations made on behalf of their  
33 employees from agencies of the Federal Government operating government vessels, as  
34 well as owners and operators of private vessels will be given full consideration (*See*  
35 46 CFR 10.303(a)).

- 1        3. In general, the Coast Guard will not approve medical waivers when an applicant does not  
2        meet the applicable medical standards, unless objective medical evidence indicates that  
3        the condition is sufficiently controlled and the effects of medication pose no significant  
4        risk to maritime and public safety. The Coast Guard retains final administrative authority  
5        for the issuance of medical waivers (*See* 46 CFR 10.303(b)).
  
- 6        4. The Coast Guard may grant medical waivers with specific restrictions or limitations to  
7        which the applicant must adhere. This may include constraints such as more frequent  
8        monitoring of the mariner’s medical conditions, submission of medical exams and /or  
9        tests at varying intervals to track the ongoing status of the medical condition, or  
10       operational limitations (*See* 46 CFR 10.303(c), (d) and (e)).
  
- 11       5. Failure to comply with the terms and conditions of a medical waiver, including any  
12       follow-up reporting requirements, restrictions, or adherence to operational limitation(s),  
13       may result in loss of medical certification. Additionally, appropriate administrative  
14       action, up to and including suspension or revocation of the mariner’s credential(s), in  
15       accordance with 46 CFR part 5, may result.
  
- 16       6. Except when used in a title of an endorsement, the Coast Guard considers the terms  
17       “restriction” and “limitation” to be synonymous. The terms are used throughout Title 46  
18       CFR, chapter I, subchapter B, without assigning a particular meaning or distinguishing  
19       between the terms. Both terms are considered constraints on the authority granted by a  
20       credential or certificate. The granting of a medical waiver is conditioned upon  
21       compliance with the limitation or restriction. Within subpart C, it is relatively common  
22       practice to use the term “operational limitation” on a constraint that limits the actual  
23       operating authority of a credential (e.g., daylight hours only) while “restriction” is used to  
24       describe a more general constraint such as annual reporting requirements or specialized  
25       testing.

26 **F. Operational Limitations.**

- 27       1. The Coast Guard may place an operational limitation on the mariner’s medical certificate  
28       (*See* 46 CFR 10.303(d)).
  
- 29       2. An operational limitation is a specific constraint placed upon the medical certificate that  
30       reduces the mariner’s ability to serve under the full authority of his or her credential.  
31       Examples of common operational limitations include, but are not limited to:
  - 32       a. Daylight operations only: May be applied to deck department mariners unable to  
33       pass the color vision standards in 46 CFR 10.305(a).
  
  - 34       b. Limitations requiring the use of corrective lenses: May be applied to mariners with  
35       vision deficiencies (*See* 46 CFR 10.305(d)).
  
  - 36       c. Restrictions regarding impaired hearing, requiring the use of hearing aids with spare  
37       batteries kept onboard at all times: Will continue to be applied in accordance with the  
38       hearing standards outlined in Chapter 5 of this Manual—Vision and Hearing  
39       Standards (*See* 46 CFR 10.306(e)).

- 1 d. No Watchkeeping: May be applied to mariners with an inordinate risk of sudden  
2 incapacitation or impaired cognition as a result of a medical condition or medications.
  - 3 e. No Lone Watchkeeping: May be applied to mariners with possibly full physical and  
4 cognitive functioning where there is an ongoing risk of transient physical or cognitive  
5 deficiencies.
  - 6 f. No Bridge Watchkeeping: May be applied to mariners who fulfill the requirements  
7 for general shipboard service but not necessarily for the bridge.
  - 8 g. No Engine Room Watchkeeping: May be applied to mariners who fulfill the  
9 requirements for general shipboard service but not necessarily for the engine room  
10 watch.
  - 11 h. Service in Deck/Engine/Steward Department only. May be applied to mariners who  
12 meet the criteria for only one of the shipboard departments.
  - 13 i. No Food Handling: May be applied to mariners who may not be assigned duties  
14 handling food due to a communicable disease that poses a direct threat to the health  
15 or safety of other individuals in the workplace.
- 16 3. The Coast Guard may impose other limitations, as appropriate, depending on the specific  
17 medical condition and its impact on the mariner's ability to perform routine and  
18 emergency duties.

19 **G. Restrictions.**

20 1. Time Restrictions.

- 21 a. Medical Certificates may receive time constraints that cause the certificate to expire  
22 earlier than the full certification period. The full certification period is 2 years for  
23 first class pilots, 2 years for STCW holders, and 5 years for national endorsements.  
24 The full certification period for mariners who are under 18 years of age and seeking  
25 an STCW endorsement is 1 year (*See* 46 CFR 10.301(b)(1)).
- 26 b. Time-restricted certificates will expire either 1 year or 2 years from the date of  
27 examination, depending on the medical condition, condition status, and the need for  
28 periodic medical evaluations. This 1- or 2-year expiration date will apply to all  
29 medical certificate categories (i.e., STCW endorsements, national endorsements, and  
30 First Class Pilots).

31 2. Geographical Restrictions.

- 32 a. Geographical restrictions may reduce the waters upon which a mariner may operate a  
33 vessel. These restrictions may include "Near Coastal Waters only," "Inland Waters  
34 only," or other appropriate route restrictions depending on the medical condition and  
35 condition status.



- 1           b. Other geographical restrictions, such as “25 NM from Harbor of Safe Refuge,” etc.,  
2           may be applied as appropriate, depending on the medical condition and the need for  
3           surveillance and/or availability to obtain medical assistance.

4           3. Medical Restrictions.

- 5           a. For mariners with obstructive sleep apnea (OSA) requiring the use of positive airway  
6           pressure devices or oral/nasal appliances, the following restriction will be applied:  
7           “Special equipment required while sleeping.”
- 8           b. For mariners with conditions requiring medications to ensure safe functioning and  
9           provide for any emergency needs, the following restriction will be applied: “Must  
10          carry self-administered medications.”
- 11          c. Other medical restrictions may be applied as appropriate, depending on the specific  
12          medical condition and its impact on the mariner’s ability to perform routine and  
13          emergency duties.

14        **H. Processing of Mariners with Existing Waivers.**

- 15          1. Mariners who hold waivers previously granted by the Coast Guard present a unique  
16          situation when the current reviewer believes a waiver is not warranted, or the restrictions  
17          on the prior waiver should be increased. Mariners rely on the determinations made by the  
18          Coast Guard in planning their careers, and should not be unnecessarily subjected to  
19          repeated changes in waiver status based merely on differing professional assessments by  
20          different reviewers.
- 21          2. If a mariner has a waiver previously granted by the Coast Guard, the prior waiver should  
22          be honored and the conditions retained in the new waiver unless one of the following  
23          conditions exist:
- 24            a. Failure to comply with the terms of the prior waiver; including any requirements for  
25            providing additional medical information;
- 26            b. Material change in the mariner’s condition (see Paragraph H.3 of this Chapter);
- 27            c. A bona fide change in duly promulgated policy or regulations; or
- 28            d. The prior waiver was issued in clear error, contrary to duly promulgated policy in  
29            effect at the time of issuance (see Paragraph H.4 of this Chapter).
- 30          3. A ‘material change in the mariner’s condition’ is a significant change in the mariner’s  
31          condition that would have caused the prior reviewer to deny the waiver or have more  
32          restrictive conditions placed upon it.
- 33            a. Examples include, but are not limited to:

- 1 (1) A mariner who was previously granted a waiver for heart disease, whose  
2 condition subsequently changes because of a heart attack, need for heart surgery,  
3 new test results, or because the treating physician's assessment indicate an  
4 increase in risk;
- 5 (2) A mariner who was previously granted a waiver for diabetes, who develops  
6 complications from diabetes, and who has not been compliant with the treating  
7 physician's treatment plan, or whose laboratory work indicates poor diabetic  
8 control; or
- 9 (3) A mariner who was previously granted a waiver for occasional use of an  
10 impairing medication, whose records now indicate or suggest use of additional  
11 impairing medication, chronic daily use of impairing medication, or use of  
12 impairing medication while working under the authority of the credential.
- 13 b. While not possible to delineate every material change in condition that may occur, a  
14 material change generally includes conditions or situations that increase the risk of  
15 sudden incapacitation or debilitating complication, or that involve the use of  
16 medication that can impair cognitive ability, judgment or reaction time. This does not  
17 include minor medication adjustments, minor fluctuations in lab results, or the  
18 development of conditions that are not associated with an increased risk of sudden  
19 incapacitation, debilitating complication, or the use of medications which pose a risk  
20 of impairment.
- 21 4. Clear error is not a difference of opinion between different reviewers. It is when a waiver  
22 is granted and the policy in effect at the time clearly prohibited the waiver that was  
23 granted. While mariners are entitled to rely on decisions made by the Coast Guard, the  
24 government is not bound by the mistakes of its employees, especially in a situation where  
25 public safety is at issue.
- 26 5. These provisions do not prohibit the issuance of a time-restricted medical certificate, in  
27 accordance with Paragraph G.1 of this Chapter, where the prior waiver had recurring  
28 reporting requirements.

29 **I. Standard NMC Procedures:**

- 30 1. Application for a Medical Certificate Only.
- 31 a. Requirements for medical certification are found in 46 CFR, part 10, subpart C  
32 (sections 10.301-10.306). Guidance on certification standards are found in Chapter 3  
33 of this Manual—Medical Certification Standards. The complete application package  
34 includes:
- 35 (1) The Application for Medical Certificate, Form CG-719K, or the Application for  
36 Medical Certificate, Short Form CG-719K/E.
- 37 (2) The Application for Merchant Mariner Credential, Form CG-719B, is not  
38 required.

- 1 (3) The application will be reviewed in accordance with the guidance in this Manual.
- 2 b. If the applicant is found to have a potentially disqualifying condition, conduct an  
3 individualized assessment and consider for issuance of a waiver in accordance with  
4 46 CFR 10.303 and Paragraph E of this Chapter.
- 5 c. If the applicant is found not qualified, process in accordance with Paragraph K of this  
6 Chapter.
- 7 d. If the applicant is found qualified, issue a medical certificate. Medical certificates  
8 may be time-limited, in accordance with 46 CFR 10.303 and Paragraph G.1 of this  
9 Chapter.
- 10 2. Application for Original Merchant Mariner Credential (MMC) (See 46 CFR 10.225).
- 11 a. Complete application package includes:
- 12 (1) Application for Merchant Mariner Credential, Form CG-719B.
- 13 (2) Application for Medical Certificate, Form CG-719K or Application for Medical  
14 Certificate, Short Form CG-719K/E, or the applicant must hold a valid medical  
15 certificate (See 46 CFR 10.225(b)(7)).
- 16 b. Requirements for medical certification are found in 46 CFR, part 10, subpart C  
17 (sections 10.301-10.306). Guidance on certification standards are found in Chapter 3  
18 of this Manual—Medical Certification Standards.
- 19 c. If the applicant is found to have potentially disqualifying condition, conduct an  
20 individualized assessment and consider for waiver in accordance with 46 CFR 10.303  
21 and Paragraph E of this chapter.
- 22 d. If the applicant is found not qualified, process in accordance with Paragraph J of this  
23 Chapter.
- 24 e. If the applicant is found qualified, issue a medical certificate. Medical certificates  
25 may be time-limited, in accordance with 46 CFR 10.303 and Paragraph E of this  
26 Chapter.
- 27 3. Application for Renewal of an MMC (See 46 CFR 10.227).
- 28 a. Complete application package includes:
- 29 (1) Application for Merchant Mariner Credential, Form CG-719B.
- 30 (2) Application for Medical Certificate, Form CG-719K, or Application for Medical  
31 Certificate, Short Form CG-719K/E, or the applicant must hold a valid medical  
32 certificate (See 46 CFR 10.227(d)(6)).

- 1 b. Requirements for medical certification are found in 46 CFR, part 10, subpart C  
2 (sections 10.301-10.306). Guidance on certification standards are found in Chapter 3  
3 of this Manual – Medical Certification Standards.
- 4 c. If the applicant is found to have potentially disqualifying condition, conduct an  
5 individualized assessment and consider for waiver in accordance with 46 CFR 10.303  
6 and Paragraph E of this Chapter.
- 7 d. If the applicant is found not qualified, process in accordance with Paragraph K of this  
8 Chapter.
- 9 e. If the applicant is found qualified, issue a medical certificate. Medical certificates  
10 may be time-limited, in accordance with 46CFR 10.303 and Paragraph G.1 of this  
11 Chapter.
- 12 4. Application for Raise-of-Grade of MMC (See 46 CFR 10.231).
- 13 a. Complete application package includes:
- 14 (1) Application for Merchant Mariner Credential, Form CG-719B.
- 15 (2) Application for Medical Certificate, Form CG-719K, or Application for Medical  
16 Certificate, Short Form CG-719K/E, or the applicant must hold a valid medical  
17 certificate (See 46 CFR 10.231(c)(3) and 46 CFR 11.201(a)).
- 18 b. Requirements for medical certification are found in 46 CFR, part 10, subpart C  
19 (sections 10.301-10.306). Guidance on certification standards are found in Chapter 3  
20 of this Manual.
- 21 c. If the applicant is found to have potentially disqualifying condition, conduct an  
22 individualized assessment and consider for waiver in accordance with 46 CFR 10.303  
23 and Paragraph E of this Chapter.
- 24 d. If the applicant is found not qualified, process in accordance with Paragraph K of this  
25 Chapter.
- 26 e. If the applicant is found qualified, issue a medical certificate. Medical certificates  
27 may be time-limited, in accordance with 46 CFR 10.303 and Paragraph G.1 of this  
28 Chapter.
- 29 5. Application for New Endorsement<sup>1</sup>.
- 30 a. Complete application package includes, but is not limited to:
- 31 (1) Application for Merchant Mariner Credential, Form CG-719B.

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<sup>1</sup>A new endorsement is an endorsement that is not an original, renewal, or raise-in-grade of an endorsement. For example, the holder of an MMC endorsed as “master of Great Lakes or inland self-propelled vessels of unlimited tonnage” applies for an endorsement as “mate of near coastal self-propelled vessels of unlimited tonnage.”

- 1 (2) Application for Medical Certificate, Form CG-719K, or Application for Medical  
2 Certificate, Short Form CG-719K/E, or the applicant must hold a valid medical  
3 certificate (*See* 46 CFR 10.231(c)(8)).
- 4 b. Requirements for medical certification are found in 46 CFR, part 10, subpart C  
5 (sections 10.301-10.306). Guidance on certification standards are found in Chapter 3  
6 of this Manual.
- 7 c. If the mariner is found to have potentially disqualifying condition, conduct an  
8 individualized assessment and consider for waiver in accordance with 46 CFR 10.303  
9 and Paragraph E of this Chapter.
- 10 d. If the mariner is found not qualified, process in accordance with Paragraph K of this  
11 Chapter.
- 12 e. If the mariner is found qualified, issue a medical certificate. Medical certificates may  
13 be time-limited, in accordance with 46 CFR 10.303 and Paragraph G.1 of this  
14 Chapter.
- 15 6. Application for Removal of Medical Restriction or Operational Limitation.
- 16 a. If the restrictions are on an MMC, *see* 46 CFR 10.223.
- 17 (1) An application for Merchant Mariner Credential, Form CG-719B, is required.
- 18 (2) If the MMC was issued prior to January 24, 2014 and medical certification was  
19 embedded in the MMC, determine if restrictions were based on a prior medical  
20 waiver. If restrictions were based upon a prior medical waiver, ensure the  
21 Application for Medical Certificate Form CG-719K, or the Application for  
22 Medical Certificate, Short Form CG-719K/E, is submitted.
- 23 b. Medical Certificate Restrictions.
- 24 (1) Submit the Application for Medical Certificate, Form CG-719K, or the  
25 Application for Medical Certificate, Short Form CG-719K/E, plus supporting  
26 documentation as described in Chapters 8 through 25 of this Manual.
- 27 (2) The Application for Merchant Mariner Credential, Form CG-719B, is not  
28 required.
- 29 (3) If the mariner is found to have a potentially disqualifying condition, conduct an  
30 individualized assessment and consider for waiver in accordance with  
31 46 CFR 10.303 and Paragraph E of this Chapter.
- 32 (4) If the mariner is found not qualified, process in accordance with Paragraph K of  
33 this Chapter.

1 (5) If the mariner is found qualified, issue a medical certificate. Medical certificates  
2 may be time-limited, in accordance with 46 CFR 10.303 and Paragraph G.1 of  
3 this Chapter.

4 **J. Special Considerations for Entry Level Mariners and Staff Officers.**

- 5 1. Mariners applying for or holding an MMC with an entry-level endorsement or a staff  
6 officer endorsement only, who require a medical certificate that complies with STCW or  
7 MLC requirements, should apply using the Application for Medical Certificate, Short  
8 Form CG-719K/E.
- 9 a. Qualified mariners will be issued a medical certificate.
- 10 b. The information blocks described in Paragraph D of Chapter 2, The Medical  
11 Certificate, will be marked either “N/A” or “N” on the certificate, as appropriate.
- 12 c. The medical certificate will be **restricted to entry-level only**.
- 13 d. Unless a statement regarding communicable diseases is provided, in accordance with  
14 46 CFR 10.304(b), all medical certificates will contain a limitation stating “No food  
15 handling.
- 16 2. Mariners applying for or holding an MMC with a national entry-level endorsement only,  
17 **seeking to be qualified for lookout duties** should submit the Application for Medical  
18 Certificate, Form CG-719K. Sections III (Medical Conditions), IV (Medications ) and V  
19 (Physical Examination) **DO NOT** have to be completed.
- 20 a. Mariners will be evaluated on hearing and vision requirements and, if found qualified,  
21 will be issued a medical certificate with the appropriate information blocks marked  
22 “Y.”
- 23 b. Medical certificates will be **restricted to entry-level only**.
- 24 c. Unless a statement regarding communicable diseases is provided, in accordance with  
25 46 CFR 10.304(b), all medical certificates will contain a limitation stating “No food  
26 handling.”

27 **K. Processing of Medically Disqualified Mariners.**

28 Mariners who don't meet the medical qualification standards in 46 CFR part 10, subpart C,  
29 and who have been provided an individual assessment regarding eligibility for a waiver; will  
30 be processed in accordance with the following directions if a waiver is not granted or the  
31 mariner is no longer compliant with an existing waiver.

32 1. Mariners noncompliant with existing medical waiver conditions.

- 33 a. Advise the mariner of the deficiency and warn the mariner that failure to comply with  
34 waiver requirements may result in loss of medical certification. The warning should

- 1 provide detailed guidance on what reports, testing, or examinations the mariner  
2 should submit in accordance with the terms of the original waiver. Provide a deadline  
3 by which time the mariner must comply with the terms of the waiver. Note: the  
4 warning and opportunity to comply is not required in cases of willfulness or cases in  
5 which there is an imminent threat to public safety.
- 6 b. If the mariner cures the deficiency, warn the mariner that further failure to comply  
7 with waiver requirements may result in denial of future waivers or loss of medical  
8 certification.
- 9 c. If the mariner does not cure the deficiency within the time allotted, determine whether  
10 the medical certification is embedded in the MMC<sup>2</sup> or the mariner holds a separate  
11 medical certificate.
- 12 (1) If embedded, refer to the Coast Guard Suspension and Revocation National  
13 Center of Expertise (S&R NCOE) for possible action under 46 CFR part 5; or
- 14 2. Medically Disqualified Mariners<sup>3</sup>.
- 15 a. Mariners applying for a medical certificate.
- 16 (1) Deny the medical certificate. Provide a written statement as required by  
17 46 CFR 10.237(a).
- 18 (2) If the mariner holds a valid MMC, warn the mariner that operating under the  
19 authority of a credential without a valid medical certificate is a violation of  
20 46 CFR 15.401 and may subject the mariner to suspension and revocation action  
21 under 46 CFR part 5.
- 22 b. Mariners seeking continuation of a waiver or submitting information as required by a  
23 waiver.
- 24 (1) Deny the waiver continuance.
- 25 (2) If the mariner holds a valid credential with an embedded medical certificate (*see*  
26 Footnote 1 of this Chapter):
- 27 (a) Advise the mariner of the right to appeal under 46 CFR 1.03-15.
- 28 (b) Once determination that the mariner is unfit becomes final agency action,  
29 advise the mariner that operating under the authority of his or her credential  
30 could subject the mariner to action under 46 CFR part 5 for physical

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<sup>2</sup>For MMCs with only national endorsements, the medical certification is embedded in MMCs issued before January 24, 2014, unless the mariner has applied for and been issued a medical certificate.

<sup>3</sup>In Paragraphs K.2.a-d, we assume the mariner was considered for a waiver under 46 CFR 10.303 and Chapter 8 through 25 of this Manual, as applicable, but the waiver was not issued. When reviewing mariners who hold prior waivers, consider the specific instructions found in Paragraph H of this Chapter.

1 incompetence. Refer to S&R NCOE for investigation and possible action  
2 under 46 CFR part 5.

- 3 c. The National Maritime Center (NMC) receives credible information that leads to the  
4 conclusion that the mariner is unfit.

5 (1) The NMC will inform the mariner of the situation and provide an opportunity to  
6 respond to the information provided. The NMC will provide guidance on the type  
7 of information, reports, examinations or tests that would be required to  
8 demonstrate continued medical competence. The NMC will establish a  
9 reasonable deadline, by which time mariner must comply with the request for  
10 more information.

11 (2) If the mariner is then determined to be unfit:

12 (a) Conduct an individualized assessment of the mariner's condition and  
13 determine whether a waiver may be granted in accordance with  
14 46 CFR 10.303 and Paragraph E of this Chapter.

15 (b) Advise the mariner of the right to appeal under 46 CFR 1.03-15.

16 **L. Mariner Appeals and Reconsideration.**

17 1. Reconsiderations (See 46 CFR 1.03-40).

- 18 a. Should be received within 30 days of the action or decision by the NMC.  
19 b. Have no requirement to be in writing.  
20 c. Have no requirement that new information or specific errors be alleged.  
21 d. Have no specific format requirements.  
22 e. Although it is not required, it is recommended that applicants submit their  
23 reconsideration requests in writing, and consult Chapters 8 through 25 of this Manual  
24 to determine suggested testing and reports for the condition at issue.  
25 f. The NMC's determination becomes final agency action if no request for  
26 reconsideration is received with 30 days of action or decision by the NMC.

27 2. Appeals (See 46 CFR 1.03-15).

- 28 a. Appeals on reconsideration must be received within 30 days of action or decision by  
29 the NMC.  
30 b. An extension may be requested in writing, and will be granted for good cause.  
31 c. Appeals must be submitted in writing to the Commandant (CG-5PS) (See  
32 46 CFR 1.03-15(c)).



## 1 CHAPTER 2. THE MEDICAL CERTIFICATE

### 2 A. Medical Certificate Overview.

- 3 1. The medical certificate, issued by the Coast Guard under 46 CFR part 10, subpart C,  
4 serves as proof that a mariner meets the medical and physical standards for merchant  
5 mariners. The format and information contained on the medical certificate is outlined  
6 below, along with a sample medical certificate.
- 7 2. To qualify for a medical certificate, a mariner must provide evidence of meeting the  
8 medical and physical standards on the Application for Medical Certificate, Form CG-  
9 719K or the Application for Medical Certificate, Short Form, CG-719K/E, as described  
10 in Paragraph C of this chapter. The Coast Guard retains final authority for determining  
11 whether a mariner applicant is medically and physically qualified (*See* 46 CFR  
12 10.302(a)).
- 13 3. Mariner applicants seeking additional merchant mariner credential (MMC) endorsements,  
14 who hold a current medical certificate, are not required to submit a new physical  
15 examination if their existing medical certification meets all the requirements for the  
16 endorsement sought (*See* 46 CFR 10.301(b)(4)).
- 17 4. Mariner applicants who have been determined to be medically disqualified and not  
18 eligible for a waiver, or who are non-compliant with an existing waiver (in accordance  
19 with Chapter 1, Paragraph E of this Manual) will be processed in accordance with  
20 Chapter 1 of this Manual.

### 21 B. Medical Certificate Key Terms.

#### 22 1. Date of Examination.

23 The Coast Guard considers the date of examination to be the date that the Coast Guard  
24 approves the issuance of a medical certificate. It will not coincide with the date the  
25 medical practitioner signs the Application for Medical Certificate, Form CG-719K, or the  
26 Application for Medical Certificate, Short Form, CG-719K/E; nor will it necessarily  
27 coincide with the issuance date of the medical certificate.

- 28 a. A mariner applicant seeking an original MMC may be medically approved on a  
29 particular date, while the MMC may not be issued for an undetermined amount of  
30 time as the applicant completes professional requirements.
- 31 b. A mariner applicant may be issued a time-limited medical certificate with a medical  
32 waiver. Time limited certificates may be limited to 1 or 2 years, depending on the  
33 conditions of the medical waiver. The date of examination listed on the medical  
34 certificate establishes the anniversary date for the medical waiver. A mariner may  
35 have to apply for a new medical certificate, in compliance with the expiration date  
36 and waiver conditions, before the issuance date for his or her MMC.

1           **EXAMPLE:** On the date of examination, February 4, 2016, a mariner  
2 applicant is issued a time-limited certificate with a 1-year expiration  
3 and waiver conditions. The mariner meets all professional  
4 qualifications and is approved to test for an endorsement  
5 approximately 2 weeks later. The mariner uses the full 1-year  
6 approved-to-test period and passes all professional examinations. The  
7 medical certificate will expire on February 3, 2017, even though the  
8 mariner's MMC may not have been issued.

9           2. Date of Expiration.

10           Because of differing legal requirements, each medical certificate will have three  
11 expiration dates and validity periods. One will be the expiration date for STCW (*See*  
12 46 CFR 10.301(b)(1)). A second expiration date will be for Pilotage under  
13 46 CFR 15.812 (*See* 46 CFR 10.301(b)(2)). A third will be for the national endorsement  
14 (*See* 46 CFR 10.301(b)(3)).

15           a. *STCW Endorsement expiration date:* The validity period applicable to a mariner  
16 holding an STCW endorsement that authorizes service onboard vessels to which  
17 STCW applies will be for up to 2 years, unless the mariner is under the age of 18, in  
18 which case the maximum period of validity will be 1 year (*See* 46 CFR 10.301(b)(1)).

19           b. *Pilot Expiration date:* The validity period applicable to a mariner who serves under  
20 an endorsement as a First Class Pilot (46 CFR 11.709) and those who act as pilot  
21 under 46 CFR 15.812 will be a maximum period of 2 years (*See*  
22 46 CFR 10.301(b)(2)). Although first-class pilots and those acting as pilots under 46  
23 CFR 15.812 continue to be subject to the annual physical examination requirements  
24 of 46 CFR 11.709(b), a new medical certificate will only be issued every 2 years.

25           c. *National Endorsement expiration date:* The validity period applicable to all other  
26 mariners will be for a maximum period of 5 years (*See* 46 CFR 10.301(b)(3)).

27           3. Time-Restricted Medical Certificates.

28           Mariners receiving a waiver of certain medical conditions may be issued a time-limited  
29 certificate. Those certificates will expire in either 1 or 2 years, depending on the  
30 condition. Applicants must comply with the terms of their waiver letters in order to be  
31 issued a new medical certificate (*See* 46 CFR 10.303(c)).

32           **C. Application Procedures.**

33           1. Mariners applying for or holding an MMC with an entry-level or a staff officer  
34 endorsement only, who require a medical certificate that complies with STCW or MLC  
35 requirements, and **will not stand navigational watches**, should apply using an  
36 Application for Medical Certificate, Short Form, CG-719K/E.

37           a. Qualified mariners will be issued a medical certificate.

38           b. The blocks listed below, in Paragraph D, 6 through 11, will be marked "N" on the  
39 certificate. No lookout duties will be authorized.

- 1 c. The medical certificate will be restricted to entry-level only or staff officer  
2 endorsements, as appropriate.
- 3 d. Mariners **seeking to serve as food handlers** should provide a statement from a  
4 licensed physician, physician assistant, or nurse practitioner attesting that they are  
5 free of communicable diseases that pose a direct threat to the health or safety of other  
6 individuals in the workplace, in accordance with 46 CFR 10.304(b). The statement  
7 may be documented in any verifiable format, including as notes on the Application  
8 for Medical Certificate, Form CG-719K, or the Application for Medical Certificate,  
9 Short Form, CG-719K/E, or on letterhead from the medical practitioner.
- 10 2. Mariners applying for or holding an MMC with an entry-level endorsement only, who  
11 serve on a vessel not subject to STCW but requesting a medical certificate that satisfies  
12 the MLC, who **want to be qualified for lookout duties**, should submit an Application  
13 for Medical Certificate, Form CG-719K. Sections III (Medical Conditions), IV  
14 (Medications ) and V (Physical Exam) **DO NOT** have to be completed.
  - 15 a. Mariners will be evaluated on hearing and vision requirements and, if found qualified,  
16 will be issued a medical certificate with the appropriate blocks marked “Y.” “Fit for  
17 lookout duties” will be annotated on the medical certificate.
  - 18 b. The medical certificate will be **restricted to entry-level**.
  - 19 c. Mariners **seeking to serve as food handlers** should provide a statement from a  
20 licensed physician, physician assistant, or nurse practitioner attesting that they are  
21 free of communicable diseases that pose a direct threat to the health or safety of other  
22 individuals in the workplace, in accordance with 46 CFR 10.304(b). The statement  
23 may be documented in any verifiable format, including as notes on the Application  
24 for Medical Certificate, Form CG-719K, or the Application for Medical Certificate,  
25 Short Form, CG-719K/E, or on letterhead from the medical practitioner.
- 26 3. Mariners applying for an officer endorsement (other than a staff officer endorsement), a  
27 qualified rating endorsement, or an STCW endorsement, should either hold a valid U.S.-  
28 issued medical certificate or submit an Application for Medical Certificate, Form CG-  
29 719K.
- 30 4. All medical certificates will contain a limitation stating “No food handling,” unless a  
31 statement is provided from a licensed physician, physician assistant, or nurse practitioner  
32 attesting that the applicant is free of communicable diseases that pose a direct threat to  
33 the health or safety of other individuals in the workplace, in accordance with  
34 46 CFR 10.304(b). The statement may be documented in any verifiable format, including  
35 as notes on the Application for Medical Certificate, Form CG-719K, or the Application  
36 for Medical Certificate, Short Form, CG-719K/E, or on letterhead from the medical  
37 practitioner.

#### 38 D. Medical Certificate Contents.

39 The medical certificate will include the following information blocks--

- 40 1. Authorizing authority and the requirements under which the document is issued;

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- 1        2. Name (Last, first, middle);
- 2        3. Date of birth (day/month/year);
- 3        4. Gender (Male/Female);
- 4        5. Date of examination (day/month/year);
- 5        6. Hearing meets the standards in section A-I/9 (Y/N);
- 6        7. Visual acuity meets standards in section A-I/9 (Y/N);
- 7        8. Color vision meets standards in section A-I/9 (Y/N);
- 8        9. Fit for look-out duties (Y/N);
- 9        10. Unaided Hearing Satisfactory (Y/N);
- 10       11. No limitations or restrictions on fitness (Y/N). If "N", specify limitations or restrictions;
- 11       12. Is the mariner free from any medical condition likely to be aggravated by service at sea or
- 12       to render the seafarer unfit for such service or to endanger the health of other persons on
- 13       board? (Y/N);
- 14       13. Expiration dates of certificate;
- 15       14. Identification checked at examination (Y/N);
- 16       15. Official stamp (including name) of the issuing authority;
- 17       16. Signature of the authorized person; and
- 18       17. Mariner's signature confirming that the mariner has been informed of the contents of the
- 19       certificate and of the right to a review in accordance with 46 CFR 1.03-40. The medical
- 20       certificate is not valid until signed by the mariner.

21

1 E. Sample Medical Certificate.

2 Figures 2-1 and 2-2 provide a sample of the merchant mariner medical certificate.

3 **Figure 2-1:** Medical Certificate – Front Page

<b>United States Coast Guard</b>		
Medical Certificate		
Seafarer Name: <b>MERCHANTMARINER, KIMBERLY S</b>		
Gender:	Nationality: <b>US</b>	DOB: <b>18-APR-1988</b>
STCW Exp Date: <b>17-DEC-2015</b>	National Exp Date: <b>17-DEC-2018</b>	Pilot Exp Date: <b>17-DEC-2015</b>
		
JEFFREY P. NOVOTNY, CAPT, USCG OFFICER IN CHARGE, MARINE INSPECTION		
<b>SAMPLE</b>		
SEAFARER SIG NATURE		
CN 00051849	v DO NOT DETACH v	Ref Num: 3530363

4  
5  
6

**Figure 2-2:** Medical Certificate – Back Page

^ DO NOT DETACH ^	
* Mariner is free from any medical condition likely to be aggravated by service at sea or to render the seafarer unfit for such service or to endanger the health of other persons on board.	
* Date of Examination:	17-DEC-2013
* Last Color Vision Test Date:	--
* Hearing IAW STCW A-1/9:	Y
* Visual Acuity IAW STCW A-1/9:	Y
* Color Vision IAW STCW A-1/9:	Y
* Fit for Look-out duties:	Y
* Unaided Hearing Satisfactory:	Y
* Identification Checked at Examination:	Y
* No Limitations/Restrictions: Y	<b>SAMPLE</b>
CN 00051849	CG-4610A (Rev. 05/12) Ref Num: 3530363

7

1 **CHAPTER 3. MEDICAL CERTIFICATION STANDARDS**

2 A. Table 3-1, Medical and Physical Requirements for Mariner Endorsements, lists the medical  
3 and physical requirements for mariner endorsements. It expands the contents of Table 1 to  
4 46 CFR 10.302(a) to provide further guidance to applicants. If an applicant applies for more  
5 than one credential at the same time, the most stringent of the requirements that applies to  
6 each credential will prevail. The following Notes apply to Table 3-1:

7 1. Table Note 1- Food Handlers.

8 a. Applicants for endorsement as food handlers are required to produce a statement from  
9 a licensed physician, physician assistant, or nurse practitioner. The statement may be  
10 documented in any verifiable format, including as notes on the Application for  
11 Medical Certificate, Form CG-719K, or the Application for Medical Certificate, Short  
12 Form, CG-719K/E, or on letterhead from the practitioner, certifying that the applicant  
13 is free from communicable disease (*See* 46 CFR 10.304(b)).

14 b. *Communicable disease* is defined in 46 CFR 10.107(b) as “any disease capable of  
15 being transmitted from one person to another directly, by contact with excreta or  
16 other discharges from the body; or indirectly, via substances or inanimate objects  
17 contaminated with excreta or other discharges from an infected person.” The  
18 Department of Health and Human Services periodically publishes, in the *Federal*  
19 *Register*, a list of infectious and communicable diseases transmissible through the  
20 food supply, and that list provides examples of communicable diseases for the  
21 purposes of 46 CFR 10.304.



**Table 3-1: Medical and Physical Requirements for Mariner Endorsements**

<b>Credential</b>	<b>Vision Test</b>	<b>Hearing Test</b>	<b>General Medical Exam</b>	<b>Demonstration of Physical Ability</b>
(1) Deck officer, including pilots	Yes §10.305(a)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(2) Engineering officer	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(3) Radio officer	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(4) Offshore installation manager, barge supervisor, or ballast control operator	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(5) Able seaman	Yes §10.305(a)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(6) QMED	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(7) Able seafarer deck	Yes §10.305(a)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(8) RFPNW	Yes §10.305(a)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(9) Able seafarer engine	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(10) RFPEW	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(11) Electro-technical rating	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(12) Tankerman	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(13) Lifeboatman and Proficiency in survival craft and rescue boats other than fast rescue boats (PSC)	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(14) Lifeboatman-Limited and Proficiency in survival craft and rescue boats other than fast rescue boats—limited (PSC—limited)	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(15) Fast Rescue Boat	Yes §10.305(b)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(16) Food handler serving on vessels to which STCW does not apply	No	No	No (See Note 1)	No
(17) Food handler serving on vessels to which STCW applies	No	No	No (See Note 1)	Yes §10.304(c)
(18) Ratings, including entry level, serving on vessels to which STCW applies, other than those listed above. This includes endorsements as Vessel personnel with designated security duties and security awareness (VPDSD and SA).	No	No	No	Yes §10.304(c)
(19) Ratings, including entry level, serving on vessels to which STCW does not apply, other than those listed above.	No	No	No	No
(20) Vessel security officer	Yes §10.305(a)	Yes §10.306	Yes §10.304(a)	Yes §10.304(c)
(21) Staff Officers (46 CFR 10.301(c)).	No	No	No	No





1 **B. Original Officer and Qualified Rating Endorsements.**

2 In accordance with 46 CFR 10.225(b)(7), every application for an original MMC must  
3 include proof, documented on the Application for Medical Certificate, Form CG-719K, or  
4 the Application for Medical Certificate, Short Form, CG-719K/E, as appropriate, that the  
5 applicant has passed all applicable vision, hearing, medical, and/or physical exams as  
6 required by 46 CFR 10.302(a), or has a valid medical certificate issued by the Coast Guard.

7 **C. Renewal of Officer and Qualified Rating Endorsements.**

8 In accordance with 46 CFR 10.227(d)(6), applicants seeking a national endorsement must  
9 either hold an unexpired medical certificate or submit a medical certificate application.

10 **D. Raise of Grade or New Endorsements.**

- 11 1. Applicants holding a current medical certificate who are seeking additional MMC  
12 endorsements are not required to submit a new medical physical exam if their existing  
13 medical certification meets all of the requirements for the endorsement sought (*See*  
14 46 CFR 10.301(b)(4)).
- 15 2. Applicants without a medical certificate valid for the endorsement sought must submit an  
16 Application for Medical Certificate, Form CG-719K (*See* 46 CFR 10.231(c)(8) and  
17 46 CFR 11.201(a)).
- 18 3. Mariners holding only a national staff officer endorsement or those endorsements  
19 identified in line 19 of Table 1 to 46 CFR 10.302(a), and in line 19 of Table 3-1 of this  
20 Chapter, are exempt from this requirement.

21 **E. Mariners' Duties.**

22 The duties and responsibilities that a mariner may perform can vary widely according to the  
23 credential. Mariners should be physically capable of performing all potential duties, both  
24 routine and emergency, associated with their credential(s). Chapter 6 of this Manual,  
25 Physical Ability Guidelines, provides guidance on typical duties.

26 **F. Supplements and Medications.**

27 Supplements and over-the-counter (OTC) medications may interact with prescription drugs  
28 or cause hazardous side effects on their own. Medical practitioners should question  
29 applicants about their use of these substances. See Chapter 7 of this Manual, Guidance on  
30 Medications, and Paragraph 6 of Chapter 8 of this Manual, Medical Conditions Subject to  
31 Further Review.

32 **G. Short-term Conditions.**

33 Short-term conditions may render a mariner not physically or medically competent at the  
34 time of application, even though the condition is being appropriately treated and will be of  
35 relatively short duration. An example of this would be a broken arm. The NMC will hold

1 medical certificate applications open for no more than 90 days to allow the short term  
2 condition to resolve itself. If, after 90 days, the condition still persists, the application will be  
3 denied, and the applicant will be required to resubmit an application.

4 **H. Medical Exams, Tests, and Demonstrations of Physical Ability.**

- 5 1. All exams, tests, and demonstrations must be performed, witnessed, or reviewed by a  
6 physician, physician assistant, or nurse practitioner licensed by a state in the United  
7 States, or a U.S. possession or territory.
- 8 2. Exams, tests and demonstrations performed, witnessed, or reviewed by holders of foreign  
9 medical licenses, or by chiropractors or naturopathic doctors are not accepted under  
10 current regulations.
- 11 3. All applicants who require a general medical exam must be physically examined.  
12 Examinations based solely on documentary review, and/or patient history review, are  
13 unacceptable (*See* Table 1 to 46 CFR 10.302(a) and 46 CFR 10.304).
- 14 4. Individuals who submit false information to the Coast Guard may be subject to criminal  
15 prosecution under 18 U.S.C. 1001.

16 **I. First Class Pilots and Those Individuals Serving As Pilots.**

- 17 1. Title 46 CFR 11.709 requires that every credentialed first-class pilot serving as a pilot on  
18 a vessel of 1600 Gross Register Tons (GRT) or more shall have a thorough physical  
19 examination each year, and that this physical examination must meet the same  
20 requirements for originally obtaining the medical certificate as specified in 46 CFR, part  
21 10, subpart C, and be recorded on an Application for Medical Certificate, Form CG-  
22 719K.
- 23 2. An individual's first-class pilot endorsement becomes invalid on the first day of the  
24 month following the anniversary of the individual's most recently completed Coast  
25 Guard-required physical examination. The individual may not operate under the  
26 authority of that endorsement until a physical examination has been satisfactorily  
27 completed.
- 28 3. Annual physicals are still required. Every other year, in accordance with the medical  
29 certificate requirements found in 46 CFR 11.709(b), the results of the physical  
30 examination must be recorded on an Application for Medical Certificate, Form CG-  
31 719K, and submitted to the Coast Guard no later than 30 calendar days after completion  
32 of the physical examination.
- 33 4. For the purposes of 46 CFR 11.709(b) and (d), the Coast Guard considers the  
34 "individual's most recently completed Coast Guard required physical examination" to be  
35 the same as the date of examination on the medical certificate. To reiterate, in the years  
36 the mariner must submit the results of the annual physical to the Coast Guard, the Coast  
37 Guard considers the date of examination to be the date that the Coast Guard approves the  
38 issuance of a medical certificate. It will not coincide with the date the medical

1 practitioner signs the Application for Medical Certificate, Form CG-719K. (See Chapter  
2 1 of this Manual.) In the years that the mariner is not required to submit the annual  
3 physical, the date of the most recently completed Coast Guard physical examination is  
4 the date the medical practitioner signs the Application for Merchant Mariner Medical  
5 Certificate, Form CG-719K.

- 6 5. Mariners are responsible for holding a valid medical certificate and must be aware of the  
7 expiration dates on their medical certificates and the applicability of the dates to their  
8 current employment. Renewals should be submitted in sufficient time so that the medical  
9 certificate does not lapse. Mariners should monitor the NMC website  
10 (<http://www.uscg.mil/nmc/>) for information on processing time. Additionally, mariners  
11 with medical conditions should submit their applications early to allow adequate  
12 processing time.
- 13 6. Title 46 CFR 15.812 (b)(3)(iii) and (c)(3) requires that other licensed individuals who  
14 serve as pilots on certain types of vessels must have a current physical examination, in  
15 accordance with the provisions of 46 CFR 11.709. A physical examination meeting the  
16 guidelines in Chapters 4, 5, and 6 of this Manual satisfies these regulatory requirements.
- 17 7. First-class pilots, and all other individuals serving as pilots, in accordance with  
18 46 CFR 15.812(b)(3) and (c), should have a physical examination documented annually  
19 on an Application for Medical Certificate, Form CG-719K. Biennially, this should be  
20 submitted to the Coast Guard, no later than 30 calendar days after completion of the  
21 physical examination each year. The annual physical examination must, in accordance  
22 with 46 CFR 10.709(d), be completed by the first day of the month following the first  
23 anniversary of the individual's most recent satisfactorily completed physical examination.
- 24 8. The Coast Guard may initiate appropriate administrative action in the event that any first-  
25 class pilot, or any other individual serving as a pilot (as described above), does not meet  
26 the physical examination requirements specified in 46 CFR 10.301, up to and including  
27 suspension or revocation of the mariner's credential, in accordance with 46 CFR part 5.
- 28 9. Individuals with endorsements as pilot, master, or mate (and individuals applying for  
29 those credentials) who do not, in fact, serve as first-class pilots or otherwise serve as  
30 pilots, in accordance with 46 CFR 15.812(b)(3) and (c), are not required to have an  
31 annual physical examination.

## 32 **J. Great Lakes Registered Pilots.**

- 33 1. The Director, Office of Great Lakes Pilotage at Coast Guard Headquarters (Director), has  
34 designated the Application for Medical Certificate, Form CG-719K, as the required form  
35 for physical examinations, replacing the previous requirement to use Page 3 of the  
36 Application for Registration as United States Registered Pilot, Form CG-4509.
- 37 2. A Great Lakes Registered Pilot must be "physically competent to perform the duties of a  
38 U.S. Registered Pilot and meet the medical requirements prescribed by the Commandant"  
39 (*See* 46 CFR 401.210(a)(4)). The annual physical examination required by  
40 46 CFR 402.210(a) must be reported "on the form furnished by the Director" and must be

- 1 given by a “licensed medical doctor.” A copy of the Application for Medical Certificate,  
2 Form CG-719K, submitted annually to the Director, will satisfy all original, renewal and  
3 annual physical reporting requirements of 46 CFR 401.210 and 402.210. Great Lakes  
4 Registered Pilots will be responsible for submitting the original Application for Medical  
5 Certificate, Form CG-719K, to the NMC for issuance of a medical certificate.
- 6 3. The Director may suspend and/or revoke or refuse to register or renew a Great Lakes  
7 Registered Pilot’s registration when that Pilot does not continuously meet the standards  
8 of this Manual (*See* 46 CFR 401.210 and 46 CFR 401.240).

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## CHAPTER 4. THE MERCHANT MARINER MEDICAL EXAMINATION

### A. The General Medical Examination.

1. The public safety risks associated with the medical and physical condition of mariners is an important consideration in the safe operation of vessels. An illness, condition, or medication that has the potential to cause sudden incapacitation, altered sensorium, or loss of awareness could render the mariner unable to perform his or her duties or respond appropriately in an emergency situation. Such an occurrence places the vessel at risk of an accident and poses a danger to the mariner, other crewmembers, and to public and maritime safety. Additionally, in the event that a mariner experiences a medical emergency, immediate medical response may be limited to the vessel's crew, and outside help may be delayed.
2. Because of these grave safety concerns, 46 CFR, part 10, subpart C, requires that mariner applicants undergo a general medical examination that is "documented and of such scope to ensure that there are no conditions that pose significant risk of sudden incapacitation or debilitating complication," (*See* 46 CFR 10.304(a)). With respect to this regulatory requirement, the Coast Guard provides the following guidance on the Merchant Mariner General Medical Examination:
3. Consistent with generally accepted medical practice, **an examination of sufficient scope:**
  - a. Includes an evaluation of the mariner applicant's hearing, vision, and physical abilities, in accordance with Chapters 5 and 6 of this Manual;
  - b. Includes a comprehensive medical exam that assesses for the presence or absence of disease by considering the mariner applicant's medical history, risk factors for disease, review of systems, and physical examination findings;
  - c. May include basic screening for conditions that: 1) are common in the general population; 2) pose a significant risk of sudden incapacitation or debilitating complication when not adequately treated; and 3) are not always apparent on limited physical examination. Such conditions include, but are not limited to, obstructive sleep apnea, diabetes mellitus, and coronary heart disease/coronary artery disease;
  - d. May benefit from review of documentation from the applicant's treating provider(s) on active medical conditions, and on any prior screening for conditions that pose a significant risk of sudden incapacitation or debilitating complication; and
  - e. Should document on the Application for Medical Certificate, Form CG-719K, whether and to what extent the medical examiner has screened and/or assessed the applicant for conditions that pose a significant risk of sudden incapacitation or debilitating complication.

### B. Screening for Significant Medical Conditions.

- 1 1. Mariner applicants who have significant medical conditions that are left undiagnosed  
2 and/or untreated are at risk for developing disease complications that may threaten their  
3 health and eventually lead to loss of medical certification. Accordingly, it is  
4 recommended that the examining medical practitioner take appropriate steps to identify  
5 and refer mariner applicants for further evaluation, as appropriate, if they are determined  
6 to be at high risk for conditions that pose a significant risk of sudden incapacitation or  
7 debilitating complication.
- 8 2. The medical practitioner should also provide education to applicants about their health  
9 conditions and risk factors for disease, and discuss how those conditions and risk factors  
10 might affect, or be affected by, work in the maritime environment.
- 11 3. This guidance does not preclude the issuance of a medical certificate to those whose  
12 screening indicates that they may be at risk for a medical condition, unless there is  
13 indication that the applicant may be at high risk for sudden incapacitation or debilitating  
14 complication. Examples of screening outcomes that may preclude certification include,  
15 but are not limited to:
  - 16 a. The examiner/evaluator determines that the applicant is at significant risk for  
17 obstructive sleep apnea that is severe, symptomatic, and inadequately treated; OR
  - 18 b. The examiner/evaluator determines that the applicant is at significant risk for diabetes  
19 mellitus that is associated with episodes of severe hypoglycemia, symptomatic  
20 hyperglycemia, or metabolic derangement; OR
  - 21 c. The examiner/evaluator determines that the applicant is at significant risk for  
22 coronary artery disease that is symptomatic, uncontrolled, or unstable.

### 23 **C. Recommendations on Screening for Obstructive Sleep Apnea (OSA).**

- 24 1. The medical examiner should assess the mariner applicant's risk factors for OSA and  
25 then determine whether further evaluation is indicated. Risk factors for OSA include, but  
26 are not limited to:
  - 27 a. Medical history of hypertension, diabetes, elevated blood sugars, elevated cholesterol,  
28 coronary artery disease, atrial fibrillation or stroke.
  - 29 b. Personal history of smoking.
  - 30 c. Personal history of obesity, and /or neck circumference greater than 17 inches (male)  
31 or 16 inches (female).
  - 32 d. Personal history of sedentary lifestyle.
  - 33 e. Personal history of snoring, or observed apnea.
  - 34 f. Personal history of accident(s) related to falling asleep while working, driving or  
35 operating a vessel.
  - 36 g. Symptoms of non-restful sleep, fatigue, or day-time sleepiness.

- 1       2. Examples of validated office screening tools for obstructive sleep apnea include:
  - 2           a. STOP-BANG questionnaire.
  - 3           b. Berlin questionnaire.
- 4       3. If the medical examiner determines that the mariner applicant is at significant risk for  
5       OSA, the mariner should be referred for appropriate evaluation and testing.
  - 6           a. Further evaluation may include referral to a primary care provider, internist, or sleep  
7           specialist, as appropriate.
  - 8           b. When medically indicated, diagnostic testing may include a home sleep study that  
9           measures a minimum of 3 channels to include air flow, respiratory effort, and pulse  
10          oximetry; or attended polysomnogram.
- 11      4. If the examining provider determines that the applicant needs further evaluation for OSA,  
12      but assesses that the applicant is **NOT** at significant risk for OSA that is severe,  
13      symptomatic and inadequately treated, then the applicant may be considered for a time-  
14      limited medical certificate to allow time to complete the evaluation.

#### 15 **D. Recommendations on Screening for Diabetes Mellitus.**

- 16      1. The medical examiner should assess the mariner applicant's risk factors for diabetes and  
17      then determine whether further evaluation is indicated. Risk factors for diabetes mellitus  
18      include, but are not limited to:
  - 19           a. Medical history of hypertension, abnormal cholesterol, or elevated blood sugar levels.
  - 20           b. Family history of diabetes.
  - 21           c. Personal history of obesity, sleep apnea or sedentary lifestyle.
- 22      2. If the medical examiner determines that the mariner applicant is at significant risk for  
23      diabetes, the applicant should be referred for appropriate evaluation and testing.
  - 24           a. Further evaluation may include referral to primary care provider, internist or  
25           endocrinologist, as appropriate.
  - 26           b. When medically indicated, office testing may include fingerstick glucose or  
27           urinalysis.
  - 28           c. When medically indicated, diagnostic testing may include a fasting glucose level, a  
29           glycated hemoglobin level (HbA1c), or a glucose tolerance test.
- 30      3. If the examining provider determines that the applicant needs further evaluation for  
31      diabetes mellitus, but assesses that the applicant is **NOT** at significant risk for diabetes  
32      mellitus that is associated with episodes of severe hypoglycemia, symptomatic  
33      hyperglycemia, or metabolic derangement, then the applicant may be considered for a  
34      time-limited medical certificate to allow time to complete the evaluation.



1 **E. Recommendations on Screening for Coronary Artery Disease.**

- 2 1. The medical examiner should consider the mariner applicant’s risk factors for coronary  
3 artery disease and then determine whether further evaluation is indicated. Risk factors  
4 for coronary artery disease include, but are not limited to:
- 5 a. Medical history of hypertension, abnormal blood sugar, diabetes, high cholesterol,  
6 sleep apnea, stroke or other vascular disease.
  - 7 b. Family history of premature cardiovascular disease.
  - 8 c. Personal history of smoking, obesity or sedentary lifestyle.
- 9 2. If the medical examiner determines that the mariner applicant is at significant risk for  
10 coronary artery disease, the mariner should be referred for appropriate evaluation and  
11 testing.
- 12 a. Further evaluation may include referral to a primary care provider, internist, or  
13 cardiologist, as appropriate.
  - 14 b. When medically indicated, office testing may include resting electrocardiogram.
  - 15 c. When medically indicated, diagnostic testing may include exercise (treadmill) stress  
16 testing, myocardial perfusion stress testing, and coronary angiography.
- 17 3. If the examining provider determines that the applicant needs further evaluation for  
18 coronary artery disease, but assesses that the applicant is **NOT** at significant risk for  
19 coronary artery disease that is symptomatic, uncontrolled, or unstable, then the applicant  
20 may be considered for a time-limited medical certificate to allow time to complete the  
21 evaluation.

1 **CHAPTER 5. VISION AND HEARING STANDARDS**

2 **A. Vision Requirements.**

3 1. The vision requirements for merchant mariner medical certification are contained in  
4 46 CFR 10.305.

5 2. Vision Requirements for **Credentialed Deck Personnel.**

6 a. Applicants for any national endorsement or qualified deck rating must demonstrate  
7 correctable vision to at least 20/40 in one eye and uncorrected vision of at least  
8 20/200 in the same eye.

9 b. The horizontal field of vision should be not less than 100 degrees in each eye.

10 c. After January 1, 2017, applicants for an STCW endorsement must have correctable  
11 vision to at least 20/40 in both eyes and uncorrected vision of at least 20/200 in both  
12 eyes, with the following exceptions:

13 (1) A mariner who loses vision in one eye after already meeting this requirement, and  
14 after receiving a merchant mariner credential (MMC), may be granted a medical  
15 waiver, and/or may have operational limitations placed upon the credential,  
16 subject to the requirements of paragraphs (c), (d), and (e) of 46 CFR 10.305, as  
17 applicable.

18 (2) A mariner who already holds an MMC prior to January 1, 2017, need only meet  
19 the vision requirements of 46 CFR 10.305(a)(1) in one eye. The mariner may be  
20 granted a medical waiver, and/or may have operational limitations placed upon  
21 his or her credential, subject to the requirements of paragraphs (c), (d), and (e) of  
22 46 CFR 10.305, as applicable.

23 d. Applicants must also demonstrate satisfactory color sense when tested by one of the  
24 screening methods listed in 46 CFR 10.305(a)(1) or by an alternative test acceptable  
25 to the Coast Guard.

26 (1) In order to meet the standard, applicants must demonstrate satisfactory color sense  
27 without the use of lenses that enhance color perception.

28 (2) Applicants seeking to demonstrate satisfactory color sense through the use of an  
29 alternative test should consider the information that follows and contact the NMC  
30 for further guidance.

31 (a) Alternative Color Vision Testing Methodologies.

32 [1] The test submission should include a full description of the test in addition  
33 to a discussion of test results.

1 [2] An acceptable alternative color vision test may include a formal color  
2 vision evaluation conducted by an ophthalmologist or qualified  
3 optometrist. The evaluation should include assessment and discussion of  
4 any functional limitations. Further guidance on this can be obtained from  
5 the NMC.

6 (b) If submitting a test such as the Farnsworth D-15 as an alternative color vision  
7 test, the test should be performed by, or accompanied by, a formal color vision  
8 evaluation from an ophthalmologist or qualified optometrist.

9 (c) The Coast Guard retains final authority for determining whether the  
10 alternative testing is sufficient for issuance of the medical certificate.

11 3. Vision Requirements for **Credentialed Engineering Personnel, Tankermen, Offshore**  
12 **Installation Managers, Barge Supervisors, Ballast Control Officers, and Radio**  
13 **Officers.**

14 a. Applicants for any engineering officer credential, qualified engineering rating,  
15 offshore installation manager, barge supervisor, ballast control officer, radio officer,  
16 or tankerman endorsement should demonstrate correctable vision to at least 20/50 in  
17 one eye and uncorrected vision of at least 20/200 in the same eye.

18 b. Applicants for STCW endorsements such as RFPEW, or for any STCW engineering  
19 officer endorsement, must meet the same standard.

20 c. The horizontal field of vision should be not less than 100 degrees in each eye.

21 d. Applicants need only the ability to

22 e. distinguish red, green, blue, and yellow. They must demonstrate satisfactory color  
23 sense when tested by one of the screening methods listed in 46 CFR 10.305(a)(1), or  
24 by an alternative test acceptable to the Coast Guard.

25 (1) In order to meet the standard, applicants must demonstrate satisfactory color sense  
26 without the use of lenses that enhance color perception.

27 (2) Applicants seeking to demonstrate satisfactory color sense through use of an  
28 alternative test should contact the NMC for further guidance.

29 (a) Alternative Color Vision Testing Methodologies.

30 [1] The test submission should include a full description of the test in addition  
31 to a discussion of test results.

32 [2] An acceptable alternative color vision test may include a formal color  
33 vision evaluation conducted by an ophthalmologist or qualified  
34 optometrist. The evaluation should include assessment and discussion of  
35 any functional limitations. Further guidance on this can be obtained from

1 the NMC.

2 (b) If submitting a test such as the Farnsworth D-15 as an alternative color vision  
3 test, the test should be performed by, or accompanied by, a formal color  
4 vision evaluation from an ophthalmologist or qualified optometrist.

5 (c) The Coast Guard retains final authority for determining whether the alternative  
6 testing is sufficient for issuance of the medical certificate.

7 4. Vision Waivers and Limitations.

8 a. Visual Acuity Waivers.

9 (1) Any applicant whose uncorrected vision does not meet the 20/200 standard and is  
10 correctable to standards listed in 46 CFR 10.305 (a)(2) may be considered for a  
11 medical waiver. If a vision waiver is granted, a limitation will be placed on the  
12 medical certificate indicating that the mariner may not serve under the authority  
13 of the endorsement unless corrective lenses are worn and spare lenses are carried  
14 onboard the vessel. Additional waiver information is contained in paragraph 4)  
15 below. See 46 CFR 10.305(c) and (d).

16 (2) Waivers are not normally granted to an applicant whose corrected vision in the  
17 better eye is not at least 20/40, for deck officers, or 20/50, for engineer officers.

18 (3) Vision operational limitation. If corrective lenses are required in order to meet the  
19 vision standards set forth in 46 CFR 10.305 (a)(2), a mariner may not serve under  
20 the authority of the endorsement unless corrective lenses are worn and spare  
21 lenses are carried onboard the vessel. This operational limitation will be placed on  
22 his or her medical certificate.

23 (4) Applicants with uncorrected vision of up to 20/800 may be granted a waiver by  
24 the Coast Guard provided that the corrected vision meets the applicable standards  
25 set forth in 46 CFR 10.305 (a)(2). The waiver may include a requirement that the  
26 applicant carry spare corrective lenses and wear the corrective lenses when acting  
27 under the authority of the credential.

28 b. Monocular Vision Waivers.

29 (1) An individual with monocular vision may be granted a medical waiver, with or  
30 without an operational limitation placed upon the credential, provided that he or  
31 she meets the applicable vision standards for the credential sought, and that  
32 evidence is provided of the ability to compensate for the lack of stereo vision  
33 through a report from an ophthalmologist and through attestations from employers  
34 or co-workers.

35 (2) Generally, waivers for monocular vision are not granted until the applicant has  
36 been subject to monocular vision for at least 180 days.

1 (3) Waivers for monocular vision will not be granted to applicants for an STCW deck  
2 endorsement who did not hold an MMC prior to January 1, 2017.

3 c. Color Vision Waivers.

4 (1) Waivers will generally not be granted for applicants who cannot demonstrate  
5 satisfactory color vision without the use of lenses that enhance color perception.

6 (2) Applicants for AB endorsement and applicants for deck officer credentials who  
7 cannot demonstrate satisfactory color vision may be issued a medical certificate  
8 with the following limitations: No watchstanding or navigating at night or during  
9 periods of low/limited visibility.

10 (3) For renewal applicants who previously passed color vision screening and operated  
11 without need of a credential limitation, but who are unable to pass one of the  
12 listed color vision screening tests at time of current application, it is  
13 recommended that the applicant submit a formal color vision evaluation from an  
14 ophthalmologist.

15 (a) If the formal ophthalmology evaluation supports a finding of mild color vision  
16 deficiency without significant functional impairment, and extenuating  
17 circumstances support the absence of significant color vision-related  
18 functional impairment, then the applicant may be considered for a waiver,  
19 with or without the daylight-only credential limitation, or other limitations as  
20 deemed appropriate by the Coast Guard.

21 (b) In some cases, the renewal applicant seeking to demonstrate the absence of  
22 significant color-vision-related functional impairment may be required to  
23 undergo a practical demonstration of color-vision-critical tasks prior to  
24 consideration for a waiver.

25 (c) An applicant who passes the demonstration to the satisfaction of the Coast  
26 Guard may be considered for a medical certificate limited to the vessel and  
27 route tested.

28 d. Waivers for Other Vision Disorders.

29 Waivers are not normally granted for conditions that accelerate the normal decline in  
30 vision from aging. Such conditions include, but are not limited to, macular  
31 degeneration that is unstable or uncontrolled.

32 5. **Great Lakes Pilotage** (United States Registered Pilots) Vision Standards.

33 a. Registered pilots and applicants for original registration must meet the vision  
34 standards set forth in 46 CFR 402.210(c).

35 b. An applicant for original registration must have a visual acuity either with or without  
36 corrective lenses of at least 20/20 vision in one eye and at least 20/40 in the other. An

1 applicant who wears corrective lenses must also pass a test without corrective lenses  
2 of at least 20/40 in one eye and at least 20/70 in the other.

- 3 c. Registered pilots must have visual acuity either with or without corrective lenses of  
4 at least 20/30 in one eye and at least 20/50 in the other. A registered pilot who wears  
5 corrective lenses must also pass a test without corrective lenses of at least 20/50 in  
6 one eye and at least 20/100 in the other.
- 7 d. The color sense of original applicants and registered pilots must be tested by a  
8 pseudoisochromatic plate test or equivalent. Passing the Williams lantern test or its  
9 equivalent is an acceptable substitute for a pseudoisochromatic plate test. *See*  
10 46 CFR 402.210(c).

## 11 B. Hearing Requirements.

- 12 1. Applicants for a medical certificate must meet the hearing standards as set forth in  
13 46 CFR 10.306.
- 14 2. If the medical examiner has concerns regarding the applicant's ability to adequately hear,  
15 the medical examiner should refer the applicant to an audiologist or other hearing  
16 specialist to conduct an audiometer test and/or a speech discrimination test, as  
17 appropriate.
- 18 a. When such testing is indicated, the audiometer test should include testing at the  
19 following thresholds: 500 hertz (Hz); 1,000 Hz; 2,000 Hz; and 3,000 Hz. The  
20 frequency responses for each ear must be averaged to determine the measure of an  
21 applicant's hearing ability. Applicants must demonstrate an unaided threshold of 30  
22 decibels (dB) or less in at least one ear.
- 23 b. The functional speech discrimination test must be carried out at a level of 65 dB. For  
24 issuance of an original MMC or endorsement, the applicant must demonstrate  
25 functional speech discrimination of at least 90 percent. For renewal or raise of grade,  
26 the applicant must demonstrate functional speech discrimination of at least 80  
27 percent.
- 28 3. Hearing waivers.
- 29 a. An applicant who is unable to meet the hearing standards of the audiometer test, but  
30 who can pass the functional speech discrimination test; or who requires hearing aids  
31 to meet the hearing standards, may be eligible for a medical waiver in accordance  
32 with 46 CFR 10.303.
- 33 b. Hearing operational limitation. If hearing aids are required in order to meet the  
34 hearing standards listed above, a mariner may not serve under the authority of his or  
35 her endorsement unless hearing aids are worn in the operational mode, and spare  
36 batteries are carried onboard the vessel. This operational limitation will be placed on  
37 the medical certificate.

## 1 CHAPTER 6. PHYSICAL ABILITY GUIDELINES

### 2 A. Introduction.

3 For the purposes of this Manual, a medical condition is considered to cause “significant  
4 functional impairment” if it impinges upon the ability of the applicant to fully perform all of  
5 the physical abilities listed in this chapter, or if it otherwise interferes with the ability of the  
6 applicant to fully perform the duties and responsibilities of the requested credential. In some  
7 cases, applicants with physical limitations who do not meet the related physical ability  
8 guidelines contained in this chapter may be issued a credential with appropriate limitations, if  
9 the Coast Guard finds that their physical limitations will not pose a significant risk to safety.

### 10 B. The Physical Ability Evaluation.

11 1. Mariner applicants should be physically able to perform assigned shipboard functions and  
12 meet the physical demands that would reasonably arise during an emergency response.  
13 As used in this context, an *emergency response* refers to emergency evolutions such as  
14 “abandon ship” and “firefighting,” and the basic procedures to be followed by each  
15 mariner. Those basic functions and associated physical requirements are listed in **Table**  
16 **6-1**, the Physical Ability Guidelines Table.

17 2. If the examining medical practitioner doubts the applicant’s ability to meet the Physical  
18 Ability Guidelines contained within **Table 6-1** of this Chapter, and for all applicants with  
19 a body mass index of 40.0 or higher, the practitioner should require that the applicant  
20 demonstrate the ability to meet the guidelines.

21 a. This does not mean that the applicant must actually don an exposure suit, for  
22 example, or pull an uncharged 1.5-inch diameter 50-foot fire hose with nozzle to full  
23 extension, or lift a charged 1.5-inch diameter fire hose to fighting position. Rather,  
24 the medical practitioner may utilize alternative measures to satisfy him- or herself that  
25 the applicant possesses the ability to meet the Physical Ability Guidelines listed in  
26 **Table 6-1**. A description of the methods utilized by the medical practitioner should  
27 be reported on the Application for Medical Certificate, Form CG-719K or the  
28 Application for Medical Certificate, Short Form CG-719K/E, as appropriate.

29 b. All practical demonstrations should be performed by the applicant, without  
30 assistance.

31 c. Any prosthesis normally worn by the applicant, and other aid devices (such as  
32 prescription glasses), may be used by the applicant in all practical demonstrations,  
33 except when the use of such would prevent the proper wearing of mandated personal  
34 protective equipment (PPE). The medical practitioner should document any  
35 prosthesis or aid device used by the applicant on the Application for Medical  
36 Certificate, Form CG-719K or Application for Medical Certificate, Short Form CG-  
37 719K/E, as appropriate.

38 d. Any prosthesis or similar device used to successfully meet the physical standards will

- 1 be documented on the medical certificate, along with a requirement that the  
2 individual must use the prosthesis or similar device while acting under the authority  
3 of the credential(s).
- 4 e. Mariner applicants who are only required to pass a demonstration of physical ability  
5 may submit either the Application for Medical Certificate, Short Form CG-719K/E or  
6 the Application for Medical Certificate, Form CG-719K. Chapter 3 of this Manual  
7 details the relevant standards applicable to each type of credential.
- 8 3. The Coast Guard recognizes that all medical practitioners may not have the equipment  
9 necessary to test all of the tasks listed in the third column of the table. If the examining  
10 medical practitioner is unable to perform the practical evaluation, the applicant should be  
11 referred to a competent evaluator of physical ability. Equivalent alternate testing  
12 methodologies may be used. The results of such evaluation should be attached to the  
13 completed medical certificate application.
- 14 4. The Coast Guard recognizes that the guidelines contained in Table 6-1, the Physical  
15 Ability Guidelines Table, refer to shipboard conditions and tasks that may not be  
16 applicable to all vessels; for example, a crewmember on a 79-foot towing or small  
17 passenger vessel may not be required to carry a 1.5 inch diameter fire hose with nozzle  
18 50 feet.
- 19 a. For the most part, however, credentials issued by the Coast Guard are not vessel-  
20 specific, and they provide authority to work on different types and sizes of  
21 vessels, with each vessel having its own equipment and operating conditions.
- 22 b. An applicant who is unable to meet the guidelines contained within the table may  
23 (along with his or her employer, as appropriate), propose alternatives that reflect  
24 the conditions applicable to his or her operating environment. Such proposals  
25 should be made in writing to the National Maritime Center ([iasknmc@uscg.mil](mailto:iasknmc@uscg.mil)),  
26 which will give full consideration to each proposal on an individual, case-by-case  
27 basis.
- 28 5. If an applicant is unable to meet all of the guidelines contained in **Table 6-1**, the Physical  
29 Ability Guidelines Table, then the examining medical practitioner should provide  
30 detailed information on the applicant's abilities and the degree or severity of the  
31 applicant's inability to meet the guidelines. This information will be reviewed to  
32 determine whether the applicant is suitable for medical certification or whether further  
33 evaluation is needed, up to and including a practical examination/ underway practical  
34 examination.
- 35 **C. The Practical Examination/Underway Practical Examination.**
- 36 1. For applicants with physical disabilities that may impair their ability to perform assigned  
37 shipboard functions and meet the physical demands that would reasonably arise during an  
38 emergency response, the Coast Guard may offer or request that the applicant undergo a  
39 practical examination/underway practical examination. Such cases may include, but are



- 1 not limited to, mariner applicants who:
- 2 a. have physical impairments or medical conditions that could prevent normal  
3 movement and physical activity;
- 4 b. have loss of limb(s) and/or restricted motion of limb(s);
- 5 c. require use of an assistive device in order to meet the physical ability requirements; or
- 6 d. require modifications to their vessel in order to safely operate.
- 7 2. The purpose of the practical examination/underway practical examination is to determine,  
8 to the satisfaction of the Coast Guard, whether an applicant can safely carry out all duties  
9 entrusted to him/her by virtue of holding an MMC.
- 10 a. The practical examination/underway practical examination is performed by Coast  
11 Guard personnel within the Officer in Charge, Marine Inspection (OCMI) zone  
12 where the mariner applicant seeks to operate.
- 13 b. If the Coast Guard determines that a practical examination/underway practical  
14 examination is appropriate, the mariner applicant will be directed to contact the  
15 local OCMI to arrange for the practical examination/underway practical  
16 examination.
- 17 3. Following completion of the practical examination/underway practical examination, the  
18 local Coast Guard OCMI will provide written recommendation to the Office of Merchant  
19 Mariner Credentialing regarding the mariner applicant's performance. The Coast Guard  
20 will review the recommendation to determine whether the applicant may be approved for  
21 issuance of a medical certificate with appropriate waivers and/or limitations.
- 22 D. Components of the Practical Examination/Underway Practical Examination.
- 23 1. A general list of the tasks that will be evaluated during the practical examination can be  
24 found in Paragraphs E and F of this Chapter. Additional tasks may be required as  
25 determined by the local OCMI, and may differ between OCMI zones based upon  
26 differences in operating requirements for particular zones. In some cases, an underway  
27 practical examination may be required.
- 28 2. When an underway practical examination is required, the Coast Guard will provide the  
29 applicant with notice of the specific areas that will be evaluated in advance of the  
30 scheduled demonstration. If the applicant has made modifications to his/her vessel in  
31 order to operate, then the practical examination should be conducted aboard the vessel on  
32 which the mariner seeks to operate.
- 33 E. Operator of Uninspected Towing or Passenger Vessels (OUTV, OUPV) and Master or Mate  
34 of Less Than 200 Gross Tons.

1 In addition to the tasks listed in the Table of Physical Abilities, a practical demonstration  
2 may include the following elements:

- 3 1. Handling of mooring lines.
- 4 2. Ascending and descending the vessel's ladder.
- 5 3. Reaching, handling, grasping, and lifting lifesaving and firefighting equipment required  
6 by the vessel's certificate of inspection (COI), or applicable regulations.
- 7 4. Donning and properly wearing a personal flotation device (PFD); assisting passengers  
8 don PFDs; casting ring buoys.
- 9 5. Properly operating firefighting equipment.
- 10 6. Recovering a person who has fallen overboard.
- 11 7. Rendering first aid to a person who may be unconscious or otherwise incapacitated.
- 12 8. Using shipboard tools to repair a mechanical breakdown.
- 13 9. Properly using navigation/communication equipment, if applicable.

14 F. Deck and Engineer Officer Licenses.

15 In addition to the tasks listed in the Table of Physical Abilities, a practical demonstration  
16 may include the following elements:

- 17 1. Ascending and descending the ship's ladder.
- 18 2. Ascending and descending a Jacob's ladder.
- 19 3. Opening and closing watertight doors.
- 20 4. Exiting the vessel via emergency routes.
- 21 5. Rowing a lifeboat.
- 22 6. Wearing an emergency breathing apparatus.
- 23 7. Reaching, handling, grasping, and lifting lifesaving and firefighting equipment required  
24 by the vessel's COI.
- 25 8. Donning and properly wearing a PFD and casting ring buoys.

- 1 9. Properly using navigation/communication equipment if applicable.
- 2 10. Deck Officers must handle mooring lines and operate winch controls.
- 3 11. Engineers must operate valves and related machinery control equipment.

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<b>TABLE 6-1: PHYSICAL ABILITY GUIDELINES</b>		
<b>SHIPBOARD TASKS, FUNCTION, EVENT OR CONDITION:</b>	<b>RELATED PHYSICAL ABILITY:</b>	<b>THE EXAMINER SHOULD BE SATISFIED THAT THE APPLICANT:</b>
Routine movement on slippery, uneven and unstable surfaces.	Maintain balance (equilibrium).	Has no disturbance in sense of balance.
Routine access between levels.	Climb up and down vertical ladders and stairways.	Is able, without assistance, to climb up and down vertical ladders and stairways.
Routine movement between spaces and compartments.	Step over high door sills and coamings, and move through restricted accesses.	Is able, without assistance, to step over a door sill or coaming of 24 inches (61 centimeters) in height. Able to move through a restricted opening of 24 inches by 24 inches (61 centimeters by 61 centimeters).
Open and close watertight doors, hand-cranking systems, and valve wheels.	Manipulate mechanical devices using manual and digital dexterity and strength.	Is able, without assistance, to open and close watertight doors that may weigh up to 55 pounds (25 kilograms). Should be able to move hands/arms to open and close valve wheels in vertical and horizontal directions, rotate wrists to turn handles, and reach above shoulder height.
Handle ship's stores.	Lift, pull, push and carry a load.	Is able, without assistance, to lift at least a 40-pound (18.1 kilogram) load off the ground, and to carry, push or pull the same load.
General vessel maintenance.	Crouch (lowering height by bending knees); kneel (placing knees on ground); and stoop (lowering height by bending at the waist). Use hand tools such as spanners, valve wrenches, hammers, screwdrivers, pliers.	Is able, without assistance, to crouch, kneel, and stoop, and to grasp, lift and manipulate various common shipboard tools.
Emergency response procedures including escape from smoke-filled spaces.	Crawl (the ability to move the body with hands and knees); feel (the ability to handle or touch to examine or determine differences in texture and temperature).	Is able, without assistance, to crouch, kneel and crawl, and to distinguish differences in texture and temperature by feel.
Stand a routine watch.	Stand a routine watch.	Is able, without assistance, to intermittently stand on feet for up to four hours with minimal rest periods.
React to visual alarms and instructions, and emergency response procedures.	Distinguish an object or shape at a certain distance.	Fulfills the eyesight standards for the merchant mariner credential(s) applied for. <i>See footnote 1 of this table and Chapter 5 of this Manual.</i>
React to audible alarms and instructions and emergency response procedures.	Hear a specified decibel (dB) sound at a specified frequency.	Fulfills the hearing capacity standards for the merchant mariner credential(s) applied for. <i>See footnote 1 of this table and Chapter 5 of this Manual.</i>
Make verbal reports or call attention to suspicious or emergency conditions.	Describe immediate surroundings and activities, and pronounce words clearly.	Is capable of normal conversation.
Participate in firefighting activities.	Be able to carry and handle fire hoses and fire extinguishers.	Is able, without assistance, to pull an uncharged 1.5-inch diameter, 50-foot fire hose with nozzle to full extension, and to lift a charged 1.5-inch diameter fire hose to fire-fighting position.
Abandon ship.	Use survival equipment.	Be able to physically demonstrate the agility, strength and range of motion to put on a PFD and exposure suit without assistance.

<sup>1</sup> The vision and hearing standards listed in Chapter 5 are not applicable to entry level ratings, nor to cadet, student observer, apprentice engineer or apprentice mate ratings. As discussed in Chapter 3, Medical Certification Standards, examining medical practitioners should use the Application for Medical Certificate, Short Form CG-719K/E to document their examination of applicants for these ratings. Examining medical practitioners should note any concerns with the eyesight and/or hearing capacity of applicants for these ratings on the CG-719K/E so that the Coast Guard can make an appropriate determination as to the fitness of the individual for the rating(s). Examining medical practitioners may attach additional sheets to the CG-719K/E for this purpose.

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1 **CHAPTER 7. MEDICATIONS SUBJECT TO FURTHER REVIEW**

2 A. Definitions.

3 1. *Acting under the authority of the credential.*

4 a. The definition of “acting under the authority of a credential” is found in 46 CFR 5.57.  
5 It states, in part, that:

6 A person employed in the service of a vessel is considered to be acting under the  
7 authority of a credential or endorsement when the holding of such credential or  
8 endorsement is:

9 (1) Required by law or regulation; or

10 (2) Required by an employer as a condition for employment.

11 b. For the purposes of this chapter, the definition of “acting under the authority of the  
12 credential” will be limited to indicating those times when the mariner is on the vessel,  
13 even when off-watch or while asleep; or is otherwise subject to recall for duty or  
14 emergency response.

15 2. *Alcohol* means any form or derivative of ethyl alcohol (ethanol) (*See* 33 CFR 95.010).

16 3. *Controlled substance* has the same meaning assigned by 21 U.S.C. 802 and includes all  
17 substances listed on Schedules I through V, as they may be revised from time to time  
18 (*See* 21 CFR part 1308 and 33 CFR 95.010).

19 4. *Drug* means any substance (other than alcohol) that has known mind- or function-altering  
20 effects on a person, specifically including any psychoactive substance, and including, but  
21 not limited to, controlled substances (*See* 33 CFR 95.010).

22 5. *Intoxicant* means any form of alcohol, drug, or combination thereof (*See* 33 CFR 95.010).

23 B. Prohibitions.

24 1. Illegal Substances.

25 Use of illegal or illegally obtained substances, including all illegal or illegally obtained  
26 dangerous drugs (as defined in 46 CFR 16.105), is incompatible with maritime service  
27 and will not be waived under any circumstances.

28 2. Intoxicants.

29 Operation of vessels while under the influence of drugs or alcohol is regulated under  
30 33 CFR part 95. Issuance of a credential does not authorize a mariner to operate a vessel  
31 contrary to the provisions in 33 CFR part 95 (*See also* 46 USC 2302).

1 C. Important Safety Warning.

- 2 1. Certain medications, whether prescription or over-the-counter, have known impairing  
3 effects, and their labels warn about the risk of drowsiness and caution against use while  
4 driving or operating hazardous machinery.
- 5 2. The nature of shipboard life and shipboard operations is such that mariners may be  
6 subject to unexpected or emergency response duties associated with vessel, crew, or  
7 passenger safety, prevention of pollution, and maritime security at any time while aboard  
8 a vessel.
- 9 3. In the interest of safety of life and property at sea, the Coast Guard views shipboard life,  
10 and the attendant shipboard duties that can arise without warning, as safety-sensitive  
11 duties that are analogous to operating hazardous machinery. As such:
- 12 a. Mariners are advised to discuss all medication use with their treating providers and to  
13 inform them of the safety-sensitive nature of their credential; and
- 14 b. Mariners are cautioned against acting under the authority of their credential while  
15 under the influence of medications that:
- 16 (1) can cause drowsiness;
- 17 (2) can impair cognitive ability, judgment or reaction time; or
- 18 (3) carry warnings that caution against driving or operating heavy machinery.
- 19 c. Mariners are advised that they are considered to be acting under the authority of the  
20 credential, for the purposes of this chapter, any time they are aboard a vessel in a  
21 situation to which 46 CFR 5.57(a) applies, even when off-watch or while asleep, or  
22 any time they are subject to recall for duty or emergency response.

23 D. Disclosure of Prescription and Over-the-Counter (OTC) Medications.

- 24 1. Applicants who are required to complete a general medical exam should disclose on the  
25 Application for Medical Certificate, Form CG-719K all prescription medications, filled  
26 or taken within 30 days prior to the date that the applicant signs the application to the  
27 Coast Guard (*See* 46 CFR 10.302(a) and 10.304(a)).
- 28 2. In addition, applicants who are required to complete a general medical exam should  
29 disclose on the Application for Medical Certificate, Form CG-719K, all prescription  
30 medications and over-the-counter (OTC) medications, including dietary supplements and  
31 vitamins, that were used for a period of 30 days or more within the 90 days prior to the  
32 date the applicant signs the application to the Coast Guard (*See* 46 CFR 10.302(a) and  
33 10.304(a)).

34 E. Recommended Evaluation Data for Medications.

- 1 1. Applicants seeking medical certification should provide amplifying information for all  
2 prescription and OTC medications, filled or taken within 30 days prior to the date that the  
3 applicant submits the Application for Medical Certificate, Form CG-719K, to the Coast  
4 Guard.
- 5 2. The amplifying information should include, at a minimum.
  - 6 a. The medical condition that is being treated by the medication;
  - 7 b. The dose of the medication (the amount of medication taken and how often the  
8 medication is taken); and
  - 9 c. For prescription medications, documentation from the treating provider on the  
10 medication dose and frequency, the status and stability of the underlying condition,  
11 and any precautions provided to the mariner regarding the medication or the  
12 condition.
- 13 3. The amplifying information will be reviewed to determine whether the medication and/or  
14 underlying condition—
  - 15 a. Is approved for use without a waiver;
  - 16 b. Is approved for issuance of a waiver; or
  - 17 c. Poses such a risk that the mariner will not be approved for medical certification.
- 18 4. See Chapter 1 of this Manual for additional information on the medical review process.

19 F. Medication Waivers – General Information.

- 20 1. Mariners using certain medications will require a waiver if the medication, or the manner  
21 in which the medication is used, has the potential to pose significant risk of impairment  
22 or other safety concerns.
- 23 2. In general, medication waivers are likely to be approved when circumstances indicate  
24 that there is no significant risk to maritime and public safety. For instance, if a mariner  
25 regularly uses a medication that causes drowsiness, but objective documentation supports  
26 that the mariner does not work while using the medication and will not be under the  
27 influence of the medication while working, then the mariner’s use of the medication may  
28 be considered favorably for a waiver.
- 29 3. Medication waivers may be granted with specific conditions to which the applicant must  
30 adhere, such as more frequent monitoring of the medication/associated medical  
31 condition(s), submission of medical exams and/or tests at varying intervals to track the  
32 ongoing status of the medical condition, or operational limitations or restrictions in the  
33 manner the mariner may serve under the MMC.



- 1 4. Any operational limitations or restrictions will be reflected on the medical certificate, and  
2 may include restriction of route or trade.
- 3 5. Medication waivers are generally not approved for use of legally prescribed controlled  
4 substances while acting under the authority of the credential. Legally prescribed  
5 controlled substances include, but are not limited to, opioid /opiate medications,  
6 benzodiazepine medications, non-benzodiazepine sedative hypnotic medications, and  
7 barbiturate medications. Further guidance on these medications is provided in Paragraphs  
8 I (Medication Waivers Requiring Special Consideration) and J (Recommended  
9 Evaluation Data for Medication Waivers Requiring Special Consideration) of this  
10 Chapter.
- 11 6. The Coast Guard retains final authority for the issuance of medical waivers.

12 G. Medications Subject to Further Review due to Risk of Impaired Cognitive Ability, Judgment,  
13 or Reaction Time.

- 14 1. Medications that may impair cognitive ability, judgment, or reaction time, may be  
15 considered disqualifying for issuance of a medical certificate (*See* 46 CFR 10.304(a)).  
16 Additionally, the underlying condition requiring use of the potentially impairing  
17 medication and/or the possible side effects of these medications may result in denial of an  
18 application. Mariners and applicants who require the use of potentially impairing  
19 medications may seek consideration for a waiver in accordance with 46 CFR 10.303.
- 20 2. The following is a non-exhaustive list of medications that may be deemed disqualifying  
21 due to risk of impaired cognitive ability, judgment or reaction time. Mariners who use  
22 these medications are subject to further medical review to determine whether their use of  
23 the medication is likely to impair their ability to operate safely. If the mariner's  
24 medication use is deemed disqualifying by the Coast Guard, then the Coast Guard will  
25 determine whether the mariner qualifies for a waiver under 46 CFR 10.303. Please refer  
26 to the Paragraphs E (Recommended Evaluation Data for Medications) and I (Medication  
27 Waivers Requiring Special Consideration) of this Chapter.

28 a. Anti-depressants (Medicines for Treatment of Depression).

29 Examples include, but are not limited to, citalopram (Celexa), duloxetine (Cymbalta),  
30 paroxetine (Paxil), trazodone (Desyrel), amitriptyline (Elavil) and venlafaxine  
31 (Effexor). In many cases, use of anti-depressant medications may be approved  
32 without need for a waiver. The medication and the underlying condition will be  
33 reviewed to determine whether the mariner applicant requires and/or qualifies for a  
34 waiver under 46 CFR 10.303.

35 b. Anti-Motion Sickness Agents (Medicines for Treatment of Motion Sickness).

36 Intermittent use of these medications does not require a waiver; however, mariners  
37 are cautioned against acting under the authority of the credential while under the  
38 influence of anti-motion sickness agents that can cause drowsiness or impairment, or  
39 that carry warnings that caution against driving or operating heavy machinery.

1 c. Antipsychotics.

2 Examples include, but are not limited to, aripiprazole (Abilify), olanzapine (Zyprexa),  
3 quetiapine (Seroquel), lurasidone (Latuda), and risperidone (Risperdal). The  
4 medication and the underlying condition will be reviewed to determine whether the  
5 mariner qualifies for a waiver under 46 CFR 10.303.

6 d. Anti-Convulsives, Anti Epileptic Drugs (Medications for Treatment of Seizures).

7 The medication and the underlying condition will be reviewed to determine whether  
8 the mariner applicant qualifies for a waiver under 46 CFR 10.303. See Chapter 19 of  
9 this Manual, Paragraph E, Seizure or Convulsive Disorders, for guidance on  
10 evaluating waivers for conditions that result in use of anti-convulsive or anti-epileptic  
11 medications.

12 e. Antihistamines, Allergy Medications:

13 (1) Non-sedating medications (medications without significant risk of drowsiness).

14 Examples include loratadine (Claritin), fexofenadine (Allegra) and desloratadine  
15 (Clarinex). Use of non-sedating antihistamines does not require a waiver.

16 (2) Sedating medications (medications with significant risk of drowsiness,  
17 sleepiness). Examples include, but are not limited to diphenhydramine (Benadryl,  
18 ClearQuil Nighttime Allergy Relief), cetirizine (Zyrtec), and doxylamine (Aldex  
19 AN, Clearquil Nighttime Sinus and Congestion Relief). For chronic or regular  
20 use, the medication and the underlying condition will be reviewed to determine  
21 whether the mariner applicant qualifies for a waiver under 46 CFR 10.303.

22 Intermittent use of these medications does not require a waiver; however mariners  
23 are cautioned against acting under the authority of the credential while under the  
24 influence of anti-histamines (allergy medications) that can cause drowsiness or  
25 impairment, or that carry warnings that caution against driving or operating heavy  
26 machinery.

27 f. Barbiturate Medications.

28 Examples include, but are not limited to, butalbital (Fiorinal or Fioricet) and  
29 phenobarbital. Due to the risk of impaired cognitive ability, judgment, and reaction  
30 time, use of barbiturate medications is disqualifying. The medication and the  
31 underlying condition will be reviewed to determine whether the mariner applicant  
32 qualifies for a waiver under 46 CFR 10.303. Waivers for use within 48 hours prior  
33 to, or while acting under the authority of the credential will only be approved on a  
34 case-by-case basis if the Coast Guard determines that there are exceptional  
35 circumstances that mitigate risk to public safety. See Paragraph I (Medication  
36 Waivers Requiring Special Consideration) of this Chapter.

37 g. Benzodiazepine Medications.

1 Examples include, but are not limited to, alprazolam (Xanax), lorazepam (Ativan),  
2 clonazepam (Klonopin) and diazepam (Valium). Due to the risk of impaired cognitive  
3 ability, judgment, and reaction time, use of benzodiazepine medications is  
4 disqualifying. The medication and the underlying condition will be reviewed to  
5 determine whether the mariner qualifies for a waiver under 46 CFR 10.303. Waivers  
6 for use within 48 hours prior to, or while acting under the authority of the credential  
7 will only be approved on a case-by-case basis if the Coast Guard determines that  
8 there are exceptional circumstances that mitigate risk to public safety. See Paragraph  
9 I (Medication Waivers Requiring Special Consideration) of this Chapter.

10 h. Cough and Cold Medicines.

11 (1) A number of over-the-counter cough and cold preparations contain sedating anti-  
12 histamines or other medicines that can cause drowsiness. Intermittent use of these  
13 medications does not require a waiver; however mariners are cautioned against  
14 acting under the authority of the credential while under the influence of cough or  
15 cold medications that can cause drowsiness or impairment, or that carry warnings  
16 that caution against driving or operating heavy machinery.

17 (2) For prescription medications containing opioid or opiate ingredients (such as  
18 cough syrups containing codeine or hydrocodone) see Paragraph G.2.k (Legally  
19 Prescribed Controlled Substances) of this Chapter.

20 i. Stimulant Medications.

21 Examples include, but are not limited to, modafinil, methylphenidate, and  
22 amphetamine. The medication and the underlying condition will be reviewed to  
23 determine whether the mariner qualifies for a waiver under 46 CFR 10.303.

24 j. Sleep Aids (Medications to help people fall asleep):

25 (1) Over-the-counter (OTC) medications to help with sleep include, but are not  
26 limited to, diphenhydramine (Benadryl, Somnex, Tylenol PM, Compoz  
27 Nighttime Sleep Aid, ZZZQuil) and doxylamine (Unisom). Mariners are  
28 cautioned against acting under the authority of the credential while under the  
29 influence of sleep medications that can cause drowsiness or impairment, or that  
30 carry warnings that caution against driving or operating heavy machinery.

31 (2) Prescription sleep medications and non-benzodiazepine sedative hypnotic  
32 medications. Examples include, but are not limited to zolpidem (Ambien,  
33 Intermezzo, Zolpimist), eszopiclone (Lunesta), and zaleplon (Sonata). Due to the  
34 risk of impaired cognitive ability, judgment, and reaction time, use of non-  
35 benzodiazepine sedative hypnotic medications is disqualifying. The medication  
36 and the underlying condition will be reviewed to determine whether the mariner  
37 qualifies for a waiver under 46 CFR 10.303. Waivers for use within 12 hours  
38 prior to, or while acting under the authority of the credential will only be  
39 approved on a case-by-case basis if the Coast Guard determines that there are

1 exceptional circumstances that mitigate risk to public safety. See Paragraph I  
2 (Medication Waivers Requiring Special Consideration) of this Chapter.

3 k. Legally Prescribed Controlled Substances.

4 Examples include, but are not limited to, opiate and opioid pain medication such as  
5 Tylenol with codeine, oxycodone (Percocet), hydrocodone (Vicodin), hydromorphone  
6 (Dilaudid), tramadol (Ultram), methadone, and buprenorphine (Suboxone). Due to  
7 the risk of impaired cognitive ability, judgment, and reaction time, use of legally  
8 prescribed controlled substances is disqualifying. The medication and the underlying  
9 condition will be reviewed to determine whether the mariner applicant qualifies for a  
10 waiver under 46 CFR 10.303. Waivers for use within 12 hours prior to, or while  
11 acting under the authority of the credential will only be approved on a case-by-case  
12 basis if the Coast Guard determines that there are exceptional circumstances that  
13 mitigate risk to public safety. See Paragraph I (Medication Waivers Requiring Special  
14 Consideration) of this Chapter.

15 l. Medical Use of Hallucinogens.

16 Examples include, but are not limited to, medical marijuana (use of the marijuana  
17 plant), nabilol, nabiximols (Sativex), tetrahydrocannabinol, dronabinol (Marinol),  
18 Epidiolex, peyote or ecstasy. Even if legalized by a state, use of these substances is  
19 disqualifying and will **not** be waived under any circumstances.

20 m. Muscle Relaxants.

21 Examples include, but are not limited to, carisoprodol (Soma), cyclobenzaprine  
22 (Flexeril), and methocarbamol (Robaxin). The medication and the underlying  
23 condition will be reviewed to determine whether the mariner applicant qualifies for a  
24 waiver under 46 CFR 10.303. Waivers for use within 12 hours prior to, or while  
25 acting under the authority of the credential will only be approved on a case-by-case  
26 basis if the Coast Guard determines that there are exceptional circumstances that  
27 mitigate risk to public safety. See Paragraph I (Medication Waivers Requiring Special  
28 Consideration) of this Chapter.

29 H. Medications Subject to Further Review due to Risk of Other Impairment and Safety  
30 Concerns.

31 While many medications can be an important factor in enabling mariners to continue to work  
32 at sea, some have side effects that can affect safe and effective performance of routine and  
33 emergency duties and some have other complications that will increase the likelihood of  
34 illness at sea.

35 1. Medications that may impair a mariner's ability to perform routine and emergency duties.

36 a. Central nervous system depressants and/or stimulants.

37 b. Agents that increase the likelihood of sudden incapacitation.

- 1 c. Medications that impair vision.
- 2 2. Medications that may have serious adverse consequences for the user while underway,  
3 and may require limitations.
- 4 a. Medications that can cause prolonged bleeding, either spontaneous or traumatic.  
5 Individual risk assessment of bleeding likelihood may be needed.
- 6 b. Dangers from cessation of medication use.
- 7 c. Long-term or periodic need for antibiotics and other anti-infection agents.
- 8 d. Anti-metabolites and cancer treatments.
- 9 e. Medications supplied for use at individual discretion.
- 10 3. Medications that may require periodic medical monitoring.
- 11 I. Medication Waivers Requiring Special Consideration.
- 12 1. As stated previously, **medications that may impair cognitive ability, judgment or**  
13 **reaction time are considered disqualifying for issuance of credentials.** The  
14 underlying condition, as well as the effects of the medications, may lead to denial of a  
15 medical certificate or may result in issuance of a waiver.
- 16 2. Due to the documented risks of impaired cognition, judgment and reaction time  
17 associated with the use of legally prescribed controlled substances, including, but not  
18 limited to, opioid/opiate medications, benzodiazepine medications, non-benzodiazepine  
19 sedative hypnotic medications, and barbiturate medications, the Coast Guard has  
20 determined that **use of these medications while acting under the authority of the**  
21 **credential generally will not be waived.** However, waivers may be considered, on a  
22 case-by-case basis, if the Coast Guard determines that there are **exceptional**  
23 circumstances that warrant consideration for a waiver.
- 24 3. **Exceptional Circumstances.** The criteria for waiver consideration for applicants  
25 seeking to use, or be under the influence of, medications that may impair cognitive  
26 ability, judgment, or reaction time while acting under the authority of the credential are  
27 listed below. Applicants unable to meet all of the criteria will only be considered for a  
28 waiver under **extraordinary** circumstances if the Coast Guard deems the risk of  
29 impairment to be sufficiently low.
- 30 a. The mariner was previously granted a waiver allowing use of the same medication  
31 while working under the authority of the credential, where the credential was of the  
32 same scope of authority.
- 33 b. The mariner demonstrated compliance with all terms of the prior waiver.

- 1 c. There were no accidents or other safety concerns related to medication, judgment,  
2 cognitive ability or reaction time, during the course of the prior waiver period(s).
- 3 d. The mariner has been on a stable medication regimen for a minimum of 2 years, as  
4 documented by the treating physician and pharmacy records.
  - 5 (1) Mariners who have required periodic increases in medication dosing during the  
6 preceding 2-year period would not meet this criterion.
  - 7 (2) Mariners who have consistently or periodically supplemented their medication  
8 regimen with other disqualifying medications during the 2-year period are not  
9 likely to be considered as meeting this criterion. For example, an individual who  
10 has been on a stable dose of one opioid pain medication for 2 years, but has also  
11 periodically taken or filled prescriptions for an opioid cough medication during  
12 that same time period, would not be considered as being on a stable dose of  
13 medicine.
  - 14 (3) Mariners whose medication dose has been decreased or tapered off, without  
15 subsequent dose increase, may be considered as meeting this criterion.
- 16 e. The mariner is not seeking to use, or be under the influence of, more than one  
17 medication with risk for impairment while working under the authority of the  
18 credential.
- 19 f. The mariner's treating physician provides written assessment that adequately  
20 addresses all information requested in Paragraph J of this Chapter (Recommended  
21 Evaluation Data for Medication Waivers Requiring Special Consideration) and that  
22 supports a determination that the mariner is at low risk for medication impairment  
23 based upon objective testing and standard evaluation tools.
- 24 g. When requested, formal neuropsychological/neurocognitive testing, performed as  
25 outlined in Paragraph J.2 of this Chapter, documents the absence of significant  
26 medication impairment.
- 27 h. The mariner does not use any other medications or have any other medical conditions,  
28 which may alone, or in combination, adversely affect the mariner's fitness.
- 29 i. Use of methadone may not be waived under any circumstances.
- 30 4. The risk presented by the mariner's position may be considered in determining whether  
31 to grant a waiver. Because of the wide range of operational conditions, it is impossible to  
32 set out in advance which positions may be suitable for a waiver.
- 33 5. The Coast Guard retains final authority for the issuance of waivers.
- 34 6. Waivers may include restrictions and/or operational limitations on the credential.
- 35 J. Recommended Evaluation Data for Medication Waivers Requiring Special Consideration.

1 Applicants seeking consideration for a medication waiver for the use of medications that may  
2 impair cognitive ability, judgment, or reaction time while acting under the authority of the  
3 credential should submit the additional information detailed below, for each medication:

4 1. A letter from the prescribing and/or treating physician that includes the following:

- 5 a. Whether the physician has familiarized him- or herself with the detailed guidelines on  
6 medical conditions and medications contained in this Manual.
- 7 b. Whether the physician understands the safety-sensitive nature of the credential and  
8 the specialized shipboard environment.
- 9 c. A detailed discussion of the condition that requires the use of the potentially  
10 impairing medication.
- 11 d. A description of any known complications experienced by the mariner from the use  
12 of a particular medication, level of current stability and prognosis of the underlying  
13 condition. The physician should also provide his or her professional opinion on  
14 whether the condition is suitable for safety-sensitive work.
- 15 e. A description of the dosage and frequency of use of the medication (this description  
16 should be very specific; “as needed” is not sufficient information). The description  
17 should also reflect that the physician has reviewed the mariner’s pharmacy records for  
18 documentation of the number of pills dispensed for use each month and  
19 documentation of the length of time that mariner has been on the medication.
- 20 f. A detailed statement about whether the mariner is taking the medication as directed,  
21 and if there are any concerns of misuse or overuse of the medication.
- 22 g. A statement about whether the mariner is compliant with therapy and follow-up  
23 appointments.
- 24 h. A statement about whether the mariner requires use of this medication while at work,  
25 or while aboard the vessel. If the mariner requires use of the potentially impairing  
26 medication while at work or while aboard the vessel, the physician should provide a  
27 detailed explanation and rationale for the use.
- 28 i. A statement about whether the physician has advised the mariner of the risks of  
29 impairment related to the medication. The physician should also discuss any risks  
30 advised, as well as any instructions discussed with the mariner for mitigating risk.
- 31 j. A statement about whether the mariner’s other medications, medical conditions, and  
32 work/sleep conditions might compound the impairing effects of this medication. This  
33 discussion should reflect that the physician has knowledge of the specifics of the  
34 mariner’s medications, medical conditions and work/sleep schedule.

- 1 k. A statement about whether the physician has formally evaluated the mariner for the  
2 presence of any impairing medication effects. This discussion should include a  
3 description of the method of evaluation utilized, as well as the findings.
- 4 l. A medical opinion of whether the mariner has any medication effects that would  
5 impede safe operation of a vessel or interfere with work in a safety sensitive position.  
6 This discussion should include the rationale for the physician's opinion.
- 7 m. A statement whether the physician has advised the mariner that it is safe to operate a  
8 vessel, operate hazardous machinery and perform safety sensitive functions while  
9 under the influence of this medication.
- 10 2. When specifically requested by the reviewing authority, additional amplifying  
11 information, to include **formal neuropsychological/neurocognitive evaluation**.
- 12 a. In particular, mariners seeking waivers to use or be under the influence of potentially  
13 impairing opioid /opiate, benzodiazepine, sedative hypnotic, and/or barbiturate  
14 medications, while acting under the authority of the credential, may be asked to  
15 submit the results of a formal neuropsychological/neurocognitive evaluation.
- 16 b. The Coast Guard will not normally request neuropsychological/neurocognitive testing  
17 unless the applicant meets all other requirements for waiver consideration. This is to  
18 prevent mariners from undergoing costly testing when issuance of a waiver is  
19 unlikely.
- 20 c. Mariners are advised that submission of neuropsychological/neurocognitive testing  
21 results does not guarantee issuance of a waiver.
- 22 d. When formal neuropsychological/neurocognitive evaluation is requested, the  
23 assessment should include objective evaluation of the following functions, at a  
24 minimum<sup>1</sup>:
- 25 (1) Alertness, arousal and vigilance;
- 26 (2) Attention (focused, shifting and divided), processing speed, and working memory;
- 27 (3) Reaction time (choice and complex), psychomotor function, upper motor speed  
28 and coordination;
- 29 (4) Sensory perceptual function;
- 30 (5) Executive function: mental flexibility, adaptive problem solving, abstract  
31 reasoning, impulse control, risk taking/risk assessment, organizational ability  
32 (including visual spatial organization), and planning;

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<sup>1</sup> Kay, GG and Logan BK, (2001). Drugged Driving Expert Panel report: A consensus protocol for assessing the potential of drugs to impair driving. (DOT HS 811 438). Washington, DC: National Highway Traffic Safety Administration.



- 1           (6) Memory; and
- 2           (7) Communication skills.
- 3           e. When formal neuropsychological/neurocognitive evaluation is requested, the
- 4           evaluation and narrative interpretation must be provided by a neuropsychologist who
- 5           is board-certified and licensed in the United States.
- 6           f. The report of formal neuropsychological/neurocognitive evaluation should also
- 7           include:
- 8           (1) Documentation of witnessed administration of the medication in question by a
- 9           licensed medical provider.
- 10          (2) Documentation of the time interval between ingestion of the medication and
- 11          administration of the neuropsychological/neurocognitive testing battery.

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1 **CHAPTER 8. MEDICAL CONDITIONS SUBJECT TO FURTHER REVIEW**

2 A. Conditions that may be subject to further review include (but are not limited to) the  
3 following:

- 4 1. Allergic Conditions
- 5 2. Blood or Hematologic Conditions
- 6 3. Cancer or Malignant Conditions
- 7 4. Cardiovascular Conditions
- 8 5. Ear, Nose, and Throat Conditions
- 9 6. Endocrine Conditions
- 10 7. Gastrointestinal Conditions
- 11 8. Genitourinary Conditions
- 12 9. Infectious Conditions
- 13 10. Musculoskeletal Conditions
- 14 11. Neurologic Conditions
- 15 12. Ophthalmologic Conditions
- 16 13. Organ Transplant
- 17 14. Pregnancy
- 18 15. Psychiatric Conditions
- 19 16. Pulmonary Conditions
- 20 17. Skin Conditions

21 B. Chapters 9-25 contain detailed information and recommend supplemental evaluation data  
22 that should be submitted along with the application for a medical certificate, as  
23 appropriate. The list is non-exhaustive.

24 C. Not every condition that is listed requires a waiver. Applicants with these medical  
25 conditions may be issued a medical certificate with or without limitations, waivers or  
26 restrictions, as specified by the Coast Guard.

1 D. Limitations, waivers and restrictions are discussed in further detail in Chapter 1. Terms  
2 used in the Chapters are clarified below:

3 1. Active Condition.

4 If not specified as “history of” in this Manual, a condition must be currently active to  
5 be subject to further review. For purposes of this Manual, “active” means that the  
6 applicant is currently under treatment for the condition, or that the applicant is  
7 currently under observation for possible worsening or recurrence of the condition, or  
8 that the condition is currently present. For all active conditions (as defined in this  
9 paragraph), the status report, evaluation report or consultation should have been  
10 completed no more than one year prior to the date the application is received by the  
11 Coast Guard. For conditions that are not active but for which the Manual indicates  
12 that a “history of” the condition should be reported (as defined in paragraph 2 below),  
13 the appropriate timeframe depends on what is medically relevant given the individual  
14 circumstances of the applicant’s condition. Medical providers should contact NMC if  
15 they have any questions about how recent a status report, evaluation report or  
16 consultation should be. *See* 46 CFR 10.304(d).

17 2. History Of.

18 As used in this Manual, the term “history of” means a previous diagnosis or treatment  
19 of a medical condition by a healthcare provider, even once in the applicant’s life,  
20 unless otherwise specified in this chapter. It includes all active and present medical  
21 conditions.

22 3. Significant Functional Impairment.

23 As used in this Manual, the term “significant functional impairment” means that the  
24 medical condition impairs the applicant’s ability to fully perform the physical abilities  
25 listed in Chapter 6, Physical Ability Guidelines, or that it otherwise interferes with the  
26 ability of the applicant to fully perform the duties and responsibilities of the  
27 credential.

28 4. Status Reports, Evaluation Reports and Consultations.

29 All timeframes specified with respect to the evaluation data listed in this table are  
30 measured from the date that the application is received by the Coast Guard. For  
31 example, if the table calls for a medical test that is no more than 90 days old, the test  
32 should have been completed no more than 90 days before the date that the  
33 Application for Medical Certificate, Form CG-719K or Application for Medical  
34 Certificate, Short Form, CG-719KE is received by the Coast Guard.

35 5. Other Conditions.

36 Any medical condition or physical impairment not otherwise specified in this Manual,  
37 which may cause significant functional impairment or sudden incapacitation, or  
38 which might otherwise compromise shipboard safety, including required response in

1 an emergency situation, may be subject to further review. Any medical condition or  
2 physical impairment not otherwise specified in this Manual which may result in  
3 gradual deterioration of performance of duties, or which otherwise poses a threat to  
4 the health and safety of the applicant or others may be subject to further review.

5 6. Medications, Vitamins and Dietary Supplements.

6 Mariners should not perform a safety sensitive function on any vessel while under the  
7 influence of any substance that may negatively impact their performance. To that  
8 end, mariners are strongly warned that some prescription medications, over-the-  
9 counter medications, vitamins, and dietary supplements, alone or in combination with  
10 other substances, may adversely affect an individual's ability to perform critical  
11 functions and place the individual at risk of sudden incapacitation. Mariners are  
12 strongly advised to seek the advice of a physician before taking any medications,  
13 vitamins, or dietary supplements.

14 Mariners should read and follow the manufacturer's warnings and directions, and the  
15 warnings and directions of their own physicians, in order to minimize the risk of  
16 adverse affects. Notwithstanding, little is known about the effects of some  
17 supplements and their interaction with other substances. Therefore, the risks  
18 associated with their use cannot be determined. *See Chapter 7, Guidance on*  
19 *Medications.*

20 7. Recommended Evaluation Data.

21 At the time of publication of this Manual, the evaluation data listed in this chapter is  
22 what the Coast Guard recommends should be submitted for each condition.  
23 Submission of other than the recommended evaluation data may result in processing  
24 delay.

25 Documentation of evaluation data specified in this chapter for all applicable medical  
26 conditions subject to further review should be submitted with each application, unless  
27 otherwise specified by the NMC. Mariners, including first class pilots and those  
28 individuals "serving as" pilots (as well as Great Lakes pilots) who are required to  
29 submit annual physical examinations to the Coast Guard, may be issued a letter by the  
30 NMC specifying the extent of the evaluation data, if any, that should be submitted to  
31 the Coast Guard for any medical conditions that have been previously reported to, and  
32 evaluated by, the NMC.

33 The Coast Guard will consider alternative approaches proposed by applicants  
34 regarding substitution of evaluation data for the recommended evaluation data listed  
35 in these chapters, if the alternative approach satisfies the requirements of the  
36 applicable statutes and regulations.

37 If you wish to discuss alternative approaches, you should contact the NMC Medical  
38 Evaluations Branch, which is responsible for implementing this guidance. All  
39 questions regarding implementation of this Manual should be directed to the NMC  
40 Medical Evaluations Branch at the following e-mail address:

1            [marinermedical@uscg.mil](mailto:marinermedical@uscg.mil). The NMC can also be telephonically contacted at: 1-888-  
2            I-ASK-NMC.

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1 **CHAPTER 9. ALLERGIC CONDITIONS**

2 **A. Conditions of Concern.**

3 Allergic conditions that are life-threatening, impairing, or that pose a risk of sudden  
4 incapacitation or debilitating complication are subject to further review, and may be  
5 determined disqualifying. Examples include, but are not limited to anaphylaxis and  
6 angioedema.

7 **B. Guidance to Mariner Applicants.**

- 8 1. In some cases, allergic conditions may be deemed too high-risk for medical certification.  
9 This would include conditions with life-threatening reactions and impairing  
10 complications, as well as conditions that put the individual at high risk of becoming  
11 unstable, unconscious, incapacitated, or otherwise unsafe to operate under the authority  
12 of the credential.
- 13 2. Allergic conditions that are determined to pose a low risk of sudden incapacitation may  
14 be considered for a waiver, or may not require any waiver or limitation.
- 15 3. The evaluation for medical certification and waiver issuance will consider the level of  
16 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
17 provider or specialist (as applicable), and the results of appropriate testing.
- 18 4. Mariner applicants with allergic conditions should:
- 19 a. Discuss the following with their treating provider, and with the provider performing  
20 the medical certificate examination:
- 21 (1) Their medical condition and the limitations of medical care aboard the vessel;  
22 (2) The safety-sensitive nature of their merchant mariner credential;  
23 (3) How/whether the medical condition may affect, or be affected by service aboard  
24 a vessel or by service at sea; and  
25 (4) The recommendation that the treating provider/provider performing the medical  
26 certificate examination review the guidance in this Manual when providing their  
27 assessment for medical certification.
- 28 b. Make sure to submit sufficient information on any of their medical conditions that  
29 are subject to further review. This includes:
- 30 (1) The **Treating Provider’s Assessment**; and  
31 (2) **Recommended Evaluation Data.**

1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition, as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition, to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention, or hospitalization within the past 6 years;
- 10 d. Treatment compliance and efficacy;
- 11 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
12 or debilitating complication;
- 13 f. Reports of objective testing and standard evaluation data used to support the  
14 assessment; and
- 15 g. The extent to which the applicant's medical condition is likely to affect, or be  
16 affected by, service aboard the vessel or service at sea.
- 17 h. In some cases, the Coast Guard may request that the applicant submit documentation  
18 from a specialist such as an allergist, for example.

19 2. Recommended Evaluation Data.

- 20 a. Objective testing results and supporting documentation may be requested to better  
21 assess the severity of the condition, the applicant's functional capacity; and the  
22 presence or absence of impairing complications. This information assists the  
23 evaluators in determining whether the mariner is able to perform routine and  
24 emergency duties without risk of sudden incapacitation.
- 25 b. The treating provider should submit objective testing and supporting documentation  
26 as appropriate for the specifics of the mariner applicant's medical condition.  
27 Generally, the type and manner of evaluation data or objective testing submitted will  
28 be left to the discretion of the treating provider or specialist.
- 29 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
30 that further testing is not clinically indicated, then the provider should include a  
31 statement to that effect in their assessment, along with the results of previously  
32 performed testing.

- 1 d. If the treating provider seeks to demonstrate the applicant's fitness by alternate  
2 means, then the provider should include a statement to that effect in their assessment.

3 **D. Medical Certification Evaluation.**

4 1. Certification Determinations.

5 Certification determinations will be made on a case-by-case basis. Information  
6 considered during the evaluation for issuance of a medical certificate will include, but is  
7 not limited to:

- 8 a. The severity of the condition;  
9 b. The presence of symptoms or impairing complications;  
10 c. The stability of the condition;  
11 d. The need for access to medical care;  
12 e. The applicant's ability to perform routine and emergency duties;  
13 f. The risk for sudden incapacitation or debilitating complication;  
14 g. The risk of impaired cognitive ability, judgment, or reaction time related to the  
15 condition or associated medications;  
16 h. The written assessment of the treating provider; and  
17 i. The results of objective testing and standard evaluation data.

18 2. Medical Waivers.

- 19 a. Mariner applicants whose condition does not meet the standard may be approved for  
20 a medical waiver if objective medical evidence indicates that the condition is  
21 sufficiently controlled to pose no significant risk to maritime and public safety.  
22 b. The evaluation will consider whether there are extenuating circumstances that warrant  
23 special consideration for issuance of a medical waiver.  
24 c. If approved, waivers and limitations may be applied to the credential and/or the  
25 medical certificate, on a case-by-case basis.

26 3. Disqualification.

- 27 a. Mariner applicants with unstable conditions, life-threatening reactions, or impairing  
28 complications may be found unqualified;  
29 b. Mariner applicants with other findings that indicate a significant risk of syncope,  
30 debilitating complication, or impairment may be found unqualified; and



- 1 c. Mariner applicants who do not have the functional capacity and/or physical ability  
2 necessary to perform routine and/or emergency duties may be found unqualified.

3 **E. Guidance to Designated Medical Examiners (DMEs).**

4 1. Documentation.

5 The DME should ensure that the mariner applicant has provided adequate documentation  
6 for the condition, to include:

- 7 a. An evaluation from the treating provider and/or specialist; and  
8 b. Any appropriate recommended evaluation data.

9 2. Approval.

- 10 a. The DME may approve issuance of the medical certificate if their evaluation finds  
11 that the applicant meets all of the following:

- 12 (1) Favorable recommendation from the treating provider;  
13 (2) Condition is asymptomatic and without recent need for emergency intervention,  
14 hospitalization or surgery;  
15 (3) Condition has been stable and the assessment indicates low likelihood of sudden  
16 exacerbation, syncope or impairing complications; and  
17 (4) Documentation supports that the applicant has the functional capacity and  
18 physical ability necessary to perform routine and emergency duties.

- 19 b. If the DME approves issuance of the medical certificate, the DME should document  
20 the rationale for approving issuance of the medical certificate on the Application for  
21 Medical Certificate, Form CG-719K.

22 3. Deferral.

- 23 a. The DME must defer the decision to the Coast Guard if any of the following apply:

- 24 (1) Unfavorable recommendation or insufficient documentation from the treating  
25 provider;  
26 (2) The applicant has evidence of instability, or history of life-threatening reactions,  
27 or impairing symptoms or complications;  
28 (3) The applicant's functional capacity and/or physical ability suggests impaired  
29 ability to perform routine and emergency duties; or  
30 (4) The applicant has other symptoms or findings that suggest a significant risk of a  
31 syncope, sudden incapacitation, or impairing complication.

1           b. If the DME defers the certification decision to the Coast Guard, the DME should  
2           discuss the reason(s) for deferral and document their recommendation regarding  
3           medical certification on the Application for Medical Certificate, Form CG-719K.

4           4. Education.

5           The DME should provide education to mariner applicants on how their condition may  
6           affect, or be affected by service at sea.

7           5. Referral.

8           The DME should refer mariner applicants to the treating provider for follow-up of any  
9           abnormal findings discovered during the examination or during screening.

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1 **CHAPTER 10. BLOOD/HEMATOLOGIC CONDITIONS**

2 **A. Conditions of Concern.**

3 Blood or hematologic conditions that are life-threatening, impairing, or that pose a risk of  
4 sudden incapacitation or debilitating complication are subject to further review, and may be  
5 determined disqualifying. Examples include, but are not limited to, anemia,  
6 thrombocytopenia or hypercoagulable states that are symptomatic or unstable.

7 **B. Guidance to Mariner Applicants.**

- 8 1. In some cases, blood or hematologic conditions may be deemed too high risk for medical  
9 certification. This would include conditions with life-threatening reactions or impairing  
10 complications, as well as conditions that put the individual at high risk of becoming  
11 unstable, unconscious, incapacitated, or otherwise unsafe to operate under the authority  
12 of the credential.
- 13 2. Blood or hematologic conditions that are determined to pose a low risk of sudden  
14 incapacitation may be considered for a waiver, or may not require any waiver or  
15 limitation.
- 16 3. The evaluation for medical certification and waiver issuance will consider the level of  
17 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
18 provider or specialist (as applicable), and the results of appropriate testing.
- 19 4. Mariner applicants with blood or hematologic conditions should:
- 20 a. Discuss the following with their treating provider, and the provider performing the  
21 medical certificate examination;
- 22 (1) Their medical condition and the limitations of medical care aboard the vessel;  
23 (2) The safety sensitive nature of their merchant mariner credential;  
24 (3) How/whether the medical condition may affect, or be affected by service aboard a  
25 vessel or by service at sea; and  
26 (4) The recommendation that the treating provider/provider performing the medical  
27 certificate examination review the guidance in this Manual when providing their  
28 assessment for medical certification.
- 29 b. Make sure to submit sufficient information on any of their medical conditions that are  
30 subject to further review. This includes:
- 31 (1) The **Treating Provider's Assessment**; and  
32 (2) **Recommended Evaluation Data.**

1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition - to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention or hospitalization within the past 6 years;
- 10 d. Treatment compliance and efficacy;
- 11 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
12 or debilitating complication;
- 13 f. Reports of objective testing and standard evaluation data used to support their  
14 assessment; and
- 15 g. The extent to which the applicant's medical condition is likely to affect, or be  
16 affected by, service aboard the vessel or service at sea.
- 17 h. In some cases, the Coast Guard may request that the applicant submit documentation  
18 from a specialist such as a hematologist, for example.

19 2. Recommended Evaluation Data:

- 20 a. Objective testing and supporting documentation may be requested to better assess the  
21 severity of the condition, the applicant's functional capacity; and the presence or  
22 absence of impairing complications. This information assists the evaluators in  
23 determining whether the mariner is able to perform routine and emergency duties  
24 without risk of sudden incapacitation.
- 25 b. The treating provider should submit objective testing and supporting documentation  
26 as appropriate for the specifics of the mariner applicant's medical condition.  
27 Generally, the type and manner of evaluation data or objective testing submitted will  
28 be left to the discretion of the treating provider or specialist.
- 29 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
30 that further testing is not clinically indicated, then the provider should include a  
31 statement to that effect in their assessment, along with the results of previously  
32 performed testing.

- d. If the treating provider seeks to demonstrate the applicant's fitness by alternate means, then the provider should include a statement to that effect in their assessment.

**D. Medical Certification Evaluation.**

1. Certification Determinations.

Certification determinations will be made on a case-by-case basis. Information considered during the evaluation for issuance of a medical certificate will include, but is not limited to:

- a. The severity of the condition;
- b. The presence of symptoms or impairing complications;
- c. The stability of the condition;
- d. The need for access to medical care;
- e. The applicant's ability to perform routine and emergency duties;
- f. The risk for sudden incapacitation or debilitating complication;
- g. The risk of impaired cognitive ability, judgment or reaction time related to the condition or associated medications;
- h. The written assessment of the treating provider; and
- i. The results of objective testing and standard evaluation data.

2. Medical Waivers.

- a. Mariner applicants whose condition does not meet the standard may be approved for a medical waiver if objective medical evidence indicates that the condition is sufficiently controlled to pose no significant risk to maritime and public safety.
- b. The evaluation will consider whether there are extenuating circumstances that warrant special consideration for issuance of a medical waiver.
- c. If approved, waivers and limitations may be applied to the credential and/or medical certificate, on a case-by-case basis.

3. Disqualification.

- a. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing complications may be found unqualified;
- b. Mariner applicants with other findings that indicate a significant risk of syncope, debilitating complication, or impairment may be found unqualified; and

- 1 c. Mariner applicants who do not have the functional capacity and/or physical ability  
2 necessary to perform routine and/or emergency duties may be found unqualified..

3 **E. Guidance to Designated Medical Examiners (DMEs).**

4 1. Documentation.

5 The DME should ensure that the applicant has provided adequate documentation for the  
6 condition, to include:

- 7 a. An evaluation from the treating provider and/or specialist; and  
8 b. Any appropriate recommended evaluation data.

9 2. Approval.

- 10 a. The DME may approve issuance of the medical certificate if their evaluation finds  
11 that the applicant meets all of the following:

- 12 (1) Favorable recommendation from the treating provider;  
13 (2) Condition is asymptomatic and without recent need for emergency intervention,  
14 hospitalization or surgery;  
15 (3) Condition has been stable and the assessment indicates low likelihood of sudden  
16 exacerbation, syncope or impairing complications; and  
17 (4) Documentation supports that the applicant has the functional capacity and  
18 physical ability necessary to perform routine and emergency duties.

- 19 b. If the DME approves issuance of the medical certificate, the DME should document  
20 the rationale for approving issuance of the medical certificate on the Application for  
21 Medical Certificate, Form CG-719K.

22 3. Deferral.

- 23 a. The DME Must Defer the decision to the Coast Guard if any of the following apply:

- 24 (1) Unfavorable recommendation or insufficient documentation from the treating  
25 provider;  
26 (2) The applicant has evidence of instability, or history of life-threatening reactions or  
27 impairing symptoms or complications;  
28 (3) The applicant's functional capacity and/or physical ability suggests impaired  
29 ability to perform routine and emergency duties; or  
30 (4) The applicant has other symptoms or findings that suggest a significant risk of  
31 syncope, sudden incapacitation or impairing complication.

1           b. If the DME defers the certification decision to the Coast Guard, the DME should  
2           discuss the reason(s) for deferral and document their recommendation regarding  
3           medical certification on the Application for Medical Certificate, Form CG-719K.

4           4. Education

5           The DME should provide education to mariner applicants on how their condition may  
6           affect, or be affected by service at sea.

7           5. Referral.

8           The DME should refer mariner applicants to their treating provider for follow-up of any  
9           abnormal findings discovered during the examination or during screening.

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1 **CHAPTER 11. CANCER OR MALIGNANT CONDITIONS**

2 **A. Conditions of Concern.**

3 Cancer or malignant conditions that are impairing, or that pose a risk of sudden  
4 incapacitation or debilitating complication are subject to further review, and may be  
5 determined disqualifying. Examples include, but are not limited to, cancer that is not in  
6 remission, or cancer associated with impairing complications.

7 **B. Guidance to Mariner Applicants.**

- 8 1. In some cases, cancer or malignant conditions may be deemed too high risk for medical  
9 certification. This would include conditions with life-threatening reactions or impairing  
10 complications, as well as conditions that put the individual at high risk of becoming  
11 unstable, unconscious, incapacitated, or otherwise unsafe to operate under the authority  
12 of the credential.
- 13 2. Cancer or malignant conditions that are determined to pose a low risk of sudden  
14 incapacitation may be considered for a waiver, or may not require any waiver or  
15 limitation.
- 16 3. The evaluation for medical certification and waiver issuance will consider the level of  
17 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
18 provider or specialist (as applicable), and the results of appropriate testing.
- 19 4. Mariner applicants with cancer or malignant conditions should:
- 20 a. Discuss the following with their treating provider and the provider performing the  
21 medical certificate examination:
- 22 (1) Their medical condition and the limitations of medical care aboard the vessel;  
23 (2) The safety sensitive nature of their merchant mariner credential;  
24 (3) How/whether the medical condition may affect, or be affected by service aboard a  
25 vessel or by service at sea; and  
26 (4) The recommendation that the treating provider/provider performing the medical  
27 certificate examination review the guidance in this Manual when providing their  
28 assessment for medical certification.
- 29 b. Make sure to submit sufficient information on any of their medical conditions that are  
30 subject to further review. This includes:
- 31 (1) The **Treating Provider's Assessment**; and  
32 (2) **Recommended Evaluation Data.**



1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition - to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention or hospitalization within the past 6 years;
- 10 d. Treatment compliance and efficacy;
- 11 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
12 or debilitating complication;
- 13 f. Reports of objective testing and standard evaluation data used to support their  
14 assessment; and
- 15 g. The extent to which the applicant's medical condition is likely to affect, or be  
16 affected by, service aboard the vessel or service at sea.
- 17 h. In some cases, the Coast Guard may request that the applicant submit documentation  
18 from a specialist such as an oncologist, for example.

19 2. Recommended Evaluation Data.

- 20 a. Objective testing and supporting documentation may be requested to better assess the  
21 severity of the condition, the applicant's functional capacity; and the presence or  
22 absence of impairing complications. This information assists the evaluators in  
23 determining whether the mariner is able to perform routine and emergency duties  
24 without risk of sudden incapacitation.
- 25 b. The treating provider should submit objective testing and supporting documentation  
26 as appropriate for the specifics of the mariner applicant's medical condition.  
27 Generally, the type and manner of evaluation data or objective testing submitted will  
28 be left to the discretion of the treating provider or specialist.
- 29 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
30 that further testing is not clinically indicated, then the provider should include a  
31 statement to that effect in their assessment, along with the results of previously  
32 performed testing.

- d. If the treating provider seeks to demonstrate the applicant's fitness by alternate means, then the provider should include a statement to that effect in their assessment.

**D. Medical Certification Evaluation.**

1. Certification Determinations.

Certification determinations will be made on a case-by case basis. Information considered during the evaluation for issuance of a medical certificate will include, but is not limited to:

- a. The severity of the condition;
- b. The presence of symptoms or impairing complications;
- c. The stability of the condition;
- d. The need for access to medical care;
- e. The applicant's ability to perform routine and emergency duties;
- f. The risk for sudden incapacitation or debilitating complication;
- g. The risk of impaired cognitive ability, judgment or reaction time related to the condition or associated medications;
- h. The written assessment of the treating provider; and
- i. The results of objective testing and standard evaluation data.

2. Medical Waivers.

- a. Mariner applicants whose condition does not meet the standard may be approved for a medical waiver if objective medical evidence indicates that the condition is sufficiently controlled to pose no significant risk to maritime and public safety.
- b. The evaluation will consider whether there are extenuating circumstances that warrant special consideration for issuance of a medical waiver.
- c. If approved, waivers and limitations may be applied to the credential and/or medical certificate, on a case-by-case basis.

1. Disqualification.

- a. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing complications may be found unqualified;
- b. Mariner applicants with other findings that indicate a significant risk of syncope, debilitating complication, or impairment may be found unqualified; and

- 1 c. Mariner applicants who do not have the functional capacity and/or physical ability  
2 necessary to perform routine and/or emergency duties may be found unqualified.

3 **E. Guidance to Designated Medical Examiners (DMEs).**

4 1. Documentation.

5 The DME should ensure that the applicant has provided adequate documentation for the  
6 condition, to include:

- 7 a. An evaluation from the treating provider and/or specialist; and  
8 b. Any appropriate recommended evaluation data.

9 2. Approval.

- 10 a. The DME may approve issuance of the medical certificate if their evaluation finds  
11 that the applicant meets all of the following:

12 (1) The cancer or malignant condition has been in remission for five years;

13 (2) Favorable recommendation from the treating provider;

14 (3) Condition is asymptomatic and without recent need for emergency  
15 intervention, hospitalization or surgery;

16 (4) Condition has been stable and the assessment indicates low likelihood of  
17 sudden exacerbation, syncope or impairing complications; and

18 (5) Documentation supports that the applicant has the functional capacity and  
19 physical ability necessary to perform routine and emergency duties.

- 20 b. If the DME approves issuance of the medical certificate, the DME should  
21 document the rationale for approving issuance of the medical certificate on the  
22 Application for Medical Certificate, Form CG-719K.

23 3. Deferral.

- 24 a. The DME Must Defer the decision to the Coast Guard if any of the following apply:

25 (1) The cancer or malignant condition has not been in remission for at least five  
26 years;

27 (2) Unfavorable recommendation or insufficient documentation from the treating  
28 provider;

29 (3) The applicant has evidence of instability, or history of life-threatening reactions or  
30 impairing symptoms or complications;

1 (4) The applicant's functional capacity and/or physical ability suggests impaired  
2 ability to perform routine and emergency duties; or

3 (5) The applicant has other symptoms or findings that suggest a significant risk of  
4 syncope, sudden incapacitation or impairing complication.

5 b. If the DME defers the certification decision to the Coast Guard, the DME should  
6 discuss the reason(s) for deferral and document their recommendation regarding  
7 medical certification on the Application for Medical Certificate, Form CG-719K.

8 4. Education

9 The DME should provide education to mariner applicants on how their condition may  
10 affect, or be affected by service at sea.

11 5. Referral.

12 The DME should refer mariner applicants to their treating provider for follow-up of any  
13 abnormal findings discovered during the examination or during screening.

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1 **CHAPTER 12. CARDIOVASCULAR CONDITIONS**

2 **A. Introduction**

3 1. Cardiovascular Conditions of Concern.

- 4 a. Cardiovascular conditions known to be accompanied by sudden death,  
5 syncope, dyspnea (difficult or labored breathing), collapse, or congestive heart  
6 failure are subject to further review, and may be determined disqualifying.  
7 Examples include, but are not limited to: ischemic heart disease or angina,  
8 myocardial infarction, cardiomyopathy, history/risk of arrhythmia, heart  
9 failure, uncontrolled hypertension, valvular disease, conduction disturbance,  
10 heart transplant, and cardiac tumors and conditions resulting in treatment with  
11 a pacemaker.
- 12 b. Conditions resulting in treatment with an implantable cardioverter defibrillator  
13 are disqualifying and generally will not be approved for issuance of a waiver.  
14 See Paragraph XX of this Chapter, **Waivers for Cardiovascular Conditions**  
15 **Requiring Special Consideration.**
- 16 c. Conditions resulting in heart transplantation are disqualifying and generally  
17 will not be approved for issuance of a waiver. See Paragraph XX of this  
18 Chapter, **Waivers for Cardiovascular Conditions Requiring Special**  
19 **Consideration.**
- 20 d. General classes of cardiovascular conditions that are subject to further review  
21 are discussed in paragraphs B-F of this chapter. These conditions include, but  
22 are not limited to:
- 23 (1) Coronary artery disease and cardiomyopathy;  
24 (2) Cardiac arrhythmias;  
25 (3) Valvular disease;  
26 (4) Vascular disease; and  
27 (5) Cerebrovascular disease.

28 2. General Guidance to Mariner Applicants.

- 29 a. Some heart and vascular conditions may be deemed too high-risk for medical  
30 certification. This would include conditions with life-threatening reactions  
31 and impairing complications, as well as conditions that put the individual at  
32 high risk of becoming unstable, unconscious, incapacitated, or otherwise  
33 unsafe to operate under the authority of the credential.

- 1           b. Heart and vascular conditions that are determined to pose a low risk of sudden  
2           incapacitation may be considered for a waiver, or may not require any waiver  
3           or limitation.
- 4           c. The evaluation for medical certification and waiver issuance will consider the  
5           level of stability, the likelihood for worsening or recurrence, the written  
6           assessment of the treating provider or specialist (as applicable), and the results  
7           of appropriate testing.
- 8           d. Mariner applicants with cardiovascular conditions should:
- 9           (1) Discuss the following with their treating provider, and with the provider  
10          performing the medical certificate examination:
- 11          (a) Their medical condition and the limitations of medical care aboard the  
12          vessel;
- 13          (b) The safety-sensitive nature of their merchant mariner credential;
- 14          (c) How/whether the medical condition may affect, or be affected by  
15          service aboard a vessel; and
- 16          (d) The recommendation that the treating provider/provider performing  
17          the medical certificate examination and review the guidance in this  
18          Manual when providing their assessment for medical certification.
- 19          (2) Make sure to submit sufficient information on any of their medical  
20          conditions that are subject to further review. This includes:
- 21          (a) **The Treating Provider’s Assessment;** and
- 22          (b) **Recommended Evaluation Data.**

23   3. Guidance to Treating Providers

24   a. Treating Provider’s Assessment.

25   The treating provider’s assessment should detail a full evaluation of the  
26   condition, as follows:

- 27   (1) Pertinent medical examination and physical evaluation data;
- 28   (2) The history of the condition;
- 29   (3) The status of the condition, to include severity, stability, symptoms,  
30   presence of impairing complications, and whether the applicant has  
31   required emergency treatment, intervention or hospitalization within the  
32   past 5 years;

- 1 (4) Treatment compliance and efficacy;
- 2 (5) An assessment of the applicant's risk for future adverse cardiac events,  
3 malignant arrhythmia, syncope, sudden incapacitation, or debilitating  
4 complication;
- 5 (6) Reports of objective testing and standard evaluation data used to support  
6 the assessment; and
- 7 (7) The extent to which the applicant's medical condition is likely to affect, or  
8 be affected by, service aboard the vessel or service at sea.
- 9 (8) In some cases, the Coast Guard may request that the applicant submit  
10 documentation from a specialist such as a cardiologist, an  
11 electrophysiologist, or a cardiothoracic surgeon, for example.

12 b. Recommended Evaluation Data.

- 13 (1) Objective testing results and supporting documentation are requested to  
14 better assess the severity of the condition, the presence of adequate cardiac  
15 capacity; and the presence or absence of ischemia with exercise, or other  
16 impairment. This information assists the evaluators in determining  
17 whether the mariner applicant is able to perform routine and emergency  
18 duties without risk of sudden incapacitation.
- 19 (2) The treating provider should submit objective testing and supporting  
20 documentation as appropriate for the specifics of the mariner applicant's  
21 medical condition. Generally, the type and manner of evaluation data or  
22 objective testing submitted will be left to the discretion of the treating  
23 provider or specialist.
- 24 (3) If objective testing was performed within 5 years of the current medical  
25 certificate application, and the treating specialist finds that there are no  
26 indications for obtaining further study, then the provider should include  
27 discussion and documentation to that effect in their assessment, along with  
28 the results of previously performed testing.
- 29 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
30 alternate means, then the provider should include a statement to that effect  
31 in the assessment.
- 32 (5) The Coast Guard may request additional testing, studies, or specialist  
33 evaluation, on a case-by-case basis, if the mariner applicant's medical  
34 condition is determined to be of significant concern. Examples of  
35 recommended evaluation data for cardiovascular conditions include, but  
36 are not limited to:
  - 37 (a) Echocardiogram with Doppler flow studies;

- 1 (b) Cardiac catheterization studies;  
2 (c) Holter monitoring; and  
3 (d) Graded exercise stress testing (treadmill stress testing), with or without  
4 perfusion scanning, as indicated.

5 [1] Treadmill stress testing is preferably performed by standard Bruce  
6 protocol to at least 7.5 minutes of exercise, 8 metabolic equivalents  
7 (METS) of work, and 85% of maximum predicted heart rate.

8 [2] If pharmacological stress testing is submitted in lieu of treadmill  
9 testing, then the cardiologist's assessment should discuss the  
10 rationale. Additionally, the cardiologist's assessment should  
11 provide some manner of objective evaluation of the applicant's  
12 exercise capacity, as well as objective evaluation of the applicant's  
13 ability to meet the merchant mariner physical ability guidelines as  
14 listed in Chapter 6 of this Manual, Physical Ability Guidelines.

15 [3] If medical conditions exist that prevent the mariner from  
16 exercising, these conditions may be disqualifying in their own right  
17 and will require further evaluation.

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1 **B. Coronary Artery Disease and Cardiomyopathy**

2 1. Guidance to Mariner Applicants.

- 3 a. In some cases, the conditions of coronary artery disease and cardiomyopathy  
4 may be deemed too high-risk for medical certification. This would include  
5 conditions with life-threatening reactions and impairing complications, as well  
6 as conditions that put the individual at high risk of becoming unstable,  
7 unconscious, incapacitated, or otherwise unsafe to operate under the authority  
8 of the credential.
- 9 b. Coronary artery disease and cardiomyopathy conditions that are determined to  
10 pose a low risk of sudden incapacitation may be considered for a waiver, or  
11 may not require any waiver or limitation.
- 12 c. The evaluation for medical certification and waiver issuance will consider the  
13 level of stability, the likelihood for worsening or recurrence, the written  
14 assessment of the treating provider or specialist (as applicable), and the results  
15 of appropriate testing.
- 16 d. Mariner applicants with coronary artery disease and/or cardiomyopathy  
17 should:
- 18 (1) Discuss the following with their treating provider, and with the provider  
19 performing the medical certificate examination:
- 20 (a) Their medical condition and the limitations of medical care aboard the  
21 vessel;
- 22 (b) The safety-sensitive nature of their merchant mariner credential;
- 23 (c) How/whether the medical condition may affect, or be affected by  
24 service aboard a vessel or by service at sea; and
- 25 (d) The recommendation that the treating provider/provider performing  
26 the medical certificate examination review the guidance in this Manual  
27 when providing their assessment for medical certification.
- 28 (2) Make sure to submit sufficient information on any of their medical  
29 conditions that are subject to further review. This includes:
- 30 (a) **The Treating Provider's Assessment;** and
- 31 (b) **Recommended Evaluation Data.**

32 2. Guidance to Treating Providers.

- 33 a. The Treating Provider's Assessment.

- 1 The treating provider's assessment should detail a full evaluation of the  
2 condition, as follows:
- 3 (1) Pertinent medical examination and physical evaluation data;
  - 4 (2) The history of the condition;
  - 5 (3) The status of the condition, to include severity, stability, symptoms,  
6 presence of impairing complications, and whether the applicant has  
7 required emergency treatment, intervention, or hospitalization within the  
8 past 5 years;
  - 9 (4) Treatment compliance and efficacy;
  - 10 (5) An assessment of the applicant's risk for future adverse cardiac events,  
11 malignant arrhythmia, syncope, impairment, sudden incapacitation or  
12 debilitating complication;
  - 13 (6) Reports of objective testing and standard evaluation data used to support  
14 their assessment; and
  - 15 (7) The extent to which the applicant's medical condition is likely to affect, or  
16 be affected by, service aboard the vessel or service at sea.
  - 17 (8) In some cases, the Coast Guard may request that the applicant submit  
18 documentation from a specialist such as a cardiologist, an  
19 electrophysiologist, or a cardiothoracic surgeon, for example.

20 b. Recommended Evaluation Data.

- 21 (1) Objective testing and supporting documentation are requested to better  
22 assess the severity of the condition, the applicant's functional capacity;  
23 and the presence or absence of ischemia with exercise, or other  
24 impairment. This information assists the evaluators in determining  
25 whether the mariner is able to perform routine and emergency duties  
26 without risk of sudden incapacitation.
- 27 (2) The treating provider should submit objective testing and supporting  
28 documentation as appropriate for the specifics of the mariner applicant's  
29 medical condition. Generally, the type and manner of evaluation data or  
30 objective testing submitted will be left to the discretion of the treating  
31 provider or specialist.
- 32 (3) If the applicant has undergone prior testing, and the treating physician  
33 feels strongly that further testing is not clinically indicated, then the  
34 provider should include a statement to that effect in their assessment,  
35 along with the results of previously performed testing.

1 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
2 alternate means, then the provider should include a statement to that effect  
3 in their assessment.

4 (5) Examples of recommended evaluation data for coronary artery disease and  
5 cardiomyopathies include, but are not limited to:

6 (a) Echocardiogram with Doppler flow study;

7 (b) Cardiac catheterization reports, when applicable; and

8 (c) Treadmill stress testing (graded exercise stress testing), with or  
9 without perfusion scanning, as indicated.

10 [1] Treadmill stress testing is preferably performed by standard Bruce  
11 protocol to at least 7.5 minutes of exercise, 8 metabolic equivalents  
12 (METs) of work, and 85% of maximum predicted heart rate.

13 [2] If pharmacological stress testing is submitted in lieu of exercise  
14 testing, then the cardiologist's assessment should discuss the  
15 rationale. Additionally, the cardiologist's assessment should  
16 provide some manner of objective evaluation of the applicant's  
17 exercise capacity, as well as objective evaluation of the applicant's  
18 ability to meet the merchant mariner physical ability guidelines as  
19 listed in Chapter 6 of this Manual, Physical Ability Guidelines.

20 [3] If medical conditions exist that prevent the mariner from  
21 exercising, these conditions may be disqualifying in their own right  
22 and will require further evaluation.

### 23 3. Medical Certification Evaluation

#### 24 a. Certification Determinations.

25 Certification determinations will be made on a case-by-case basis.  
26 Information considered during the evaluation for issuance of a medical  
27 certificate will include, but is not limited to:

28 (1) The severity of the condition;

29 (2) The presence of symptoms or impairing complications;

30 (3) The stability of the condition;

31 (4) The need for access to medical care;

32 (5) The applicant's ability to perform routine and emergency duties;

33 (6) The risk for sudden incapacitation or debilitating complication;

1 (7) The risk of impaired cognitive ability, judgment, or reaction time related  
2 to the condition or associated medications;

3 (8) The written assessment of the treating provider; and

4 (9) The results of objective testing and standard evaluation data.

5 b. Medical Waivers

6 (1) Mariner applicants whose condition does not meet the standard may be  
7 approved for a medical waiver if objective medical evidence indicates that  
8 the condition is sufficiently controlled to pose no significant risk to  
9 maritime and public safety.

10 (2) The evaluation will consider whether there are extenuating circumstances  
11 that warrant special consideration for issuance of a medical waiver.

12 (3) If approved, waivers and limitations may be applied to the credential  
13 and/or medical certificate, on a case-by-case basis.

14 c. Disqualification.

15 (1) Mariner applicants with reversible cardiac ischemia, syncope; heart  
16 failure, angina or other active cardiac symptoms may be found  
17 unqualified;

18 (2) Mariner applicants with evidence of, or at significant risk for symptomatic  
19 or malignant arrhythmias may be found unqualified; and

20 (3) Mariner applicants with conditions requiring treatment with an  
21 implantable cardioverter defibrillator (ICD) may be found unqualified.  
22 Conditions requiring treatment with an ICD are generally considered  
23 unsuitable for a medical waiver. See Paragraph G of this Chapter,  
24 **Waivers for Cardiovascular Conditions Requiring Special**  
25 **Consideration**, for further guidance on waiver criteria for applicants with  
26 an ICD

27 (4) Mariner applicants with an ejection fraction of less than 40% may be  
28 found unqualified;

29 (5) Mariner applicants with other findings that indicate a significant risk of an  
30 adverse cardiac event, syncope, collapse, or sudden death may be found  
31 unqualified; and

32 (6) Mariner applicants who do not have the exercise/functional capacity  
33 and/or physical ability necessary to perform routine and/or emergency  
34 duties may be found unqualified.

1 4. Guidance to Designated Medical Examiners (DMEs).

2 a. Documentation.

3 The DME should ensure that the applicant has provided adequate  
4 **documentation** for the condition, to include:

- 5 (1) An evaluation from the treating provider and/or specialist; and  
6 (2) Any appropriate recommended evaluation data.

7 b. Approval.

8 (1) The **DME may approve issuance of the medical certificate** if their  
9 evaluation finds that the applicant meets all of the following:

- 10 (a) Favorable recommendation from the treating provider;  
11 (b) Condition is asymptomatic and without recent need for emergency  
12 care, major intervention, hospitalization, or surgery;  
13 (c) Condition has been stable and the assessment indicates low likelihood  
14 of sudden exacerbation, syncope, or adverse cardiac event; and  
15 (d) Documentation supports that the applicant has the exercise/functional  
16 capacity and physical ability necessary to perform routine and  
17 emergency duties.

18 (2) If the DME approves issuance of the medical certificate, the DME should  
19 document their rationale for recommending approval on the Application  
20 for Medical Certificate, Form CG-719K.

21 c. Deferral.

22 (1) **The DME must defer the decision** to the Coast Guard if any of the  
23 following apply:

- 24 (a) Unfavorable recommendation or insufficient documentation from the  
25 treating provider;  
26 (b) The applicant has evidence of cardiac arrhythmia or ischemia that is  
27 symptomatic, untreated, or suggestive of high risk for an adverse  
28 cardiac event;  
29 (c) The applicant's left ventricular ejection fraction is less than 40%;  
30 (d) The applicant's exercise/functional capacity and/or physical ability  
31 suggests impaired ability to perform routine and emergency duties;

1 (e) The applicant has undergone placement, or been advised to undergo  
2 placement of a pacemaker, ICD; or other cardiac implantable device;;  
3 or

4 (f) The applicant has other symptoms or findings that suggest a significant  
5 risk of an adverse cardiac event, syncope, collapse or sudden death.

6 (2) If the DME defers the certification decision to the Coast Guard, the DME  
7 should discuss the reason(s) for deferral and document their  
8 recommendation regarding medical certification on the Application for  
9 Medical Certificate, CG-719K.

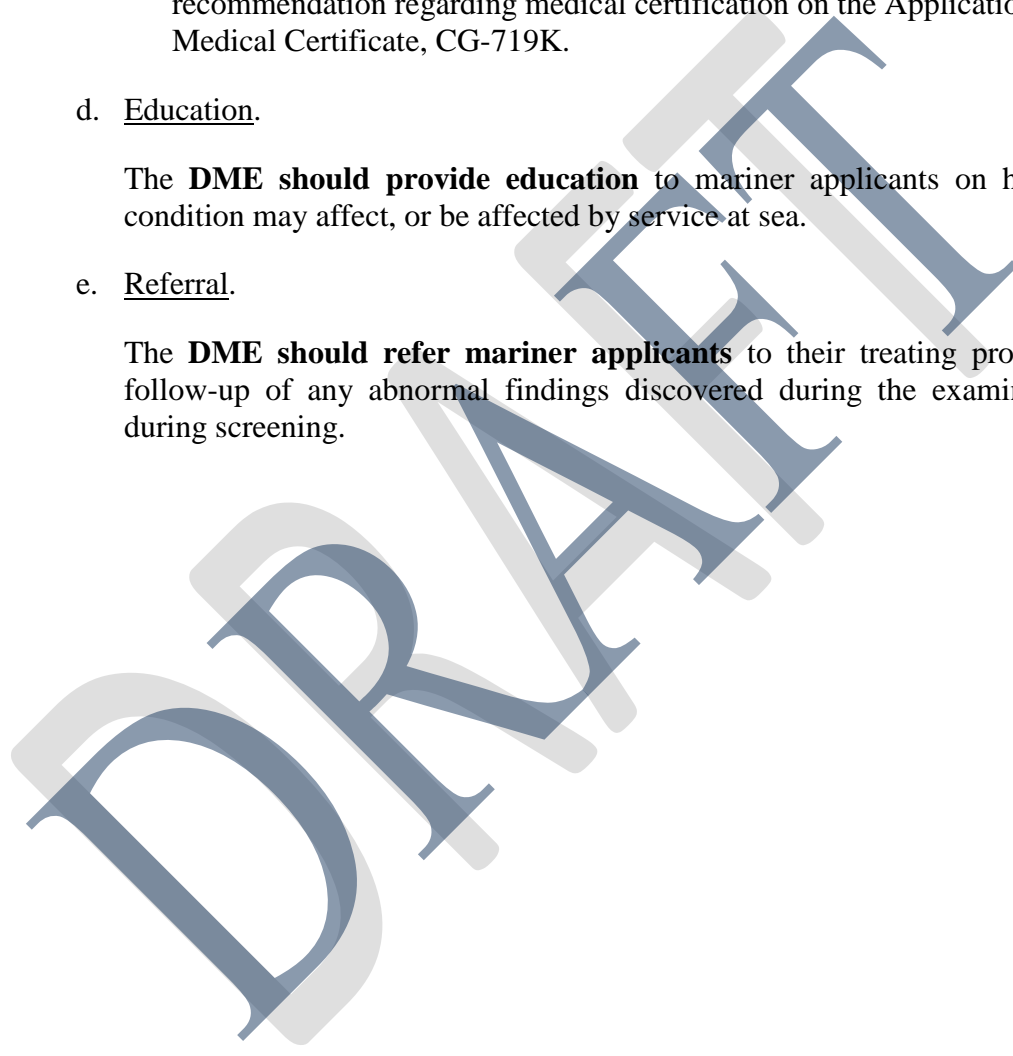
10 d. Education.

11 The **DME should provide education** to mariner applicants on how their  
12 condition may affect, or be affected by service at sea.

13 e. Referral.

14 The **DME should refer mariner applicants** to their treating provider for  
15 follow-up of any abnormal findings discovered during the examination or  
16 during screening.

17



1 **C. Cardiac Arrhythmias.**

2 1. Guidance to Mariner Applicants.

3 a. In some cases, cardiac arrhythmia conditions may be deemed too high-risk for  
4 medical certification. This would include conditions with life-threatening  
5 reactions and impairing complications, as well as conditions that put the  
6 individual at high risk of becoming unstable, unconscious, incapacitated, or  
7 otherwise unsafe to operate under the authority of the credential.

8 b. Cardiac arrhythmia conditions that are determined to pose a low risk of  
9 sudden incapacitation may be considered for a waiver, or may not require any  
10 waiver or limitation.

11 c. The evaluation for medical certification and waiver issuance will consider the  
12 level of stability, the likelihood for worsening or recurrence, the written  
13 assessment of the treating provider or specialist (as applicable), and the results  
14 of appropriate testing.

15 d. Mariner applicants with cardiac arrhythmias should:

16 (1) Discuss the following with their treating provider, and the provider  
17 performing the medical certificate examination:

18 (a) Their medical condition and the limitations of medical care aboard the  
19 vessel;

20 (b) The safety-sensitive nature of their merchant mariner credential;

21 (c) How/whether the medical condition may affect, or be affected by  
22 service aboard a vessel or by service at sea; and

23 (d) The recommendation that the treating provider/provider performing  
24 the medical certificate examination review the guidance in this Manual  
25 when providing their assessment for medical certification.

26 (2) Make sure to submit sufficient information on any of their medical  
27 conditions that are subject to further review. This includes:

28 (a) **The Treating Provider's Assessment;** and

29 (b) **Recommended Evaluation Data.**

30 2. Guidance to Treating Providers.

31 a. The Treating Provider's Assessment.

32 The treating provider's assessment should detail a full evaluation of the  
33 condition, as follows:

- 1 (1) Pertinent medical examination and physical evaluation data;
- 2 (2) The history of the condition;
- 3 (3) The status of the condition, to include severity, stability, symptoms,  
4 presence of impairing complications, and whether the applicant has  
5 required emergency treatment, intervention or hospitalization within the  
6 past 5 years;
- 7 (4) Treatment efficacy and compliance;
- 8 (5) An assessment of the applicant's risk for future adverse cardiac events,  
9 malignant arrhythmia, syncope, impairment, sudden incapacitation, or  
10 debilitating complication;
- 11 (6) Reports of objective testing and standard evaluation data used to support  
12 their assessment; and
- 13 (7) The extent to which the applicant's medical condition is likely to affect, or  
14 be affected by, service aboard the vessel or service at sea.
- 15 (8) In some cases, the Coast Guard may request that the applicant submit  
16 documentation from a specialist such as a cardiologist, an  
17 electrophysiologist, or a cardiothoracic surgeon, for example.
- 18 b. Recommended Evaluation Data.
- 19 (1) Objective testing and supporting documentation are requested to better  
20 assess the severity of the condition, the applicant's functional capacity;  
21 and the presence or absence of ischemia with exercise, or other  
22 impairment. This information assists the evaluators in determining  
23 whether the mariner is able to perform routine and emergency duties  
24 without risk of sudden incapacitation.
- 25 (2) The treating provider should submit objective testing and supporting  
26 documentation as appropriate for the specifics of the mariner applicant's  
27 medical condition. Generally, the type and manner of evaluation data or  
28 objective testing submitted will be left to the discretion of the treating  
29 provider or specialist.
- 30 (3) If the applicant has undergone prior testing, and the treating physician  
31 feels strongly that further testing is not clinically indicated, then the  
32 provider should include a statement to that effect in their assessment,  
33 along with the results of previously performed testing.
- 34 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
35 alternate means, then the provider should include a statement to that effect  
36 in their assessment.



1 (5) Examples of recommended evaluation data for cardiac arrhythmias  
2 include, but are not limited to:

3 (a) Echocardiogram with Doppler flow study;

4 (b) 24-Hour Holter Monitoring; and

5 (c) Treadmill testing (graded exercise stress testing), with or without  
6 perfusion scanning, as indicated.

7 [1] Treadmill stress testing is preferably performed by standard Bruce  
8 protocol to at least 7.5 minutes of exercise, 8 metabolic equivalents  
9 (METS) of work, and 85% of maximum predicted heart rate.

10 [2] If pharmacological stress testing is submitted in lieu of exercise  
11 testing, then the cardiologist's assessment should discuss the  
12 rationale. Additionally, the cardiologist's assessment should  
13 provide some manner of objective evaluation of the applicant's  
14 exercise capacity, as well as objective evaluation of the applicant's  
15 ability to meet the merchant mariner physical ability guidelines as  
16 listed in Chapter 6 of this Manual, Physical Ability Guidelines.

17 [3] If medical conditions exist that prevent the mariner from  
18 exercising, these conditions may be disqualifying in their own right  
19 and will require further evaluation.

20 (d) Post-intervention evaluation for cardiac arrhythmia should include a  
21 graded exercise stress test with perfusion scanning as clinically  
22 indicated and 24-hour Holter monitor. Treadmill testing is preferably  
23 performed by standard Bruce protocol to at least 7.5 minutes, 8 METS  
24 and 85% maximum predicted heart rate.

25 (e) Some arrhythmia conditions may require submission of  
26 electrophysiology (EP) studies.

27 (f) Applicants with conditions requiring placement of a pacemaker should  
28 also submit an evaluation of pacemaker function to include full  
29 description of device type and documentation of underlying rate and  
30 rhythm with the pacer disabled or at its lowest setting, programmed  
31 pacemaker parameters, surveillance record, and elective replacement  
32 indicator/end of life (ERI/EOL).

33 3. Medical Certification Evaluation.

34 a. Certification Determinations.

1 Certification determinations will be made on a case-by-case basis.  
2 Information considered during the evaluation for issuance of a medical  
3 certificate will include, but is not limited to:

- 4 (1) The severity of the condition;
- 5 (2) The presence of symptoms or impairing conditions;
- 6 (3) The stability of the condition;
- 7 (4) The need for access to medical care;
- 8 (5) The applicant's ability to perform routine and emergency duties;
- 9 (6) The risk for sudden incapacitation or debilitating complication;
- 10 (7) The risk of impaired cognitive ability, judgment or reaction time related to  
11 the condition or associated medications;
- 12 (8) The written assessment of the treating provider; and
- 13 (9) The results of objective testing and standard evaluation data.

14 b. Medical Waivers.

- 15 (1) Mariner applicants whose condition does not meet the standard may be  
16 approved for a medical waiver if objective medical evidence indicates that  
17 the condition is sufficiently controlled to pose no significant risk to  
18 maritime and public safety.
- 19 (2) The evaluation will consider whether there are extenuating circumstances  
20 that warrant special consideration for issuance of a medical waiver.
- 21 (3) If approved, waivers and limitations may be applied to the credential  
22 and/or medical certificate, on a case-by-case basis.

23 c. Disqualification.

- 24 (1) Mariner applicants with reversible cardiac ischemia, syncope; heart  
25 failure, angina or other active cardiac symptoms may be found  
26 unqualified;
- 27 (2) Mariner applicants with evidence of symptomatic or malignant  
28 arrhythmias may be found unqualified;
- 29 (3) Mariners with conditions requiring treatment with an implantable  
30 cardioverter defibrillator (ICD) may be found unqualified. Conditions  
31 requiring treatment with an ICD are generally considered unsuitable for a  
32 medical waiver. See Paragraph G of this Chapter, **Waivers for**

1                   **Cardiovascular Conditions Requiring Special Consideration**, for  
2                   further guidance on waiver criteria for applicants with an ICD;

- 3                   (4) Mariner applicants with an ejection fraction of less than 40% may be  
4                   found unqualified;
- 5                   (5) Mariner applicants with other findings that indicate a significant risk of an  
6                   adverse cardiac event, syncope, collapse, or sudden death may be found  
7                   unqualified; and
- 8                   (6) Mariner applicants who do not have the exercise/functional capacity  
9                   and/or physical ability necessary to perform routine and/or emergency  
10                  duties may be found unqualified.
- 11                  (7) Mariners with pacemakers near end of life functioning may be subject to  
12                  temporary disqualification or further limitations on their medical  
13                  certificate, to be determined on a case-by-case basis.

14                  4. Guidance to Designated Medical Examiners (DMEs).

15                  a. Documentation.

16                  The DME should ensure that the applicant has provided adequate  
17                  **documentation** for the condition, to include:

- 18                  (1) An evaluation from the treating provider and/or specialist; and  
19                  (2) Any appropriate recommended evaluation data.

20                  b. Approval.

21                  (1) **The DME may approve issuance of the medical certificate** if their  
22                  evaluation finds that the applicant meets all of the following:

- 23                  (a) Favorable recommendation from the treating provider;
- 24                  (b) Condition is asymptomatic and without recent need for emergency  
25                  care, major intervention, hospitalization, or surgery;
- 26                  (c) Condition has been stable and the assessment indicates low likelihood  
27                  of sudden exacerbation, syncope or adverse cardiac event; and
- 28                  (d) Documentation supports that the applicant has the exercise/functional  
29                  capacity and physical ability necessary to perform routine and  
30                  emergency duties.

31                  (2) If the DME approves issuance of the medical certificate, the DME should  
32                  document their rationale for recommending approval on the Application  
33                  for Medical Certificate, Form CG-719K.

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c. Deferral.

- (1) **The DME must defer the decision** to the Coast Guard if any of the following apply:
  - (a) Unfavorable recommendation or insufficient documentation from the treating provider;
  - (b) The applicant has evidence of cardiac arrhythmia or ischemia that is symptomatic, untreated, or suggestive of high risk for an adverse cardiac event;
  - (c) The applicant has signs or symptoms of syncope, heart failure, or other active cardiac symptoms;
  - (d) The applicant’s left ventricular ejection fraction is less than 40%;
  - (e) The applicant’s exercise/functional capacity and/or physical ability suggests impaired ability to perform routine and emergency duties; and
  - (f) The applicant has undergone placement, or been advised to undergo placement of a pacemaker, ICD; or other cardiac implantable device;; or
  - (g) The applicant has other symptoms or findings that suggest a significant risk of an adverse cardiac event, syncope, collapse, or sudden death.
- (2) If the DME defers the certification decision to the Coast Guard, the DME should discuss the reason(s) for deferral and document their recommendation regarding medical certification on the Application for Medical Certificate, CG-719K.

d. Education.

**The DME should provide education** to mariner applicants on how their condition may affect, or be affected by service at sea.

e. Referral.

**The DME should refer mariner applicants** to their treating provider for follow-up of any abnormal findings discovered during the examination or during screening.

1 **D. Valvular Disease**

2 1. Guidance to Mariner Applicants.

- 3 a. In some cases, valvular disease (heart valve disorders) may be deemed too  
4 high-risk for medical certification. This would include conditions with life-  
5 threatening reactions and impairing complications, as well as conditions that  
6 put the individual at high risk of becoming unstable, unconscious,  
7 incapacitated, or otherwise unsafe to operate under the authority of the  
8 credential.
- 9 b. Valvular disorders that are determined to pose a low risk of sudden  
10 incapacitation may be considered for a waiver, or may not require any waiver  
11 or limitation.
- 12 c. The evaluation for medical certification and waiver issuance will consider the  
13 level of stability, the likelihood for worsening or recurrence, the written  
14 assessment of the treating provider or specialist (as applicable), and the results  
15 of appropriate testing.
- 16 d. Mariner applicants with valvular disease should:
- 17 (1) Discuss the following with their treating provider, and the provider  
18 performing the medical certificate examination:
- 19 (a) Their medical condition and the limitations of medical care aboard the  
20 vessel;
- 21 (b) The safety-sensitive nature of their merchant mariner credential;
- 22 (c) How/whether the medical condition may affect, or be affected by  
23 service aboard a vessel or by service at sea; and
- 24 (d) The recommendation that the treating provider/provider performing  
25 the medical certificate examination review the guidance in this Manual  
26 when providing their assessment for medical certification.
- 27 (2) Make sure to submit sufficient information on any of their medical  
28 conditions that are subject to further review. This includes:
- 29 (e) The **Treating Provider's Assessment**; and
- 30 (f) **Recommended Evaluation Data.**

31 2. Guidance to Treating Providers.

- 32 a. The Treating Provider's Assessment.

- 1 The treating provider's assessment should detail a full evaluation of the  
2 condition, as follows:
- 3 (1) Pertinent medical examination and physical evaluation data;
  - 4 (2) The history of the condition;
  - 5 (3) The status of the condition, to include severity, stability, symptoms,  
6 presence of impairing complications, and whether the applicant has  
7 required emergency treatment, intervention or hospitalization within the  
8 past 5 years;
  - 9 (4) Treatment efficacy and compliance;
  - 10 (5) An assessment of the applicant's risk for future adverse cardiac events,  
11 malignant arrhythmia, syncope, impairment, sudden incapacitation, or  
12 debilitating complication;
  - 13 (6) Reports of objective testing and standard evaluation data used to support  
14 their assessment; and
  - 15 (7) The extent to which the applicant's medical condition is likely to affect,  
16 or be affected by, service aboard the vessel or service at sea.
  - 17 (8) In some cases, the Coast Guard may request that the applicant submit  
18 documentation from a specialist such as a cardiologist, or a  
19 cardiothoracic surgeon, for example.

20 b. Recommended Evaluation Data.

- 21 (1) Objective testing and supporting documentation are requested to better  
22 assess the severity of the condition, the applicant's functional capacity;  
23 and the presence or absence of ischemia with exercise, or other  
24 impairment. This information assists the evaluators in determining  
25 whether the mariner is able to perform routine and emergency duties  
26 without risk of sudden incapacitation.
- 27 (2) The treating provider should submit objective testing and supporting  
28 documentation as appropriate for the specifics of the mariner applicant's  
29 medical condition. Generally, the type and manner of evaluation data or  
30 objective testing submitted will be left to the discretion of the treating  
31 provider or specialist.
- 32 (3) If the applicant has undergone prior testing, and the treating physician  
33 feels strongly that further testing is not clinically indicated, then the  
34 provider should include a statement to that effect in their assessment,  
35 along with the results of previously performed testing.

1 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
2 alternate means, then the provider should include a statement to that  
3 effect in their assessment.

4 (5) Examples of recommended evaluation data for valvular disease include,  
5 but are not limited to:

6 (a) Echocardiogram with Doppler flow study; and

7 (b) Treadmill testing (graded exercise stress testing), with or without  
8 perfusion scanning, as indicated.

9 [1] Treadmill stress testing is preferably performed by standard Bruce  
10 protocol to at least 7.5 minutes of exercise, 8 metabolic equivalents  
11 (METs) of work, and 85% of maximum predicted heart rate.

12 [2] If pharmacological stress testing is submitted in lieu of exercise  
13 testing, then the cardiologist's assessment should discuss the  
14 rationale. Additionally, the cardiologist's assessment should  
15 provide some manner of objective evaluation of the applicant's  
16 exercise capacity, as well as objective evaluation of the applicant's  
17 ability to meet the merchant mariner physical ability guidelines as  
18 listed in Chapter 6 of this Manual, Physical Ability Guidelines.

19 [3] If medical conditions exist that prevent the mariner from  
20 exercising, these conditions may be disqualifying in their own right  
21 and will require further evaluation.

22 (c) **Post intervention** evaluation for valvular disorders should include a  
23 graded exercise stress test with perfusion scanning as clinically  
24 indicated and an echocardiogram with Doppler flow study. Treadmill  
25 testing is preferably performed by standard Bruce protocol to at least  
26 7.5 minutes, 8 METs and 85% maximum predicted heart rate.

27 3. Medical Certification Evaluation.

28 a. Certification Determinations.

29 Certification determinations will be made on a case-by-case basis.  
30 Information considered during the evaluation for issuance of a medical  
31 certificate will include, but is not limited to:

32 (1) The severity of the condition;

33 (2) The presence of symptoms or impairing complications;

34 (3) The stability of the condition;

- 1 (4) The need for access to medical care;
- 2 (5) The applicant's ability to perform routine and emergency duties;
- 3 (6) The risk for sudden incapacitation or debilitating complication;
- 4 (7) The risk of impaired cognitive ability, judgment, or reaction time related
- 5 to the condition or associated medications;
- 6 (8) The written assessment of the treating provider; and
- 7 (9) The results of objective testing and standard evaluation data.

8 b. Medical Waivers.

- 9 (1) Mariner applicants whose condition does not meet the standard may be
- 10 approved for a medical waiver if objective medical evidence indicates that
- 11 the condition is sufficiently controlled to pose no significant risk to
- 12 maritime and public safety.
- 13 (2) The evaluation will consider whether there are extenuating circumstances
- 14 that warrant special consideration for issuance of a medical waiver.
- 15 (3) If approved, waivers and limitations may be applied to the credential
- 16 and/or medical certificate, on a case-by-case basis.

17 c. Disqualification.

- 18 (1) Mariner applicants with reversible cardiac ischemia, syncope; heart
- 19 failure, angina or other active cardiac symptoms may be found
- 20 unqualified;
- 21 (2) Mariner applicants with evidence of, or at significant risk for symptomatic
- 22 or malignant arrhythmias may be found unqualified;
- 23 (3) Mariner applicants with an ejection fraction of less than 40% may be
- 24 found unqualified;
- 25 (4) Mariner applicants with other findings that indicate a significant risk of an
- 26 adverse cardiac event, syncope, collapse, or sudden death may be found
- 27 unqualified; and
- 28 (5) Mariner applicants who do not have the exercise/functional capacity
- 29 and/or physical ability necessary to perform routine and/or emergency
- 30 duties may be found unqualified.

31 4. Guidance to Designated Medical Examiners (DMEs).

32 a. Documentation.



1 The DME should ensure that the applicant has provided adequate  
2 **documentation** for the condition, to include:

- 3 (1) An evaluation from the treating provider and/or specialist; and  
4 (2) Any appropriate recommended evaluation data.

5 b. Approval.

6 (1) **The DME may approve issuance of the medical certificate** if their  
7 evaluation finds that the applicant meets all of the following:

- 8 (a) Favorable recommendation from the treating provider;  
9 (b) Condition is asymptomatic and without recent need for emergency  
10 care, major intervention, hospitalization or surgery;  
11 (c) Condition has been stable and the assessment indicates low likelihood  
12 of sudden exacerbation, syncope or adverse cardiac event; and  
13 (d) Documentation that the applicant has the exercise/functional capacity  
14 and physical ability necessary to perform routine and emergency  
15 duties.

16 (2) If the DME approves issuance of the medical certificate, the DME should  
17 document their rationale for recommending approval on the Application  
18 for Medical Certificate, Form CG-719K.

19 c. Deferral.

20 (1) **The DME must defer the decision** to the Coast Guard if any of the  
21 following apply:

- 22 (a) Unfavorable recommendation or insufficient documentation from the  
23 treating provider;  
24 (b) The applicant has evidence of cardiac arrhythmia or ischemia that is  
25 symptomatic, untreated, or suggestive of high risk for an adverse  
26 cardiac event;  
27 (c) The applicant has signs or symptoms of syncope; heart failure, or  
28 other active cardiac symptoms;  
29 (d) The applicant's left ventricular ejection fraction is less than 40%;  
30 (e) The applicant's exercise/functional capacity and/or physical ability  
31 suggests impaired ability to perform routine and emergency duties;

1 (f) The applicant has undergone placement, or been advised to undergo  
2 placement of a pacemaker, ICD; or other cardiac implantable device;;  
3 or

4 (g) The applicant has other symptoms or findings that suggest a significant  
5 risk of an adverse cardiac event, syncope, collapse, or sudden death.

6 (2) If the DME defers the certification decision to the Coast Guard, the  
7 DME's deferral should address the reason(s) for deferral and document  
8 their recommendation regarding medical certification on the Application  
9 for Medical Certificate, Form CG-719K.

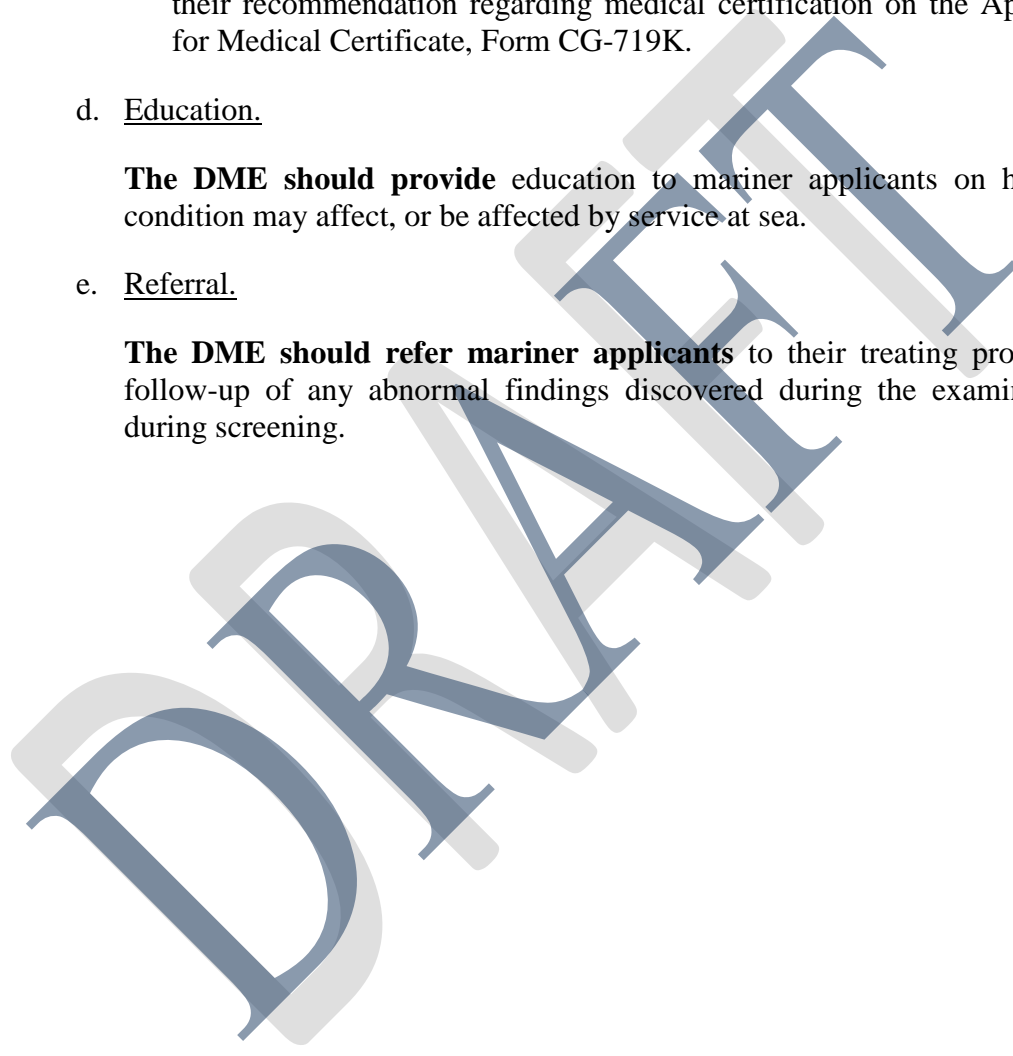
10 d. Education.

11 **The DME should provide** education to mariner applicants on how their  
12 condition may affect, or be affected by service at sea.

13 e. Referral.

14 **The DME should refer mariner applicants** to their treating provider for  
15 follow-up of any abnormal findings discovered during the examination or  
16 during screening.

17



## 1 E. Vascular Disease—Guidance to Mariner Applicants

### 2 1. Guidance to Mariner Applicants.

- 3 a. In some cases, vascular disease may be deemed too high-risk for medical  
4 certification. This would include conditions with life-threatening reactions  
5 and impairing complications, as well as conditions that put the individual at  
6 high risk of becoming unstable, unconscious, incapacitated, or otherwise  
7 unsafe to operate under the authority of the credential. Examples of vascular  
8 conditions that are subject to further review include, but are not limited to,  
9 peripheral vascular disease, deep vein thrombosis, carotid artery disease,  
10 aortic aneurysms, and symptomatic thrombophlebitis.
- 11 b. Vascular disorders that are determined to pose a low risk of sudden  
12 incapacitation may be considered for a waiver, or may not require any waiver  
13 or limitation.
- 14 c. The evaluation for medical certification and waiver issuance will consider the  
15 level of stability, the likelihood for worsening or recurrence, the written  
16 assessment of the treating provider or specialist (as applicable), and the results  
17 of appropriate testing.
- 18 d. Mariner applicants with vascular disease should:
- 19 (1) Discuss the following with their treating provider, and the provider  
20 performing the medical certificate examination:
- 21 (a) Their medical condition and the limitations of medical care aboard the  
22 vessel;
- 23 (b) The safety-sensitive nature of their merchant mariner credential;
- 24 (c) How/whether the medical condition may affect, or be affected by  
25 service aboard a vessel or by service at sea; and
- 26 (d) The recommendation that the treating provider/provider performing  
27 the medical certificate examination review the guidance in this Manual  
28 when providing their assessment for medical certification.
- 29 (2) Make sure to submit sufficient information on any of their medical  
30 conditions that are subject to further review. This includes:
- 31 (a) The **Treating Provider's Assessment**; and
- 32 (b) **Recommended Evaluation Data.**

### 33 2. Guidance to Treating Providers.

1 a. The Treating Provider's Assessment.

2 The treating provider's assessment should detail a full evaluation of the  
3 condition as follows:

- 4 (1) Pertinent medical examination and physical evaluation data;
- 5 (2) The history of the condition;
- 6 (3) The status of the condition, to include severity, stability, symptoms,  
7 presence of impairing complications, and whether the applicant has  
8 required emergency treatment, intervention or hospitalization within the  
9 past 5 years;
- 10 (4) Treatment efficacy and compliance;
- 11 (5) An assessment of the applicant's risk for future adverse vascular events,  
12 adverse cardiac events, malignant arrhythmia, syncope, impairment,  
13 sudden incapacitation, or debilitating complication;
- 14 (6) Reports of objective testing and standard evaluation data used to support  
15 their assessment; and
- 16 (7) The extent to which the applicant's medical condition is likely to affect, or  
17 be affected by, service aboard the vessel or service at sea.
- 18 (8) In some cases, the Coast Guard may request that the applicant submit  
19 documentation from a specialist such as a cardiologist or vascular surgeon,  
20 for example.

21 b. Recommended Evaluation Data.

- 22 (1) Objective testing and supporting documentation are requested to better  
23 assess the severity of the condition, the applicant's functional capacity;  
24 and the presence or absence of ischemia with exercise, or other  
25 impairment. This information assists the evaluators in determining  
26 whether the mariner is able to perform routine and emergency duties  
27 without risk of sudden incapacitation.
- 28 (2) The treating provider should submit objective testing and supporting  
29 documentation as appropriate for the specifics of the mariner applicant's  
30 medical condition. Generally, the type and manner of evaluation data or  
31 objective testing submitted will be left to the discretion of the treating  
32 provider or specialist
- 33 (3) If the applicant has undergone prior testing, and the treating physician  
34 feels strongly that further testing is not clinically indicated, then the

1 provider should include a statement to that effect in their assessment,  
2 along with the results of previously performed testing.

3 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
4 alternate means, then the provider should include a statement to that effect  
5 in their assessment.

6 (5) Examples of recommended evaluation data for vascular disease include,  
7 but are not limited to:

8 (a) Echocardiogram with Doppler flow study;

9 (b) Vascular ultrasound studies;

10 (c) Arteriogram reports (if obtained); and

11 (d) Treadmill stress testing (graded exercise stress testing), with or  
12 without perfusion scanning, as indicated.

13 [1] Treadmill stress testing is preferably performed by standard Bruce  
14 protocol to at least 7.5 minutes of exercise, 8 metabolic equivalents  
15 (METS) of work, and 85% of maximum predicted heart rate.

16 [2] If pharmacological stress testing is submitted in lieu of exercise  
17 testing, then the cardiologist's assessment should discuss the  
18 rationale. Additionally, the cardiologist's assessment should  
19 provide some manner of objective evaluation of the applicant's  
20 exercise capacity, as well as objective evaluation of the applicant's  
21 ability to meet the merchant mariner physical ability guidelines as  
22 listed in Chapter 6 of this Manual, Physical Ability Guidelines.

23 [3] If medical conditions exist that prevent the mariner from  
24 exercising, these conditions may be disqualifying in their own right  
25 and will require further evaluation.

26 3. Medical Certification Evaluation.

27 a. Certification Determinations.

28 Certification determinations will be made on a case-by-case basis.  
29 Information considered during the evaluation for issuance of a medical  
30 certificate will include, but is not limited to:

31 (1) The severity of the condition;

32 (2) The presence of symptoms or impairing complications;

33 (3) The stability of the condition;

- 1 (4) The need for access to medical care;
- 2 (5) The applicant's ability to perform routine and emergency duties;
- 3 (6) The risk for sudden incapacitation or debilitating complication;
- 4 (7) The risk of impaired cognitive ability, judgment or reaction time related to
- 5 the condition or associated medications;
- 6 (8) The written assessment of the treating provider; and
- 7 (9) The results of objective testing and standard evaluation data.

8 b. Medical Waivers.

- 9 (1) Mariner applicants whose condition does not meet the standard may be
- 10 approved for a medical waiver if objective medical evidence indicates that
- 11 the condition is sufficiently controlled to pose no significant risk to
- 12 maritime and public safety.
- 13 (2) The evaluation will consider whether there are extenuating circumstances
- 14 that warrant special consideration for issuance of a medical waiver.
- 15 (3) If approved, waivers and limitations may be applied to the credential
- 16 and/or medical certificate, on a case-by-case basis.

17 c. Disqualification.

- 18 (1) Mariner applicants with unstable or symptomatic vascular conditions may be
- 19 found unqualified; and
- 20 (2) Mariner applicants who do not have the exercise/functional capacity
- 21 and/or physical ability necessary to perform routine and/or emergency
- 22 duties may be found unqualified.

23 4. Guidance to Designated Medical Examiners (DMEs).

24 a. Documentation.

25 The DME should ensure that the applicant has provided adequate

26 documentation for the condition, to include:

- 27 (1) An evaluation from the treating provider and/or specialist; and
- 28 (2) Any appropriate recommended evaluation data.

29 b. Approval.

1 (1) **The DME may approve issuance of the medical certificate** if their  
2 evaluation finds that the applicant meets all of the following:

- 3 (a) Favorable recommendation from the treating provider;
- 4 (b) Condition is asymptomatic and without recent need for emergency  
5 care, major intervention, hospitalization or surgery;
- 6 (c) Condition has been stable and the assessment indicates low likelihood  
7 of sudden exacerbation, syncope, or adverse cardiac event; and
- 8 (d) Documentation supports that the applicant has the exercise/functional  
9 capacity and physical ability necessary to perform routine and  
10 emergency duties.

11 (2) If the DME approves issuance of the medical certificate, the DME should  
12 document their rationale for recommending approval on the Application  
13 for Medical Certificate, Form CG-719K.

14 c. Deferral.

15 (1) **The DME must defer the decision to the Coast Guard** if any of the  
16 following apply:

- 17 (a) Unfavorable recommendation or insufficient documentation from the  
18 treating provider;
- 19 (b) The applicant is symptomatic or the assessment indicates significant  
20 risk for an adverse vascular event;
- 21 (c) The applicant's exercise/functional capacity and/or physical ability  
22 suggests impaired ability to perform routine and emergency duties; or
- 23 (d) The applicant has other symptoms or findings that suggest a significant  
24 risk of an adverse cardiac event, syncope, collapse or sudden death.

25 (2) If the DME defers the certification decision to the Coast Guard, the DME  
26 should discuss the reason(s) for deferral and document their  
27 recommendation regarding medical certification on the Application for  
28 Medical Certificate, CG-719K.

29 d. Education.

30 **The DME should provide education** to mariner applicants on how their  
31 condition may affect, or be affected by service at sea.

32 e. Referral.

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**The DME should refer mariner applicants** to their treating provider for follow-up of any abnormal findings discovered during the examination or during screening

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1 **F. Cerebrovascular Disease**

2 1. Guidance to Mariner Applicants.

- 3 a. In some cases, cerebrovascular disease may be deemed too high-risk for  
4 medical certification. This would include conditions with life-threatening  
5 reactions and impairing complications, as well as conditions that put the  
6 individual at high risk of becoming unstable, unconscious, incapacitated, or  
7 otherwise unsafe to operate under the authority of the credential. Examples of  
8 cerebrovascular conditions that are subject to further review include, but are  
9 not limited to, stroke and transient ischemic attacks.
- 10 b. Cerebrovascular disease conditions that are determined to pose a low risk of  
11 sudden incapacitation may be considered for a waiver, or may not require any  
12 waiver or limitation.
- 13 c. The evaluation for medical certification and waiver issuance will consider the  
14 level of stability, the likelihood for worsening or recurrence, the written  
15 assessment of the treating provider or specialist (as applicable), and the results  
16 of appropriate testing.
- 17 d. Mariner applicants with cerebrovascular disease should:
- 18 (1) Discuss the following with their treating provider, and the provider  
19 performing the medical certificate examination:
- 20 (a) Their medical condition and the limitations of medical care aboard the  
21 vessel;
- 22 (b) The safety-sensitive nature of their merchant mariner credential;
- 23 (c) How/whether the medical condition may affect, or be affected by  
24 service aboard a vessel or by service at sea; and
- 25 (d) The recommendation that the treating provider/provider performing  
26 the medical certificate examination review the guidance in this Manual  
27 when providing their assessment for medical certification.
- 28 (2) Make sure to submit sufficient information on any of their medical  
29 conditions that are subject to further review. This includes:
- 30 (a) The **Treating Provider's Assessment**; and
- 31 (b) **Recommended Evaluation Data.**

1        2. Guidance to Treating Providers.

2            a. Treating Provider's Assessment.

3            The treating provider's assessment should detail a full evaluation of the  
4            condition as follows:

- 5            (1) Pertinent medical examination and physical evaluation data;
- 6            (2) The history of the condition;
- 7            (3) The status of the condition, to include severity, stability, symptoms,  
8            presence of impairing complications, and whether the applicant has  
9            required emergency treatment, intervention or hospitalization within the  
10           past 5 years;
- 11           (4) Treatment efficacy and compliance;
- 12           (5) An assessment of the applicant's risk for cerebrovascular events,  
13           malignant arrhythmia, syncope, impairment, sudden incapacitation, or  
14           debilitating complication;
- 15           (6) Reports of objective testing and standard evaluation data used to support  
16           their assessment; and
- 17           (7) The extent to which the applicant's medical condition is likely to affect, or  
18           be affected by, service aboard the vessel or service at sea.
- 19           (8) In some cases, the Coast Guard may request that the applicant submit  
20           documentation from a specialist such as a cardiologist, neurologist or  
21           vascular surgeon, for example.

22           b. Recommended Evaluation Data.

- 23           (1) Objective testing and supporting documentation are requested to better  
24           assess the severity of the condition, the applicant's functional capacity,  
25           and the presence or absence of impairment. This information assists the  
26           evaluators in determining whether the mariner is able to perform routine  
27           and emergency duties without risk of sudden incapacitation
- 28           (2) The treating provider should submit objective testing and supporting  
29           documentation as appropriate for the specifics of the mariner applicant's  
30           medical condition. Generally, the type and manner of evaluation data or  
31           objective testing submitted will be left to the discretion of the treating  
32           provider or specialist.
- 33           (3) If the applicant has undergone prior testing, and the treating physician  
34           feels strongly that further testing is not clinically indicated, then the

1 provider should include a statement to that effect in their assessment,  
2 along with the results of previously performed testing.

3 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
4 alternate means, then the provider should include a statement to that effect  
5 in their assessment.

6 (5) Examples of recommended evaluation data for cerebrovascular disease  
7 include, but are not limited to:

8 (a) Carotid ultrasound study; and

9 (b) Echocardiogram.

10 3. Medical Certification Evaluation.

11 a. Certification Determinations.

12 Certification determinations will be made on a case-by-case basis.  
13 Information considered during the evaluation for issuance of a medical  
14 certificate will include, but is not limited to:

15 (1) The severity of the condition;

16 (2) The presence of symptoms or impairing complications;

17 (3) The stability of the condition;

18 (4) The need for access to medical care;

19 (5) The applicant's ability to perform routine and emergency duties;

20 (6) The risk for sudden incapacitation or debilitating complication;

21 (7) The risk of impaired cognitive ability, judgment or reaction time related to  
22 the condition or associated medications;

23 (8) The written assessment of the treating provider; and

24 (9) The results of objective testing and standard evaluation data.

25 b. Medical Waivers.

26 (1) Mariner applicants whose condition does not meet the standard may be  
27 approved for a medical waiver if objective medical evidence indicates that  
28 the condition is sufficiently controlled to pose no significant risk to  
29 maritime and public safety.

1 (2) The evaluation will consider whether there are extenuating circumstances  
2 that warrant special consideration for issuance of a medical waiver.

3 (3) If approved, waivers and limitations may be applied to the credential  
4 and/or medical certificate, on a case-by-case basis.

5 c. Disqualification.

6 (1) Mariner applicants with symptomatic or unstable disease may be found  
7 unqualified; and

8 (2) Mariner applicants who do not have the exercise/functional capacity  
9 and/or physical ability necessary to perform routine and/or emergency  
10 duties may be found unqualified.

11 4. Guidance to Designated Medical Examiners (DMEs).

12 a. Documentation.

13 The DME should ensure that the applicant has provided adequate  
14 **documentation** for the condition, to include:

15 (1) An evaluation from the treating provider and/or specialist; and

16 (2) Any appropriate recommended evaluation data.

17 b. Approval.

18 (1) **The DME may approve issuance of the medical certificate** if their  
19 evaluation finds that the applicant meets all of the following:

20 (a) Favorable recommendation from the treating provider;

21 (b) Condition is asymptomatic and without recent need for emergency  
22 care, major intervention, hospitalization or surgery;

23 (c) Condition has been stable and the assessment indicates low likelihood  
24 of sudden exacerbation, syncope, or adverse cardiac event; and

25 (d) Documentation that the applicant has the exercise/functional capacity  
26 and physical ability necessary to perform routine and emergency  
27 duties.

28 (2) If the DME approves issuance of the medical certificate, the DME should  
29 document their rationale for recommending approval on the Application  
30 for Medical Certificate, Form CG-719K.

31 c. Deferral.

1 (1) **The DME must defer the decision to the Coast Guard** if any of the  
2 following apply:

3 (a) Unfavorable recommendation or insufficient documentation from the  
4 treating provider;

5 (b) The applicant's exercise/functional capacity and/or physical ability  
6 suggests impaired ability to perform routine and emergency duties; or

7 (c) The applicant has other symptoms or findings that suggest a significant  
8 risk of an adverse cardiac event, syncope, collapse or sudden death.

9 (2) If the DME defers the certification decision to the Coast Guard, the DME  
10 should discuss the reason(s) for deferral and document their  
11 recommendation regarding medical certification on the Application for  
12 Medical Certificate, CG-719K.

13 d. Education.

14 **The DME should provide education** to mariner applicants on how their  
15 condition may affect, or be affected by service at sea.

16 e. Referral.

17 **The DME should refer mariner applicants** to their treating provider for  
18 follow-up of any abnormal findings discovered during the examination or  
19 during screening  
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1 **G. Waivers for Cardiovascular Conditions That Require Special Consideration.**

2 1. Cardiomyopathy.

3 a. Applicants with this condition may be denied medical certification unless they  
4 meet criteria for waiver consideration. The Coast Guard recognizes that there  
5 is significant clinical variation within the population of individuals with  
6 cardiomyopathy, and that not all individuals with cardiomyopathy carry the  
7 same risks of sudden incapacitation or sudden death. These criteria seek to  
8 discern those individuals with cardiomyopathy who have factors that mitigate  
9 their risk, and who have prognostic indicators suggestive of a low risk of  
10 sudden incapacitation or adverse cardiac event.

11 b. Criteria for consideration for a waiver for cardiomyopathy include:

12 (1) A left ventricular ejection fraction of  $\geq 35\%$  with a stable or improving  
13 trend;

14 (1) The absence of symptomatic or clinically significant heart failure in the  
15 past two years (must be New York Heart Association Class I);

16 (2) The absence of significant ischemia on cardiac stress testing;

17 (3) The applicant demonstrates an exercise capacity of greater than or equal to  
18 8 metabolic equivalents (METs) on cardiac stress testing;

19 (4) The applicant has no history of syncope in the past 3 years;

20 (5) The applicant has no history of ventricular arrhythmia in the past 3 years;  
21 and

22 (6) The written opinion of the treating cardiologist or electrophysiologist  
23 supports low risk for sudden death, ventricular arrhythmia, adverse cardiac  
24 event and sudden incapacitation based upon objective testing and standard  
25 evaluation tools.

26 (7) Individuals with cardiomyopathy who have had an implantable  
27 cardioverter defibrillator (ICD) placed will be evaluated under the criteria  
28 for ICD's as discussed in Paragraph G.2 of this Chapter, Anti-tachycardia  
29 Devices or Implantable Defibrillators (ICDs).

30 (8) Individuals with cardiomyopathy who have been advised to undergo  
31 placement of an ICD by their cardiologist, but have failed to comply, do  
32 not meet the low risk criteria for consideration for a medical waiver.  
33 These individuals may be denied medical certification.

34

- 1       2. Anti-tachycardia Devices or Implantable Cardioverter Defibrillators (ICDs).
- 2           a. Mariner applicants with anti-tachycardia devices or implantable cardioverter  
3           defibrillators (ICDs) are generally not qualified for issuance of a medical  
4           certificate. For applicants with these devices, the underlying condition usually  
5           poses an inordinate risk of sudden incapacitation. In some very exceptional  
6           circumstances, when the underlying condition has improved and stabilized  
7           sufficiently, a waiver may be issued. The criteria listed below are to be used  
8           in assessing whether an applicant's underlying condition has improved  
9           sufficiently to warrant granting a waiver.
- 10          b. A mariner applicant who meets all of the below criteria will normally be  
11          considered for a waiver without operational limitations on their credential.  
12          Mariners who meet most, but not all of the criteria may be granted a waiver if  
13          the risk of sudden incapacitation is deemed sufficiently low. The risk  
14          presented by the mariner's position may be considered in determining whether  
15          to grant a waiver. Because of the wide range of operational conditions, it is  
16          impossible to set out in advance which positions may be suitable for a waiver.
- 17          c. In cases of applicants with multiple conditions, care must be taken to consider  
18          the impact the applicant's other medical conditions have on their suitability  
19          for a waiver for ICDs or anti-tachycardia devices.
- 20          d. Criteria for consideration for a waiver for an ICD include:
- 21               (1) The applicant does not have a diagnosis of a cardiac channelopathy  
22               affecting the electrical conduction of the heart (to include Brugada  
23               syndrome, Long QT syndrome, etc.);
- 24               (2) The applicant does not have a prior history of ventricular fibrillation or  
25               episodes of sustained ventricular tachycardia within the last 3 years;
- 26               (3) The ICD or anti-tachycardia device was implanted more than 3 years ago;
- 27               (4) The ICD has not fired nor has the applicant required anti-tachycardia  
28               pacing therapy within the last three years;
- 29               (5) There are no additional risk factors for inappropriate shock such as  
30               uncontrolled atrial fibrillation;
- 31               (6) The applicant's left ventricular ejection fraction is greater than 35% with a  
32               steady or improving trend;
- 33               (7) There is no history of any symptomatic or clinically significant heart  
34               failure in the past 2 years;

- 1 (8) There is no evidence of significant reversible ischemia on myocardial  
2 perfusion imaging exercise stress testing;
- 3 (9) The applicant's exercise capacity on formal stress testing (using standard  
4 Bruce Protocol) is greater than or equal to 8 metabolic equivalents  
5 (METS);
- 6 (10) The applicant's treating cardiologist or electrophysiologist provides a  
7 written assessment that supports a determination that the mariner  
8 applicant is at low risk for future arrhythmia, adverse cardiac event, or  
9 sudden incapacitation based upon objective testing and standard  
10 evaluation tools; and
- 11 (11) The applicant does not have any other medical conditions which may  
12 alone, or in combination with an ICD or anti-tachycardia device, affect  
13 his or her fitness.

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3. Heart Transplant.

1. Applicants who have had a heart transplant may be denied medical certification unless they meet criteria for waiver consideration. These criteria seek to discern those individuals who have undergone a heart transplant who have factors that mitigate their risk, and who have prognostic indicators suggestive of a low risk of sudden incapacitation or adverse cardiac event.
2. Criteria for consideration for a waiver for heart transplant include:
  - a. The heart transplant was performed more than 2 years ago.
  - b. The applicant's left ventricular ejection fraction is greater than or equal to 35%, with a stable or improving trend; and
  - c. The applicant has not had symptomatic or clinically significant heart failure in the past two years (must be New York Heart Association Class I); and
  - d. The applicant has no signs, symptoms or laboratory findings that indicate rejection, allograft vasculopathy or significant transplant coronary artery disease; and
  - e. The applicant demonstrates an exercise capacity of greater than or equal to 8 metabolic equivalents (METs) on cardiac stress testing;
  - f. The applicant has no history of ventricular arrhythmia in the past three years; and
  - g. The written opinion of the treating cardiologist or transplant surgeon supports low risk for rejection, sudden death, arrhythmia, adverse cardiac event or sudden incapacitation based upon objective testing and standard evaluation tools.

## 1 CHAPTER 13. EAR, NOSE, AND THROAT CONDITIONS

2 **A. Conditions of Concern.**

3 Ear, nose and throat conditions that impair the applicant's ability to meet the hearing  
4 standards, impair and/or that cause disequilibrium are subject to further review, and may be  
5 determined disqualifying. Examples include, but are not limited to labyrinthitis, mastoiditis,  
6 or acoustic neuroma.

7 **B. Guidance to Mariner Applicants.**

- 8 1. In some cases, ear, nose and throat conditions may be deemed too high risk for medical  
9 certification. This would include conditions that impair hearing or balance, cause  
10 disequilibrium, or impair the ability to detect, discern and respond to auditory cues or  
11 alarms as necessary for the safety of ship, crew, passengers and the environment.
- 12 2. Ear, nose and throat conditions that are determined to pose a low risk of impairment may  
13 be considered for a waiver, or may not require any waiver or limitation.
- 14 3. The evaluation for medical certification and waiver issuance will consider the level of  
15 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
16 provider or specialist (as applicable), and the results of appropriate testing.
- 17 4. Mariner applicants with ear, nose, and throat conditions should:
- 18 a. Discuss the following with their treating provider, and the provider performing the  
19 medical certificate examination;
- 20 (1) Their medical condition and the limitations of medical care aboard the vessel;
- 21 (2) The safety sensitive nature of their merchant mariner credential;
- 22 (3) How/whether the medical condition may affect, or be affected by service aboard a  
23 vessel or by service at sea; and
- 24 (4) The recommendation that the treating provider/provider performing the medical  
25 certificate examination review the guidance in this Manual when providing their  
26 assessment for medical certification.
- 27 b. Make sure to submit sufficient information on any of their medical conditions that are  
28 subject to further review. This includes:
- 29 (1) The **Treating Provider's Assessment**; and
- 30 (2) **Recommended Evaluation Data.**

1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition - to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention or hospitalization within the past 6 years;
- 10 d. Treatment compliance and efficacy;
- 11 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
12 or debilitating complication;
- 13 f. Reports of objective testing and standard evaluation data used to support their  
14 assessment; and
- 15 g. The extent to which the applicant's medical condition is likely to affect, or be  
16 affected by, service aboard the vessel or service at sea.
- 17 h. In some cases, the Coast Guard may request that the applicant submit documentation  
18 from a specialist such as an otolaryngologist, for example.

19 2. Recommended Evaluation Data:

- 20 a. Objective testing and supporting documentation may be requested to better assess the  
21 severity of the condition, the applicant's functional capacity; and the presence or  
22 absence of impairing complications. This information assists the evaluators in  
23 determining whether the mariner is able to perform routine and emergency duties  
24 without risk of sudden incapacitation.
- 25 b. The treating provider should submit objective testing and supporting documentation  
26 as appropriate for the specifics of the mariner applicant's medical condition.  
27 Generally, the type and manner of evaluation data or objective testing submitted will  
28 be left to the discretion of the treating provider or specialist.
- 29 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
30 that further testing is not clinically indicated, then the provider should include a  
31 statement to that effect in their assessment, along with the results of previously  
32 performed testing.

- 1 d. If the treating provider seeks to demonstrate the applicant's fitness by alternate  
2 means, then the provider should include a statement to that effect in their assessment.

3 **D. Medical Certification Evaluation.**

- 4 1. Detailed information on the merchant mariner hearing standards and policy are contained  
5 in Chapter 5 of this Manual, Vision and Hearing Standards.

6 2. Certification Determinations.

7 Certification determinations will be made on a case-by-case basis. Information  
8 considered during the evaluation for issuance of a medical certificate will include, but is  
9 not limited to:

- 10 a. The severity of the condition, to include the degree of auditory impairment,  
11 disequilibrium and /or impaired balance;
- 12 b. The presence of symptoms or impairing complications;
- 13 c. The stability of the condition;
- 14 d. The need for access to medical care;
- 15 e. The applicant's ability to perform routine and emergency duties;
- 16 f. The risk for sudden incapacitation or debilitating complication;
- 17 g. The risk of impaired cognitive ability, judgment or reaction time related to the  
18 condition or associated medications;
- 19 h. The written assessment of the treating provider; and
- 20 i. The results of objective testing and standard evaluation data.

21 3. Medical Waivers.

- 22 a. Mariner applicants whose condition does not meet the standard may be approved for  
23 a medical waiver if objective medical evidence indicates that the condition is  
24 sufficiently controlled to pose no significant risk to maritime and public safety.
- 25 b. The evaluation will consider whether there are extenuating circumstances that warrant  
26 special consideration for issuance of a medical waiver.
- 27 c. If approved, waivers and limitations may be applied to the credential and/or medical  
28 certificate, on a case-by-case basis.

29 4. Disqualification.

- 30 a. Mariner applicants who do not meet the hearing standards may be found unqualified;

- 1           b. Mariner applicants with impaired balance, or impaired ability to detect, discern and  
2           respond to auditory cues or alarms as necessary for the safety of ship, crew,  
3           passengers and the environment, may be found unqualified;
- 4           c. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing  
5           complications may be found unqualified;
- 6           d. Mariner applicants with other findings that indicate a significant risk of syncope,  
7           debilitating complication, or impairment may be found unqualified; and
- 8           e. Mariner applicants who do not have the functional capacity and/or physical ability  
9           necessary to perform routine and/or emergency duties may be found unqualified.

10 **E. Guidance to Designated Medical Examiners (DMEs).**

11       1. Documentation.

12           The DME should ensure that the applicant has provided adequate documentation for the  
13           condition, to include:

- 14           a. An evaluation from the treating provider and/or specialist; and
- 15           b. Any appropriate recommended evaluation data.

16       2. Approval.

17           a. The DME may approve issuance of the medical certificate if their evaluation finds  
18           that the applicant meets all of the following:

- 19           (1) Documentation supports that applicant meets the merchant mariner hearing  
20           standards;
- 21           (2) Favorable recommendation from the treating provider;
- 22           (3) Condition is asymptomatic and without recent need for emergency care, major  
23           intervention, hospitalization or surgery;
- 24           (4) Condition has been stable and the assessment indicates low likelihood of sudden  
25           exacerbation, syncope or impairing complications; and
- 26           (5) Documentation supports that the applicant has the functional capacity and  
27           physical ability necessary to perform routine and emergency duties.

28           b. If the DME approves issuance of the medical certificate, the DME should document  
29           the rationale for approving issuance of the medical certificate on the Application for  
30           Medical Certificate, Form CG-719K.

31       3. Deferral.

1 a. The DME Must Defer the decision to the Coast Guard if any of the following apply:

2 (1) The applicant does not meet the merchant mariner hearing standards;

3 (2) Unfavorable recommendation or insufficient documentation from the treating  
4 provider;

5 (3) The applicant has evidence of instability, r impairing symptoms or complications;

6 (4) The applicant's functional capacity and/or physical ability suggests impaired  
7 ability to perform routine and emergency duties; or

8 (5) The applicant has other symptoms or findings that suggest a significant risk of  
9 syncope, sudden incapacitation or impairing complication.

10 b. If the DME defers the certification decision to the Coast Guard, the DME should  
11 discuss the reason(s) for deferral and document their recommendation regarding  
12 medical certification on the Application for Medical Certificate, Form CG-719K.

13 4. Education

14 The DME should provide education to mariner applicants on how their condition may  
15 affect, or be affected by service at sea.

16 5. Referral.

17 The DME should refer mariner applicants to their treating provider for follow-up of any  
18 abnormal findings discovered during the examination or during screening.

19

## 1 CHAPTER 14. ENDOCRINE CONDITIONS

### 2 A. Conditions of Concern.

3 Endocrine disorders that pose a risk of sudden incapacitation or debilitating complication are  
4 subject to further review, and may be determined disqualifying. Examples of conditions that  
5 are subject to further review include, but are not limited to diabetes, thyroid disease,  
6 hypoglycemia, Cushing's disease and Addison's disease.

### 7 B. Guidance to Mariner Applicants.

- 8 1. In some cases, endocrine disorders may be deemed too high risk for medical certification.  
9 This would include conditions with life-threatening reactions and impairing  
10 complications, as well as conditions that put the individual at high risk of becoming  
11 unstable, unconscious, incapacitated, or otherwise unsafe to operate under the authority  
12 of the credential.
- 13 2. Endocrine conditions that are determined to pose a low risk of sudden incapacitation may  
14 be considered for a waiver, or may not require any waiver or limitation.
- 15 3. The evaluation for medical certification and waiver issuance will consider the level of  
16 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
17 provider or specialist (as applicable), and the results of appropriate testing.
- 18 4. Mariner applicants with endocrine conditions should:
  - 19 a. Discuss the following with their treating provider, and the provider performing the  
20 medical certificate examination:
    - 21 (1) Their medical condition and the limitations of medical care aboard the vessel;
    - 22 (2) The safety sensitive nature of their merchant mariner credential;
    - 23 (3) How/whether the medical condition may affect, or be affected by service aboard a  
24 vessel or by service at sea; and
    - 25 (4) The recommendation that the treating provider/provider performing the medical  
26 certificate examination review the guidance in this Manual when providing their  
27 assessment for medical certification.
  - 28 b. Make sure to submit sufficient information on any of their medical conditions that are  
29 subject to further review. This includes:
    - 30 (1) The **Treating Provider's Assessment**; and
    - 31 (2) **Recommended Evaluation Data**.

1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition - to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention or hospitalization within the past 6 years;
- 10 d. Treatment compliance and efficacy;
- 11 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
12 or debilitating complication;
- 13 f. Reports of objective testing and standard evaluation data used to support their  
14 assessment; and
- 15 g. The extent to which the applicant's medical condition is likely to affect, or be  
16 affected by, service aboard the vessel or service at sea.
- 17 h. In some cases, the Coast Guard may request that the applicant submit documentation  
18 from a specialist such as a ophthalmologist, for example.

19 2. Recommended Evaluation Data:

- 20 a. Objective testing and supporting documentation may be requested to better assess the  
21 severity of the condition, the applicant's functional capacity; and the presence or  
22 absence of impairing complications. This information assists the evaluators in  
23 determining whether the mariner is able to perform routine and emergency duties  
24 without risk of sudden incapacitation.
- 25 b. The treating provider should submit objective testing and supporting documentation  
26 as appropriate for the specifics of the mariner applicant's medical condition.  
27 Generally, the type and manner of evaluation data or objective testing submitted will  
28 be left to the discretion of the treating provider or specialist.
- 29 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
30 that further testing is not clinically indicated, then the provider should include a  
31 statement to that effect in their assessment, along with the results of previously  
32 performed testing.



- 1 d. If the treating provider seeks to demonstrate the applicant's fitness by alternate
- 2 means, then the provider should include a statement to that effect in their assessment.
- 3 e. Examples of recommended evaluation data for endocrinology disorders include but
- 4 are not limited to glycated hemoglobin (HbA1c) levels.

5 **D. Medical Certification Evaluation.**

6 1. Certification Determinations.

7 Certification determinations will be made on a case-by-case basis. Information  
8 considered during the evaluation for issuance of a medical certificate will include, but is  
9 not limited to:

- 10 a. The severity of the condition;
- 11 b. The presence of symptoms or impairing complications;
- 12 c. The stability of the condition;
- 13 d. The need for access to medical care;
- 14 e. The applicant's ability to perform routine and emergency duties;
- 15 f. The risk for sudden incapacitation or debilitating complication;
- 16 g. The risk of impaired cognitive ability, judgment or reaction time related to the
- 17 condition or associated medications;
- 18 h. The written assessment of the treating provider; and
- 19 i. The results of objective testing and standard evaluation data.

20 2. Medical Waivers.

- 21 a. Mariner applicants whose condition does not meet the standard may be approved for
- 22 a medical waiver if objective medical evidence indicates that the condition is
- 23 sufficiently controlled to pose no significant risk to maritime and public safety.
- 24 b. The evaluation will consider whether there are extenuating circumstances that warrant
- 25 special consideration for issuance of a medical waiver.
- 26 c. If approved, waivers and limitations may be applied to the credential and/or medical
- 27 certificate, on a case-by-case basis.
- 28 d. Waivers for diabetes mellitus are discussed in Paragraph F, **WAIVERS FOR**
- 29 **ENDOCRINE CONDITIONS THAT REQUIRE SPECIAL CONSIDERATION.**

30

1        3. Disqualification.

- 2            a. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing  
3            complications may be found unqualified;
- 4            b. Mariner applicants with other findings that indicate a significant risk of syncope,  
5            debilitating complication, or impairment may be found unqualified; and
- 6            c. Mariner applicants who do not have the functional capacity and/or physical ability  
7            necessary to perform routine and/or emergency duties may be found unqualified.
- 8            d. Mariner applicants with diabetes who do not meet the criteria for issuance of a  
9            medical waiver may be found unqualified. See Paragraph F, of this Chapter [below](#),  
10            **WAIVERS FOR ENDOCRINE CONDITIONS THAT REQUIRE SPECIAL**  
11            **CONSIDERATION.**

12 **E. Guidance to Designated Medical Examiners (DMEs).**

13        1. Documentation.

14            The DME should ensure that the applicant has provided adequate documentation for the  
15            condition, to include:

- 16            a. An evaluation from the treating provider and/or specialist; and
- 17            b. Any appropriate recommended evaluation data.

18        2. Approval.

19            a. The DME may approve issuance of the medical certificate if their evaluation finds  
20            that the applicant meets all of the following:

- 21            (1) Favorable recommendation from the treating provider;
- 22            (2) Condition is asymptomatic and without recent need for emergency intervention,  
23            hospitalization or surgery;
- 24            (3) Condition has been stable and the assessment indicates low likelihood of sudden  
25            exacerbation, syncope or impairing complications;
- 26            (4) Documentation supports that the applicant has the functional capacity and physical  
27            ability necessary to perform routine and emergency duties; and
- 28            (5) For applicants with diabetes: The DME may approve if the applicant is not on  
29            insulin, their HbA1c level is less than 8%, they have no diabetic complications, and  
30            the treating provider documents good compliance, without diabetic complications or  
31            episodes of symptomatic hypoglycemia.

1 b. If the DME approves issuance of the medical certificate, the DME should document  
2 the rationale for approving issuance of the medical certificate on the Application for  
3 Medical Certificate, Form CG-719K.

4 3. Deferral.

5 a. The DME Must Defer the decision to the Coast Guard if any of the following apply:

6 (1) Unfavorable recommendation or insufficient documentation from the treating  
7 provider;

8 (2) The applicant has evidence of instability, or history of life-threatening reactions or  
9 impairing symptoms or complications;

10 (3) The applicant's functional capacity and/or physical ability suggests impaired  
11 ability to perform routine and emergency duties; or

12 (4) The applicant has other symptoms or findings that suggest a significant risk of  
13 syncope, sudden incapacitation or impairing complication.

14 (5) For applicants with diabetes: The DME must defer if the applicant is treated with  
15 insulin, their HbA1c level is greater than or equal to 8%, they have diabetic  
16 complications, or they have had episodes of symptomatic hypoglycemia.

17 b. If the DME defers the certification decision to the Coast Guard, the DME should  
18 discuss the reason(s) for deferral and document their recommendation regarding  
19 medical certification on the Application for Medical Certificate, Form CG-719K.

20 4. Education

21 The DME should provide education to mariner applicants on how their condition may  
22 affect, or be affected by service at sea.

23 5. Referral.

24 The DME should refer mariner applicants to their treating provider for follow-up of any  
25 abnormal findings discovered during the examination or during screening.  
26

1 **F. WAIVERS FOR ENDOCRINE CONDITIONS THAT REQUIRE SPECIAL**  
2 **CONSIDERATION**

3 1. Diabetes mellitus treated with insulin or with history of diabetic ketoacidosis (DKA).

4 a. Applicants with this condition may be denied medical certification unless they  
5 demonstrate that their condition is sufficiently controlled to warrant consideration for  
6 a medical waiver, according to the following:

7 (1) Applicants seeking medical certification should submit an evaluation from the  
8 treating physician documenting interval history, and a current glycated  
9 hemoglobin (HbA1c) level which is no more than 90 days old.

10  
11 (2) The evaluation from the treating physician should discuss the applicant's  
12 treatment compliance, blood glucose log findings, whether the applicant has had  
13 any hypoglycemic episodes, and whether the applicant has any diabetic  
14 complications. The discussion should also provide explanation of any HbA1c  
15 levels of 8% or above, if present.

16  
17 b. If the evaluation of the treating physician supports good compliance with the  
18 treatment regimen, the absence of recent, severe hypoglycemic episodes<sup>1</sup>, and the  
19 absence of impairing diabetic complications, applicants with a consistent pattern of  
20 HbA1c levels of less than 8% may be considered for a waiver.

21  
22 c. Applicants whose HbA1c levels are greater than or equal to 8% but less than 10%  
23 may be considered for a medical waiver with a time-limited medical certificate, if the  
24 evaluation of the treating physician and objective documentation support extenuating  
25 circumstances that indicate low risk for sudden incapacitation or debilitating  
26 complication.

27  
28 d. Applicants with HbA1c levels of greater than 10% are generally not considered for a  
29 waiver unless extenuating circumstances confirm temporary irregularity due to acute  
30 illness, medication interaction, or other short-term occurrence that is not likely to  
31 recur. If issued, the medical certificate would be time-limited.

32  
33  

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<sup>1</sup>A recent, severe hypoglycemic episode, as defined here, is as an episode of hypoglycemia within the prior 12 months resulting in seizure, loss of consciousness or altered consciousness, or requiring assistance from another person for treatment.

1        2. Diabetes Treated with Oral Medication.

2        a. Applicants with this condition may be denied medical certification unless they  
3        demonstrate that their condition is sufficiently controlled according to the following:

4            (1) Applicants seeking medical certification should submit an evaluation from the  
5            treating physician documenting interval history and a current glycosylated  
6            hemoglobin (HbA1c) level which is no more than 90 days old.

7  
8            (2) The evaluation from the treating physician should discuss the applicant's  
9            treatment compliance, whether the applicant has had any hypoglycemic episodes,  
10           and whether the applicant has any diabetic complications. The discussion should  
11           also provide explanation of any HbA1c levels of 8% or greater, if present.

12  
13        b. If the evaluation of the treating physician supports good compliance with the  
14        treatment regimen, the absence of recent, severe hypoglycemic<sup>1</sup> episodes, and the  
15        absence of impairing diabetic complications, applicants with a consistent pattern of  
16        HbA1c levels of less than 8% may be considered for a full-term medical certificate.

17  
18        c. Applicants whose HbA1c levels are greater than or equal to 8%, but less than 10%,  
19        may be considered for a medical waiver if the evaluation of the treating physician and  
20        objective documentation support extenuating circumstances that indicate low risk for  
21        sudden incapacitation or debilitating complication.

22  
23        d. Applicants with HbA1c levels of greater than 10% are generally not considered for a  
24        waiver unless extenuating circumstances confirm temporary irregularity due to acute  
25        illness, medication interaction, or other short-term occurrence that is not likely to  
26        recur. If issued, the medical certificate would be time-limited.

## 1 CHAPTER 15. GASTROINTESTINAL CONDITIONS

### 2 A. Conditions of Concern.

3 Gastrointestinal conditions that are life-threatening, impairing, or that pose a risk of sudden  
 4 incapacitation or debilitating complication are subject to further review, and may be  
 5 determined disqualifying. Examples of conditions that are subject to further review include,  
 6 but are not limited to peptic ulcer disease, symptomatic or clinically significant hernia,  
 7 inflammatory bowel disease, gastrointestinal bleeding, gastrointestinal malignancies,  
 8 hepatitis, cirrhosis, esophageal varices, ascites, and liver transplant.

### 9 B. Guidance to Mariner Applicants.

- 10 1. In some cases, gastrointestinal conditions may be deemed too high risk for medical  
 11 certification. This would include conditions with life-threatening reactions and impairing  
 12 complications, as well as conditions that put the individual at high risk of becoming  
 13 unstable, unconscious, incapacitated, or otherwise unsafe to operate under the authority  
 14 of the credential.
- 15 2. Gastrointestinal conditions that are determined to pose a low risk of sudden  
 16 incapacitation may be considered for a waiver, or may not require any waiver or  
 17 limitation.
- 18 3. The evaluation for medical certification and waiver issuance will consider the level of  
 19 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
 20 provider or specialist (as applicable), and the results of appropriate testing.
- 21 4. Mariner applicants with gastrointestinal conditions should:
  - 22 a. Discuss the following with their treating provider, and the provider performing the  
 23 medical certificate examination:
    - 24 (1) Their medical condition and the limitations of medical care aboard the vessel;
    - 25 (2) The safety sensitive nature of their merchant mariner credential;
    - 26 (3) How/whether the medical condition may affect, or be affected by service aboard a  
 27 vessel or by service at sea; and
    - 28 (4) The recommendation that the treating provider/provider performing the medical  
 29 certificate examination review the guidance in this Manual when providing their  
 30 assessment for medical certification.
  - 31 b. Make sure to submit sufficient information on any of their medical conditions that are  
 32 subject to further review. This includes:
    - 33 (1) The **Treating Provider's Assessment**; and

1                   (2) **Recommended Evaluation Data.**

2   **C. Guidance to Treating Providers.**

3       1. Treating Provider's Assessment.

4           The treating provider's assessment should detail a full evaluation of the condition as  
5           follows:

- 6           a. Pertinent medical examination and physical evaluation data;
- 7           b. The history of the condition;
- 8           c. The status of the condition - to include severity, stability, symptoms, presence of  
9           impairing complications, and whether the applicant has required emergency  
10           treatment, intervention or hospitalization within the past 6 years;
- 11           d. Treatment compliance and efficacy;
- 12           e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
13           or debilitating complication;
- 14           f. Reports of objective testing and standard evaluation data used to support their  
15           assessment; and
- 16           g. The extent to which the applicant's medical condition is likely to affect, or be  
17           affected by, service aboard the vessel or service at sea.
- 18           h. In some cases, the Coast Guard may request that the applicant submit documentation  
19           from a specialist such as hepatologist, for example.

20       2. Recommended Evaluation Data:

- 21           a. Objective testing and supporting documentation may be requested to better assess the  
22           severity of the condition, the applicant's functional capacity; and the presence or  
23           absence of impairing complications. This information assists the evaluators in  
24           determining whether the mariner is able to perform routine and emergency duties  
25           without risk of sudden incapacitation.
- 26           b. The treating provider should submit objective testing and supporting documentation  
27           as appropriate for the specifics of the mariner applicant's medical condition.  
28           Generally, the type and manner of evaluation data or objective testing submitted will  
29           be left to the discretion of the treating provider or specialist.
- 30           c. If the applicant has undergone prior testing, and the treating physician feels strongly  
31           that further testing is not clinically indicated, then the provider should include a  
32           statement to that effect in their assessment, along with the results of previously  
33           performed testing.

- d. If the treating provider seeks to demonstrate the applicant’s fitness by alternate means, then the provider should include a statement to that effect in their assessment.

**D. Medical Certification Evaluation.**

1. Certification Determinations.

Certification determinations will be made on a case-by-case basis. Information considered during the evaluation for issuance of a medical certificate will include, but is not limited to:

- a. The severity of the condition;
- b. The presence of symptoms or impairing complications;
- c. The stability of the condition;
- d. The need for access to medical care;
- e. The applicant’s ability to perform routine and emergency duties;
- f. The risk for sudden incapacitation or debilitating complication;
- g. The risk of impaired cognitive ability, judgment or reaction time related to the condition or associated medications;
- h. The written assessment of the treating provider; and
- i. The results of objective testing and standard evaluation data.

2. Medical Waivers.

- a. Mariner applicants whose condition does not meet the standard may be approved for a medical waiver if objective medical evidence indicates that the condition is sufficiently controlled to pose no significant risk to maritime and public safety.
- b. The evaluation will consider whether there are extenuating circumstances that warrant special consideration for issuance of a medical waiver.
- c. If approved, waivers and limitations may be applied to the credential and/or medical certificate, on a case-by-case basis.

3. Disqualification.

- a. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing complications may be found unqualified;
- b. Mariner applicants with other findings that indicate a significant risk of syncope, debilitating complication, or impairment may be found unqualified; and



- 1 c. Mariner applicants who do not have the functional capacity and/or physical ability  
2 necessary to perform routine and/or emergency duties may be found unqualified.

3 **E. Guidance to Designated Medical Examiners (DMEs).**

4 1. Documentation.

5 The DME should ensure that the applicant has provided adequate documentation for the  
6 condition, to include:

- 7 a. An evaluation from the treating provider and/or specialist; and  
8 b. Any appropriate recommended evaluation data.

9 2. Approval.

- 10 a. The DME may approve issuance of the medical certificate if their evaluation finds  
11 that the applicant meets all of the following:

- 12 (1) Favorable recommendation from the treating provider;  
13 (2) Condition is asymptomatic and without recent need for emergency intervention,  
14 hospitalization or surgery;  
15 (3) Condition has been stable and the assessment indicates low likelihood of sudden  
16 exacerbation, syncope or impairing complications; and  
17 (4) Documentation supports that the applicant has the functional capacity and physical  
18 ability necessary to perform routine and emergency duties.  
19 b. If the DME approves issuance of the medical certificate, the DME should document  
20 the rationale for approving issuance of the medical certificate on the Application for  
21 Medical Certificate, Form CG-719K.

22 3. Deferral.

- 23 a. The DME Must Defer the decision to the Coast Guard if any of the following apply:

- 24 (1) Unfavorable recommendation or insufficient documentation from the treating  
25 provider;  
26 (2) The applicant has evidence of instability, or history of life-threatening reactions or  
27 impairing symptoms or complications;  
28 (3) The applicant's functional capacity and/or physical ability suggests impaired ability  
29 to perform routine and emergency duties; or  
30 (4) The applicant has other symptoms or findings that suggest a significant risk of  
31 syncope, sudden incapacitation or impairing complication.

1 (5) The applicant has a history of gastrointestinal bleeding, cirrhosis, ascites, esophageal  
2 varices, or liver transplant; or the applicant has a history of gastrointestinal  
3 malignancy that is not in remission.

4 b. If the DME defers the certification decision to the Coast Guard, the DME should  
5 discuss the reason(s) for deferral and document their recommendation regarding  
6 medical certification on the Application for Medical Certificate, Form CG-719K.

7 4. Education

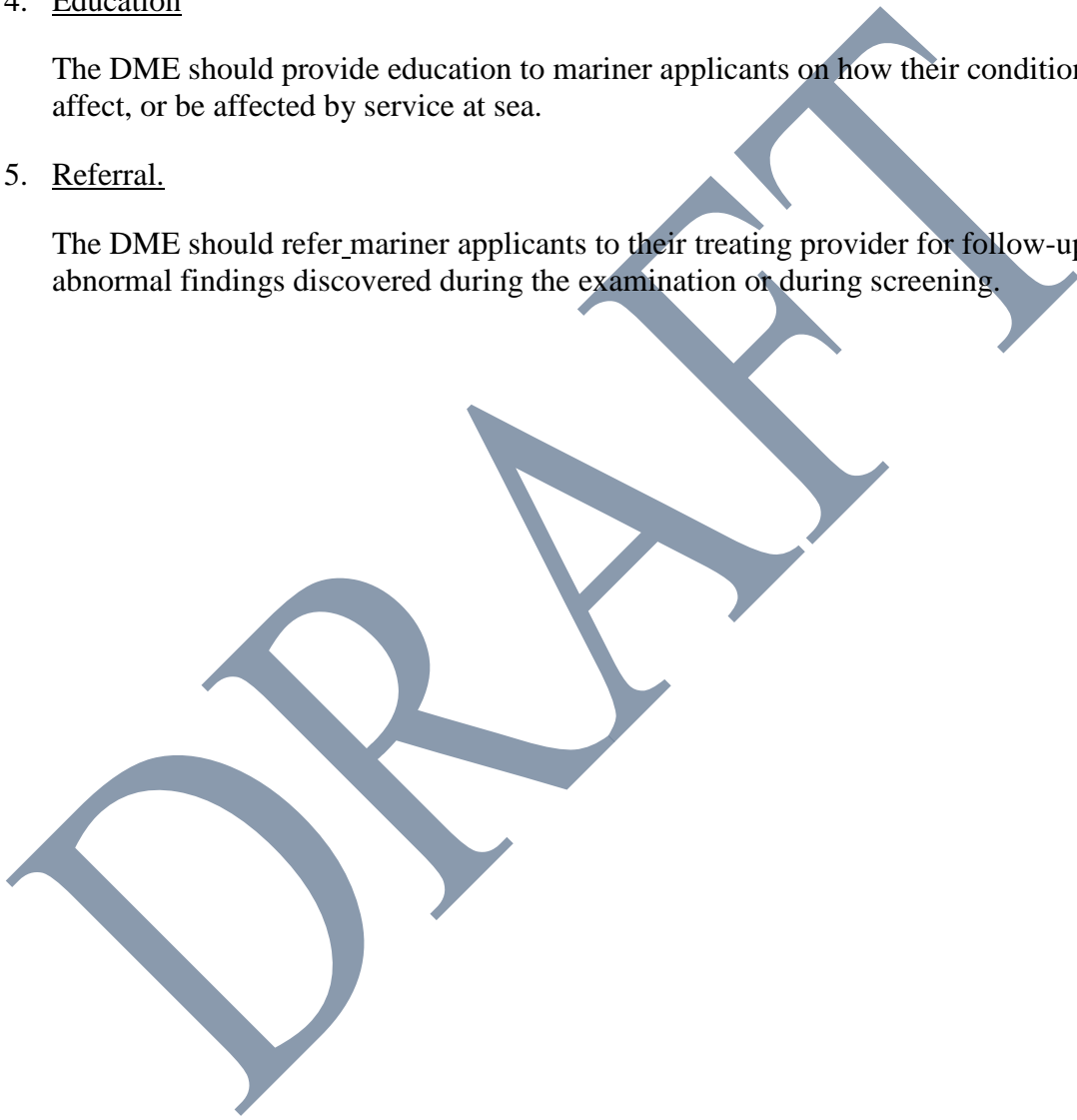
8 The DME should provide education to mariner applicants on how their condition may  
9 affect, or be affected by service at sea.

10 5. Referral.

11 The DME should refer mariner applicants to their treating provider for follow-up of any  
12 abnormal findings discovered during the examination or during screening.

13

14



1 **CHAPTER 16. GENITOURINARY CONDITIONS**

2 **A. Conditions of Concern.**

3 Genitourinary conditions that are life-threatening, impairing, or that pose a risk of sudden  
4 incapacitation or debilitating complication are subject to further review, and may be  
5 determined disqualifying. Examples include, but are not limited to kidney (renal) failure.

6 Kidney (renal) failure requiring renal replacement therapy (dialysis) is disqualifying and  
7 generally will not be approved for issuance of a waiver.

8 **B. Guidance to Mariner Applicants.**

9 1. In some cases, genitourinary conditions may be deemed too high risk for medical  
10 certification. This would include conditions with life-threatening reactions or impairing  
11 complications, as well as conditions that put the individual at high risk of becoming  
12 unstable, unconscious, incapacitated, or otherwise unsafe to operate under the authority  
13 of the credential.

14 2. Genitourinary conditions that are determined to pose a low risk of sudden incapacitation  
15 may be considered for a waiver, or may not require any waiver or limitation.

16 3. The evaluation for medical certification and waiver issuance will consider the level of  
17 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
18 provider or specialist (as applicable), and the results of appropriate testing.

19 4. Mariner applicants with genitourinary conditions should:

20 a. Discuss the following with their treating provider, and the provider performing the  
21 medical certificate examination:

22 (1) Their medical condition and the limitations of medical care aboard the vessel;

23 (2) The safety sensitive nature of their merchant mariner credential;

24 (3) How/whether the medical condition may affect, or be affected by service aboard a  
25 vessel or by service at sea; and

26 (4) The recommendation that the treating provider/provider performing the medical  
27 certificate examination review the guidance in this Manual when providing their  
28 assessment for medical certification.

29 b. Make sure to submit sufficient information on any of their medical conditions that are  
30 subject to further review. This includes:

31 (1) The **Treating Provider's Assessment**; and

32 (2) **Recommended Evaluation Data.**

1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition - to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention or hospitalization within the past 6 years;
- 10 d. Treatment compliance and efficacy;
- 11 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
12 or debilitating complication;
- 13 f. Reports of objective testing and standard evaluation data used to support their  
14 assessment; and
- 15 g. The extent to which the applicant's medical condition is likely to affect, or be  
16 affected by, service aboard the vessel or service at sea.
- 17 h. In some cases, the Coast Guard may request that the applicant submit documentation  
18 from a specialist such as a nephrologist, for example.

19 2. Recommended Evaluation Data:

- 20 a. Objective testing and supporting documentation may be requested to better assess the  
21 severity of the condition, the applicant's functional capacity; and the presence or  
22 absence of impairing complications. This information assists the evaluators in  
23 determining whether the mariner is able to perform routine and emergency duties  
24 without risk of sudden incapacitation.
- 25 b. The treating provider should submit objective testing and supporting documentation  
26 as appropriate for the specifics of the mariner applicant's medical condition.  
27 Generally, the type and manner of evaluation data or objective testing submitted will  
28 be left to the discretion of the treating provider or specialist.
- 29 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
30 that further testing is not clinically indicated, then the provider should include a  
31 statement to that effect in their assessment, along with the results of previously  
32 performed testing.

- d. If the treating provider seeks to demonstrate the applicant’s fitness by alternate means, then the provider should include a statement to that effect in their assessment.

**D. Medical Certification Evaluation.**

1. Certification Determinations.

Certification determinations will be made on a case-by-case basis. Information considered during the evaluation for issuance of a medical certificate will include, but is not limited to:

- a. The severity of the condition;
- b. The presence of symptoms or impairing complications;
- c. The stability of the condition;
- d. The need for access to medical care;
- e. The applicant’s ability to perform routine and emergency duties;
- f. The risk for sudden incapacitation or debilitating complication;
- g. The risk of impaired cognitive ability, judgment or reaction time related to the condition or associated medications;
- h. The written assessment of the treating provider; and
- i. The results of objective testing and standard evaluation data.

2. Medical Waivers.

- a. Mariner applicants whose condition does not meet the standard may be approved for a medical waiver if objective medical evidence indicates that the condition is sufficiently controlled to pose no significant risk to maritime and public safety.
- b. The evaluation will consider whether there are extenuating circumstances that warrant special consideration for issuance of a medical waiver.
- c. If approved, waivers and limitations may be applied to the credential and/or medical certificate, on a case-by-case basis.

3. Disqualification.

- a. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing complications may be found unqualified;
- b. Mariner applicants with other findings that indicate a significant risk of syncope, debilitating complication, or impairment may be found unqualified; and

- 1 c. Mariner applicants who do not have the functional capacity and/or physical ability
- 2 necessary to perform routine and/or emergency duties may be found unqualified; and
- 3 d. Mariner applicants who require dialysis treatment may be found unqualified.

4 **E. Guidance to Designated Medical Examiners (DMEs).**

5 1. Documentation.

6 The DME should ensure that the applicant has provided adequate documentation for the  
7 condition, to include:

- 8 a. An evaluation from the treating provider and/or specialist; and
- 9 b. Any appropriate recommended evaluation data.

10 2. Approval.

11 a. The DME may approve issuance of the medical certificate if their evaluation finds  
12 that the applicant meets all of the following:

- 13 (1) Favorable recommendation from the treating provider;
- 14 (2) Condition is asymptomatic and without recent need for emergency intervention,  
15 hospitalization or surgery;
- 16 (3) Condition has been stable and the assessment indicates low likelihood of sudden  
17 exacerbation, syncope or impairing complications; and
- 18 (4) Documentation supports that the applicant has the functional capacity and  
19 physical ability necessary to perform routine and emergency duties.

20 b. The DME should document their rationale for approving issuance of the medical If  
21 the DME approves issuance of the medical certificate, the DME should document the  
22 rationale for approving issuance of the medical certificate on the Application for  
23 Medical Certificate, Form CG-719K.

24 3. Deferral.

25 a. The DME Must Defer the decision to the Coast Guard if any of the following apply:

- 26 (1) Unfavorable recommendation or insufficient documentation from the treating  
27 provider;
- 28 (2) The applicant has evidence of instability, or history of life-threatening reactions or  
29 impairing symptoms or complications;
- 30 (3) The applicant's functional capacity and/or physical ability suggests impaired  
31 ability to perform routine and emergency duties;

1 (4) The applicant has other symptoms or findings that suggest a significant risk of  
2 syncope, sudden incapacitation or impairing complication; or

3 (5) The applicant requires dialysis.

4 b. If the DME defers the certification decision to the Coast Guard, the DME should  
5 discuss the reason(s) for deferral and document their recommendation regarding  
6 medical certification on the Application for Medical Certificate, Form CG-719K.

7 4. Education

8 The DME should provide education to mariner applicants on how their condition may  
9 affect, or be affected by service at sea.

10 5. Referral.

11 The DME should refer mariner applicants to their treating provider for follow-up of any  
12 abnormal findings discovered during the examination or during screening.

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## 1 CHAPTER 17. INFECTIOUS CONDITIONS

### 2 A. Conditions of Concern.

3 Infectious conditions that are life-threatening, impairing, or that pose a risk of sudden  
4 incapacitation or debilitating complication are subject to further review, and may be  
5 determined disqualifying. Examples include, but are not limited to hepatitis, tuberculosis,  
6 sexually transmitted diseases, gastrointestinal infections and human immunodeficiency virus  
7 infections.

### 8 B. Guidance to Mariner Applicants.

- 9 1. In some cases, infectious conditions may be deemed too high risk for medical  
10 certification. This would include conditions with life-threatening reactions or impairing  
11 complications, as well as conditions that put the individual at high risk of becoming  
12 unstable, unconscious, incapacitated, or otherwise unsafe to operate under the authority  
13 of the credential.
- 14 2. Infectious conditions that are determined to pose a low risk of sudden incapacitation may  
15 be considered for a waiver, or may not require any waiver or limitation.
- 16 3. The evaluation for medical certification and waiver issuance will consider the level of  
17 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
18 provider or specialist (as applicable), and the results of appropriate testing.
- 19 4. Mariner applicants with infectious conditions should:
  - 20 a. Discuss the following with their treating provider, and the provider performing the  
21 medical certificate examination:
    - 22 (1) Their medical condition and the limitations of medical care aboard the vessel;
    - 23 (2) The safety sensitive nature of their merchant mariner credential;
    - 24 (3) How/whether the medical condition may affect, or be affected by service aboard a  
25 vessel or by service at sea; and
    - 26 (4) The recommendation that the treating provider/provider performing the medical  
27 certificate examination review the guidance in this Manual when providing their  
28 assessment for medical certification.
  - 29 b. Make sure to submit sufficient information on any of their medical conditions that are  
30 subject to further review. This includes:
    - 31 (1) The **Treating Provider's Assessment**; and
    - 32 (2) **Recommended Evaluation Data**.



1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition - to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention or hospitalization within the past 6 years;
- 10 d. Treatment compliance and efficacy;
- 11 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
12 or debilitating complication;
- 13 f. Reports of objective testing and standard evaluation data used to support their  
14 assessment; and
- 15 g. The extent to which the applicant's medical condition is likely to affect, or be  
16 affected by, service aboard the vessel or service at sea.
- 17 h. In some cases, the Coast Guard may request that the applicant submit documentation  
18 from a specialist such as an infectious disease specialist, for example.

19 2. Recommended Evaluation Data:

- 20 a. Objective testing and supporting documentation may be requested to better assess the  
21 severity of the condition, the applicant's functional capacity; and the presence or  
22 absence of impairing complications. This information assists the evaluators in  
23 determining whether the mariner is able to perform routine and emergency duties  
24 without risk of sudden incapacitation.
- 25 b. The treating provider should submit objective testing and supporting documentation  
26 as appropriate for the specifics of the mariner applicant's medical condition.  
27 Generally, the type and manner of evaluation data or objective testing submitted will  
28 be left to the discretion of the treating provider or specialist.
- 29 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
30 that further testing is not clinically indicated, then the provider should include a  
31 statement to that effect in their assessment, along with the results of previously  
32 performed testing.

- d. If the treating provider seeks to demonstrate the applicant's fitness by alternate means, then the provider should include a statement to that effect in their assessment.

#### **D. Medical Certification Evaluation.**

##### **1. Certification Determinations.**

Certification determinations will be made on a case-by-case basis. Information considered during the evaluation for issuance of a medical certificate will include, but is not limited to:

- a. The severity of the condition;
- b. The presence of symptoms or impairing complications;
- c. The stability of the condition;
- d. The need for access to medical care;
- e. The applicant's ability to perform routine and emergency duties;
- f. The risk for sudden incapacitation or debilitating complication;
- g. The risk of impaired cognitive ability, judgment or reaction time related to the condition or associated medications;
- h. The written assessment of the treating provider; and
- i. The results of objective testing and standard evaluation data.

##### **2. Medical Waivers.**

- a. Mariner applicants whose condition does not meet the standard may be approved for a medical waiver if objective medical evidence indicates that the condition is sufficiently controlled to pose no significant risk to maritime and public safety.
- b. The evaluation will consider whether there are extenuating circumstances that warrant special consideration for issuance of a medical waiver.
- c. If approved, waivers and limitations may be applied to the credential and/or medical certificate, on a case-by-case basis.

##### **3. Disqualification.**

- a. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing complications may be found unqualified;
- b. Mariner applicants with other findings that indicate a significant risk of syncope, debilitating complication, or impairment may be found unqualified; and

- 1 c. Mariner applicants who do not have the functional capacity and/or physical ability  
2 necessary to perform routine and/or emergency duties may be found unqualified.

3 **E. Guidance to Designated Medical Examiners (DMEs).**

4 1. Documentation.

5 The DME should ensure that the applicant has provided adequate documentation for the  
6 condition, to include:

- 7 a. An evaluation from the treating provider and/or specialist; and  
8 b. Any appropriate recommended evaluation data.

9 2. Approval.

- 10 a. The DME may approve issuance of the medical certificate if their evaluation finds  
11 that the applicant meets all of the following:

- 12 (1) Favorable recommendation from the treating provider;  
13 (2) Condition is asymptomatic and without recent need for emergency care, major  
14 intervention, hospitalization or surgery;  
15 (3) Condition has been stable and the assessment indicates low likelihood of sudden  
16 exacerbation, syncope or impairing complications; and  
17 (4) Documentation supports that the applicant has the functional capacity and physical  
18 ability necessary to perform routine and emergency duties.  
19 b. If the DME approves issuance of the medical certificate, the DME should document  
20 the rationale for approving issuance of the medical certificate on the Application for  
21 Medical Certificate, Form CG-719K.

22 3. Deferral.

- 23 a. The DME Must Defer the decision to the Coast Guard if any of the following apply:

- 24 (1) Unfavorable recommendation or insufficient documentation from the treating  
25 provider;  
26 (2) The applicant has evidence of instability, or history of life-threatening reactions or  
27 impairing symptoms or complications;  
28 (3) The applicant's functional capacity and/or physical ability suggests impaired ability  
29 to perform routine and emergency duties; or  
30 (4) The applicant has other symptoms or findings that suggest a significant risk of  
31 syncope, sudden incapacitation or impairing complication.

1           b. If the DME defers the certification decision to the Coast Guard, the DME should  
2           discuss the reason(s) for deferral and document their recommendation regarding  
3           medical certification on the Application for Medical Certificate, Form CG-719K.

4           4. Education

5           The DME should provide education to mariner applicants on how their condition may  
6           affect, or be affected by service at sea.

7           5. Referral.

8           The DME should refer mariner applicants to their treating provider for follow-up of any  
9           abnormal findings discovered during the examination or during screening.

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1 **CHAPTER 18. MUSCULOSKELETAL CONDITIONS**

2 **A. Conditions of Concern.**

3 Musculoskeletal conditions that are life-threatening, impairing, or that pose a risk of sudden  
4 incapacitation or debilitating complication are subject to further review, and may be  
5 determined disqualifying. Examples include, but are not limited to chronic musculoskeletal  
6 pain conditions, conditions resulting in use of controlled substances or impairing  
7 medications; and paraplegia, amputation or restricted motions of limb.

8 **B. Guidance to Mariner Applicants.**

9 1. In some cases, musculoskeletal conditions may be deemed too high risk for medical  
10 certification. This would include conditions with life-threatening reactions or impairing  
11 complications, as well as conditions that put the individual at high risk of becoming  
12 unstable, unconscious, incapacitated, or otherwise unsafe to operate under the authority  
13 of the credential.

14 2. Musculoskeletal conditions that are determined to pose a low risk of sudden  
15 incapacitation may be considered for a waiver, or may not require any waiver or  
16 limitation.

17 3. The evaluation for medical certification and waiver issuance will consider the level of  
18 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
19 provider or specialist (as applicable), and the results of appropriate testing.

20 4. Mariner applicants musculoskeletal conditions should:

21 a. Discuss the following with their treating provider, and the provider performing the  
22 medical certificate examination:

23 (1) Their medical condition and the limitations of medical care aboard the vessel;

24 (2) The safety sensitive nature of their merchant mariner credential;

25 (3) How/whether the medical condition may affect, or be affected by service aboard a  
26 vessel or by service at sea; and

27 (4) The recommendation that the treating provider/provider performing the medical  
28 certificate examination review the guidance in this Manual when providing their  
29 assessment for medical certification.

30 b. Make sure to submit sufficient information on any of their medical conditions that are  
31 subject to further review. This includes:

32 (1) **The Treating Provider’s Assessment;** and

33 (2) **Recommended Evaluation Data.**

1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition - to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention or hospitalization within the past 6 years;
- 10 d. Treatment compliance and efficacy;
- 11 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
12 or debilitating complication;
- 13 f. Whether the applicant's condition is being treated with controlled substances or  
14 impairing medications;
- 15 g. The applicant's ability to meet/demonstrate the physical ability guidelines, and to  
16 safely perform shipboard functions or meet the physical demands that would  
17 reasonably arise during an emergency response;
- 18 h. Reports of objective testing and standard evaluation data used to support their  
19 assessment; and
- 20 i. The extent to which the applicant's medical condition is likely to affect, or be  
21 affected by, service aboard the vessel or service at sea.
- 22 j. In some cases, the Coast Guard may request that the applicant submit documentation  
23 from a specialist such as an orthopedic surgeon, physical medicine specialist, or  
24 physical therapist, for example.

25 2. Recommended Evaluation Data:

- 26 a. Objective testing and supporting documentation may be requested to better assess the  
27 severity of the condition, the applicant's functional capacity; and the presence or  
28 absence of impairing complications. This information assists the evaluators in  
29 determining whether the mariner is able to perform routine and emergency duties  
30 without risk of sudden incapacitation.
- 31 b. The treating provider should submit objective testing and supporting documentation  
32 as appropriate for the specifics of the mariner applicant's medical condition.

1 Generally, the type and manner of evaluation data or objective testing submitted will  
2 be left to the discretion of the treating provider or specialist.

- 3 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
4 that further testing is not clinically indicated, then the provider should include a  
5 statement to that effect in their assessment, along with the results of previously  
6 performed testing.
- 7 d. If the treating provider seeks to demonstrate the applicant's fitness by alternate  
8 means, then the provider should include a statement to that effect in their assessment.  
9 Examples of recommended evaluation data for musculoskeletal disorders include, but  
10 are not limited to:
- 11 (1) Demonstration of physical abilities;
- 12 (2) Practical examination underway – If requested by the Coast Guard, for applicants  
13 with severely restricted motion of limb, loss of limb or loss of use of limb due to  
14 conditions such as amputation or paralysis, for example; and
- 15 (3) Neuropsychological/neurocognitive testing - if condition results in use of  
16 controlled substances or impairing medications, and such testing was requested by  
17 the Coast Guard.

18 **D. Medical Certification Evaluation.**

19 1. Certification Determinations.

20 Certification determinations will be made on a case-by-case basis. Information  
21 considered during the evaluation for issuance of a medical certificate will include, but is  
22 not limited to:

- 23 a. The severity of the condition;
- 24 b. The presence of symptoms or impairing complications;
- 25 c. The stability of the condition;
- 26 d. The need for access to medical care;
- 27 e. The applicant's ability to perform routine and emergency duties;
- 28 f. The risk for sudden incapacitation or debilitating complication;
- 29 g. The risk of impaired cognitive ability, judgment or reaction time related to the  
30 condition or associated medications;
- 31 h. The written assessment of the treating provider; and
- 32 i. The results of objective testing and standard evaluation data.

1        2. Medical Waivers.

- 2            a. Mariner applicants whose condition does not meet the standard may be approved for  
3            a medical waiver if objective medical evidence indicates that the condition is  
4            sufficiently controlled to pose no significant risk to maritime and public safety.
- 5            b. The evaluation will consider whether there are extenuating circumstances that warrant  
6            special consideration for issuance of a medical waiver.
- 7            c. If approved, waivers and limitations may be applied to the credential and/or medical  
8            certificate, on a case-by-case basis.

9        3. Disqualification.

- 10           a. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing  
11           complications may be found unqualified;
- 12           b. Mariner applicants with other findings that indicate a significant risk of syncope,  
13           debilitating complication, or impairment may be found unqualified;
- 14           c. Mariner applicants who do not have the functional capacity and/or physical ability  
15           necessary to perform routine and/or emergency duties may be found unqualified; and
- 16           d. Mariner applicants whose conditions are treated with controlled substances or  
17           impairing medications, may be found unqualified. See Chapter 7 of this Manual,  
18           Medications Subject to Further Review, for guidance on medications.

19 **E. Guidance to Designated Medical Examiners (DMEs).**

20        1. Documentation.

21           The DME should ensure that the applicant has provided adequate documentation for the  
22           condition, to include:

- 23           a. An evaluation from the treating provider and/or specialist; and
- 24           b. Any appropriate recommended evaluation data.

25        2. Approval.

26           a. The **DME may approve** issuance of the medical certificate if their evaluation finds  
27           that the applicant meets all of the following:

- 28           (1) Favorable recommendation from the treating provider;
- 29           (2) Condition is asymptomatic and without recent need for emergency care, major  
30           intervention, hospitalization or surgery;



1 (3) The conditions is not being treated with controlled substances or impairing  
2 medications;

3 (4) Condition has been stable and the assessment indicates low likelihood of sudden  
4 exacerbation, syncope or impairing complications; and

5 (5) Documentation supports that the applicant has the functional capacity and  
6 physical ability necessary to perform routine and emergency duties.

7 b. If the DME approves issuance of the medical certificate, the DME should document  
8 the rationale for approving issuance of the medical certificate on the Application for  
9 Medical Certificate, Form CG-719K.

10 3. Deferral.

11 a. The DME **must defer** the decision to the Coast Guard if any of the following apply:

12 (1) Unfavorable recommendation or insufficient documentation from the treating  
13 provider;

14 (2) The applicant has evidence of instability, or history of life-threatening reactions or  
15 impairing symptoms or complications;

16 (3) The applicant's functional capacity and/or physical ability suggests impaired  
17 ability to perform routine and emergency duties;

18 (4) The applicant has other symptoms or findings that suggest a significant risk of  
19 syncope, sudden incapacitation or impairing complication; or

20 (5) The applicant's condition is treated with controlled substances or impairing  
21 medications.

22 b. If the DME defers the certification decision to the Coast Guard, the DME should  
23 discuss the reason(s) for deferral and document their recommendation regarding  
24 medical certification on the Application for Medical Certificate, Form CG-719K.

25 4. Education

26 The DME should provide education to mariner applicants on how their condition may  
27 affect, or be affected by service at sea.

28 5. Referral.

29 The DME should refer\_mariner applicants to their treating provider for follow-up of any  
30 abnormal findings discovered during the examination or during screening.

31

1 **CHAPTER 19. NEUROLOGIC CONDITIONS**

2 **A. Introduction.**

3 1. Neurologic Conditions of Concern.

- 4 a. Neurologic conditions associated with impaired function, cognitive ability,  
5 judgment or reaction time; or associated with disturbance of consciousness or  
6 altered sensorium, including, but not limited to, stroke, transient ischemic  
7 attack, tumor, disorders of disequilibrium, migraine headaches, migraine  
8 visual aura, and transient loss of control of nervous system function are  
9 subject to further review, and may be determined disqualifying.
- 10 b. The conditions of epilepsy, seizures, and convulsive disorders are  
11 disqualifying and generally will not be approved for issuance of a waiver. See  
12 Paragraph G of this Chapter, Waivers for Neurologic Conditions Requiring  
13 Special Consideration.
- 14 c. Sleep disorders, including but not limited to, obstructive sleep apnea, central  
15 hypersomnias, and insomnia, are subject to further review, and may be  
16 determined disqualifying. The conditions of narcolepsy and idiopathic  
17 hypersomnia are disqualifying and generally will not be approved for issuance  
18 of a waiver. See Paragraph G of this Chapter, Waivers for Neurologic  
19 Conditions Requiring Special Consideration.
- 20 d. General classes of neurologic conditions that are subject to further review  
21 include, but are not limited to:
- 22 (1) Chronic, Progressive Conditions;
- 23 (2) Non-progressive Conditions;
- 24 (3) Intracranial Surgery, Brain Injury, Brain Tumors, or Central Nervous  
25 System Infection;
- 26 (4) Seizure Disorders; and
- 27 (5) Sleep Disorders.

28 2. General Guidance to Mariner Applicants.

- 29 a. Some neurologic conditions may be deemed too high risk for medical  
30 certification. This would include conditions with life-threatening reactions  
31 and impairing complications, as well as conditions that put the individual at  
32 high risk of becoming unstable, unconscious, incapacitated, or otherwise  
33 unsafe to operate under the authority of the credential.

- 1           b. Neurologic conditions that are determined to pose a low risk of sudden  
2           incapacitation may be considered for a waiver, or may not require a waiver or  
3           limitation.
- 4           c. The evaluation for medical certification and waiver issuance will consider the  
5           level of stability, the likelihood for worsening or recurrence, the written  
6           assessment of the treating provider or specialist (as applicable), and the results  
7           of appropriate testing.
- 8           d. Mariner applicants with neurologic conditions should:
- 9           (1) Discuss the following with their treating provider and with the provider  
10           performing the medical certificate examination:
- 11           (a) Their medical condition and the limitations of medical care aboard the  
12           vessel;
- 13           (b) The safety sensitive nature of their merchant mariner credential;
- 14           (c) How/whether the medical condition may affect, or be affected by  
15           service aboard a vessel;
- 16           (d) The recommendation that the treating provider/provider review the  
17           medical certificate examination and review the guidance in this  
18           Manual when providing their assessment for medical certification.
- 19           (2) Make sure to submit sufficient information on any of their medical  
20           conditions that are subject to further review. This includes:
- 21           (a) **The Treating Provider’s Assessment;** and
- 22           (b) **Recommended Evaluation Data**

23   3. Guidance to the Treating Providers.

24   a. Treating Provider’s Assessment.

25           The treating provider’s assessment should detail a full evaluation of the  
26           condition as follows:

- 27           (1) Pertinent medical examination and physical evaluation data;
- 28           (2) The history of the condition;
- 29           (3) The status of the condition, to include severity, stability, symptoms,  
30           presence of impairing complications, and whether the applicant has  
31           required emergency treatment, intervention or hospitalization within the  
32           past 5 years;

- 1 (4) Treatment compliance and efficacy;
- 2 (5) An assessment of the applicant's risk for future adverse neurologic events,  
3 syncope, sudden incapacitation, or debilitating complication; and
- 4 (6) Reports of any objective testing and standard evaluation tools that were  
5 performed to aid in their assessment; and
- 6 (7) The extent to which the applicant's medical condition is likely to affect, or  
7 be affected by, service aboard the vessel or service at sea.
- 8 (8) In some cases, the Coast Guard may request that the applicant submit  
9 documentation from a specialist such as a neurologist, sleep specialist or  
10 neurosurgeon, for example.

11 b. Recommended Evaluation Data.

- 12 (1) Objective testing results and supporting documentation are requested to  
13 better assess the severity of the condition, the presence of adequate  
14 functional capacity; and the presence or absence of impairment. This  
15 information assists the evaluators in determining whether the mariner is  
16 able to perform routine and emergency duties without risk of sudden  
17 incapacitation.
- 18 (2) The treating provider should submit objective testing and supporting  
19 documentation as appropriate for the specifics of the mariner applicant's  
20 medical condition. Generally, the type and manner of evaluation data or  
21 objective testing submitted will be left to the discretion of the treating  
22 provider or specialist.
- 23 (3) If objective testing was performed within 5 years of the current medical  
24 certificate application, and the treating specialist finds that there are no  
25 indications for obtaining further study, then they should provide  
26 discussion and documentation to that effect in their assessment, along with  
27 the results of previously performed testing.
- 28 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
29 alternate means, then the provider should include a statement to that effect  
30 in the assessment.
- 31 (5) The Coast Guard may request additional testing, studies, or specialist  
32 evaluation, on a case-by-case basis, if the mariner applicant's medical  
33 condition is determined to be of significant concern. Examples of  
34 Recommended Evaluation Data for neurologic conditions include, but are  
35 not limited to:
  - 36 (a) Electroencephalogram;

- 1 (b) Polysomnogram;
- 2 (c) Positive airway pressure therapy logs; and
- 3 (d) Neuropsychological/neurocognitive testing.
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1 **B. Chronic, Progressive Conditions.**

2 1. Guidance to Mariner Applicants.

3 a. Examples include, but are not limited to, multiple sclerosis, Alzheimer’s  
4 disease, and Parkinson’s disease. In some cases, chronic, progressive  
5 neurologic conditions may be deemed too high risk for medical certification.  
6 This would include conditions with life-threatening reactions and impairing  
7 complications, as well as conditions that put the individual at high risk of  
8 becoming unstable, unconscious, incapacitated, or otherwise unsafe to operate  
9 under the authority of the credential.

10 b. Chronic, progressive conditions that are determined to pose a low risk of  
11 sudden incapacitation or debilitating complication may be considered for a  
12 waiver, or may not require any waiver or limitation.

13 c. The evaluation for medical certification and waiver issuance will consider the  
14 level of stability, the likelihood for worsening or recurrence, the written  
15 assessment of the treating provider or specialist (as applicable), and the results  
16 of appropriate testing.

17 d. Mariner applicants with chronic, progressive conditions should:

18 (1) Discuss the following with their treating provider, and the provider  
19 performing the medical certificate examination:

20 (a) Their medical condition and the limitations of medical care aboard the  
21 vessel;

22 (b) The safety sensitive nature of their merchant mariner credential;

23 (c) How/whether the medical condition may affect, or be affected by  
24 service aboard a vessel or by service at sea; and

25 (d) The recommendation that the treating provider/provider performing  
26 the medical certificate examination review the guidance in this Manual  
27 when providing their assessment for medical certification.

28 (2) Make sure to submit sufficient information on any of their medical  
29 conditions that are subject to further review. This includes:

30 (a) The **Treating Provider’s Assessment**; and

31 (b) **Recommended Evaluation Data.**

32 2. Guidance to Treating Providers.

33 a. Treating Provider’s Assessment.

- 1 The treating provider's assessment should detail a full evaluation of the  
2 condition as follows:
- 3 (1) Pertinent medical examination and physical evaluation data;
  - 4 (2) The history of the condition;
  - 5 (3) The status of the condition, to include severity, stability, symptoms,  
6 presence of impairing complications, and whether the applicant has  
7 required emergency treatment, intervention or hospitalization within the  
8 past 5 years;
  - 9 (4) Discuss treatment compliance and efficacy;
  - 10 (5) Include an assessment of the applicant's risk for future adverse neurologic  
11 events, syncope, impairment sudden incapacitation debilitating  
12 complication;
  - 13 (6) Include reports of objective testing and standard evaluation data used to  
14 support their assessment; and
  - 15 (7) Discuss the extent to which the applicant's medical condition is likely to  
16 affect, or be affected by, service aboard the vessel or service at sea.
  - 17 (8) In some cases, the Coast Guard may request that the applicant submit  
18 documentation from a specialist such as a neurologist or neurosurgeon, for  
19 example.

20 b. Recommended Evaluation Data.

- 21 (1) Objective testing and supporting documentation may be requested to  
22 better assess the severity of the condition, the applicant's functional  
23 capacity; and the presence or absence of impairment. This information  
24 assists the evaluators in determining whether the mariner is able to  
25 perform routine and emergency duties without risk of sudden  
26 incapacitation.
- 27 (2) The treating provider should submit objective testing and supporting  
28 documentation as appropriate for the specifics of the mariner applicant's  
29 medical condition. Generally, the type and manner of evaluation data or  
30 objective testing submitted will be left to the discretion of the treating  
31 provider or specialist.
- 32 (3) If the applicant has undergone prior testing, and the treating physician  
33 feels strongly that further testing is not clinically indicated, then the  
34 provider should include a statement to that effect in their assessment,  
35 along with the results of previously performed testing.

1 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
2 alternate means, then the provider should include a statement to that effect  
3 in their assessment.

4 (5) Examples of recommended evaluation data for chronic, progressive  
5 neurologic conditions may include, but are not limited to  
6 neuropsychological/neurocognitive testing.

7 3. Medical Certification Evaluation.

8 a. Certification Determinations.

9 Certification determinations will be made on a case-by-case basis.  
10 Information considered during the evaluation for issuance of a medical  
11 certificate will include, but is not limited to:

- 12 (1) The severity of the condition;  
13 (2) The presence of symptoms or impairing complications;  
14 (3) The stability of the condition;  
15 (4) The need for access to medical care;  
16 (5) The applicant's ability to perform routine and emergency duties;  
17 (6) The risk for sudden incapacitation or debilitating complication;  
18 (7) The risk of impaired cognitive ability, judgment or reaction time related to  
19 the condition or associated medications;  
20 (8) The written assessment of the treating provider; and  
21 (9) The results of objective testing and standard evaluation data.

22 b. Medical Waivers.

- 23 (1) Mariner applicants whose condition does not meet the standard may be  
24 approved for a medical waiver if objective medical evidence indicates  
25 that the condition is sufficiently controlled to pose no significant risk to  
26 maritime and public safety.  
27 (2) The evaluation will consider whether there are extenuating circumstances  
28 that warrant special consideration for issuance of a medical waiver.  
29 (3) If approved, waivers and limitations may be applied to the credential  
30 and/or medical certificate, on a case-by-case basis.

31 c. Disqualification.



- 1 (1) Mariner applicants whose conditions are unstable or at risk for rapid  
2 deterioration may be found unqualified;
- 3 (2) Mariner applicants whose conditions pose a risk of sudden incapacitation  
4 may be found unqualified;
- 5 (3) Mariner applicants with impaired cognitive ability, judgment or reaction  
6 time may be found unqualified;
- 7 (4) Mariner applicants with other findings that indicate a significant risk of  
8 an adverse neurologic event, syncope, or collapse may be found  
9 unqualified;
- 10 (5) Mariner applicants whose conditions are treated with controlled  
11 substances or impairing medications, may be found unqualified; and
- 12 (6) Mariner applicants who do not have the functional capacity and/or  
13 physical ability necessary to perform routine and/or emergency duties  
14 may be found unqualified.

15 4. Guidance to Designated Medical Examiners (DMEs).

16 a. Documentation.

17 The DME should ensure that the applicant has provided adequate  
18 **documentation** for the condition, to include:

- 19 (1) An evaluation from the treating provider and/or specialist; and
- 20 (2) Any appropriate recommended evaluation data.

21 b. Approval.

22 (1) **The DME may approve** issuance of the medical certificate if their  
23 evaluation finds that the applicant meets all of the following:

- 24 (a) Favorable recommendation from the treating provider;
- 25 (b) Condition is asymptomatic and without recent need for emergency  
26 care, major intervention, hospitalization or surgery;
- 27 (c) Condition has been stable and the assessment indicates low likelihood  
28 of sudden exacerbation, syncope or adverse event;
- 29 (d) Documentation supports no impairment of cognitive ability, judgment  
30 or reaction time; and

1 (e) Documentation supports that the applicant has the functional capacity  
2 and physical ability necessary to perform routine and emergency  
3 duties.

4 (2) The DME should document their rationale for recommending approval on  
5 the Application for Medical Certificate, Form CG-719K.

6 c. Deferral.

7 (1) The **DME Must Defer the decision** to the Coast Guard if any of the  
8 following:

9 (a) Unfavorable recommendation or insufficient documentation from the  
10 treating provider;

11 (b) The applicant's condition is symptomatic, unstable, or suggestive of  
12 high risk for progression;

13 (c) The applicant's evaluation and/or medications indicate risk of  
14 impaired cognitive ability, judgment or reaction time;

15 (d) The applicant's functional capacity and/or physical ability suggests  
16 impaired ability to perform routine and emergency duties; or

17 (e) The applicant has other symptoms or findings that suggest a significant  
18 risk for syncope, collapse or other adverse neurologic event.

19 (2) If the DME defers the certification decision to the Coast Guard, the DME  
20 should discuss the reason(s) for deferral and document their  
21 recommendation regarding medical certification on the Application for  
22 Medical Certificate, CG-719K.

23 d. Education.

24 The **DME should provide education** to mariner applicants on how their  
25 condition may affect, or be affected by service at sea.

26 e. Referral.

27 The **DME should refer mariner applicants** to their treating provider for  
28 follow-up of any abnormal findings discovered during the examination or  
29 during screening.

30

1 **C. Non-progressive Conditions.**

2 1. Guidance to Mariner Applicants.

3 a. In some cases, non- progressive neurologic conditions may be deemed too  
4 high risk for medical certification. This would include conditions with life-  
5 threatening reactions and impairing conditions, as well as conditions that put  
6 the individual at high risk of becoming impaired, distracted, incapacitated, or  
7 otherwise unsafe to operate under the authority of the credential. Examples of  
8 conditions that are subject to further review include, but are not limited to,  
9 chronic or recurrent headache disorders, syncope that occurred within the past  
10 5 years, and vertigo.

11 b. Non-progressive conditions that are determined to pose a low risk of sudden  
12 incapacitation or debilitating complication may be considered for a waiver, or  
13 may not require any waiver or limitation.

14 c. The evaluation for medical certification and waiver issuance will consider the  
15 level of stability, the likelihood for worsening or recurrence, whether the  
16 condition results in the use of controlled substances or impairing medications,  
17 the written assessment of the treating provider or specialist (as applicable),  
18 and the results of appropriate testing.

19 d. Mariner applicants with non- progressive should:

20 (1) Discuss the following with their treating provider, and the provider  
21 performing the medical certificate examination:

22 (a) Their medical condition and the limitations of medical care aboard the  
23 vessel;

24 (b) The safety sensitive nature of their merchant mariner credential;

25 (c) How/whether the medical condition may affect, or be affected by  
26 service aboard a vessel or by service at sea; and

27 (d) The recommendation that the treating provider/provider performing  
28 the medical certificate examination review the guidance of this manual  
29 when providing their assessment for medical certification.

30 (2) Make sure to submit sufficient information on any of their medical  
31 conditions that are subject to further review. This includes:

32 (a) The **Treating Provider's Assessment**; and

33 (b) **Recommended Evaluation Data.**

34 2. Guidance to Treating Providers.

1 a. Treating Provider's Assessment.

2 The treating provider's assessment should detail a full evaluation of the  
3 condition as follows:

- 4 (1) Pertinent medical examination and physical evaluation data;
- 5 (2) The history of the condition;
- 6 (3) The status of the condition, to include severity, stability, symptoms,  
7 presence of impairing complications, and whether the applicant has  
8 required emergency treatment, intervention or hospitalization within the  
9 past 5 years;
- 10 (4) Treatment efficacy and compliance;
- 11 (5) An assessment of the applicant's risk for future adverse neurologic events,  
12 syncope, impairment, sudden incapacitation, or debilitating complication;
- 13 (6) Reports of objective testing and standard evaluation data used to support  
14 their assessment; and
- 15 (7) The extent to which the applicant's medical condition is likely to affect, or  
16 be affected by, service aboard the vessel or service at sea.
- 17 (8) In some cases, the Coast Guard may request that the applicant submit  
18 documentation from a specialist such as a neurologist or neurosurgeon, for  
19 example.

20 b. Recommended Evaluation Data.

- 21 (1) Objective testing and supporting documentation may be requested to  
22 better assess the severity of the condition, the applicant's functional  
23 capacity; and the presence or absence of impairment. This information  
24 assists the evaluators in determining whether the mariner is able to  
25 perform routine and emergency duties without risk of sudden  
26 incapacitation.
- 27 (2) The treating provider should submit objective testing and supporting  
28 documentation as appropriate for the specifics of the mariner applicant's  
29 medical condition. Generally, the type and manner of evaluation data or  
30 objective testing submitted will be left to the discretion of the treating  
31 provider or specialist.
- 32 (3) If the applicant has undergone prior testing, and the treating physician  
33 feels strongly that further testing is not clinically indicated, then the  
34 provider should include a statement to that effect in their assessment,  
35 along with the results of previously performed testing.

1 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
2 alternate means, then the provider should include a statement to that effect  
3 in their assessment.

4 (5) Examples of recommended evaluation data for non-progressive neurologic  
5 conditions include, but are not limited to  
6 neuropsychological/neurocognitive testing.

7 3. Medical Certification Evaluation.

8 a. Certification Determinations.

9 Certification determinations will be made on a case-by-case basis. Information  
10 considered during the evaluation for issuance of a medical certificate will  
11 include, but is not limited to:

- 12 (a) The severity of the condition;  
13 (b) The presence of symptoms or impairing conditions;  
14 (c) The stability of the condition;  
15 (d) The need for access to medical care;  
16 (e) The applicant's ability to perform routine and emergency duties;  
17 (f) The risk for sudden incapacitation or debilitating complication;  
18 (g) The risk of impaired cognitive ability, judgment or reaction time related to  
19 the condition or associated medications;  
20 (h) The written assessment of the treating provider; and  
21 (i) The results of objective testing and standard evaluation data.

22 b. Medical Waivers.

23 (1) Mariner applicants whose condition does not meet the standard may be  
24 approved for a medical waiver if objective medical evidence indicates that  
25 the condition is sufficiently controlled to pose no significant risk to  
26 maritime and public safety.

27 (2) The evaluation will consider whether there are extenuating circumstances  
28 that warrant special consideration for issuance of a medical waiver.

29 (3) If approved, waivers and limitations may be applied to the credential  
30 and/or medical certificate, on a case-by-case basis.

31 c. Disqualification.

- 1 (1) Mariner applicants whose conditions are unstable or pose a risk for  
2 impairment may be found unqualified;
- 3 (2) Mariner applicants whose conditions pose a risk of sudden incapacitation  
4 may be found unqualified;
- 5 (3) Mariner applicants with other findings that indicate a significant risk of an  
6 adverse neurologic event, syncope, or collapse may be found unqualified;
- 7 (4) Mariner applicants with impaired cognitive ability, judgment or reaction  
8 time may be found unqualified;
- 9 (5) Mariner applicants who do not have the functional capacity and/or  
10 physical ability to perform routine and/or emergency duties may be found  
11 unqualified; and
- 12 (6) Mariner applicants whose conditions are treated with controlled  
13 substances or impairing medications, may be found unqualified.

14 4. Guidance to Designated Medical Examiners (DMEs).

15 a. Documentation.

- 16 (1) The DME should ensure that the applicant has provided adequate  
17 **documentation** for the condition, to include:
  - 18 (a) An evaluation from the treating provider and/or specialist; and
  - 19 (b) Any appropriate recommended evaluation data.

20 b. Approval.

- 21 (1) The **DME may approve issuance of the medical certificate** if their  
22 evaluation finds that the applicant meets all of the following:
  - 23 (a) Favorable recommendation from the treating provider;
  - 24 (b) Condition is asymptomatic and without recent need for emergency  
25 care, major intervention, hospitalization or surgery;
  - 26 (c) Condition has been stable and the assessment indicates low likelihood  
27 of sudden exacerbation, syncope or adverse event;
  - 28 (d) Documentation supports no impairment of cognitive ability, judgment  
29 or reaction time; and
  - 30 (e) Documentation supports that the applicant has the functional capacity  
31 and/or physical ability to perform routine and emergency duties.

1 (2) If the DME approves issuance of the medical certificate, the DME should  
2 document their rationale for recommending approval on the Application  
3 for Medical Certificate, Form CG-719K

4 c. Deferral.

5 (1) The **DME must defer the decision** to the Coast Guard if any of the  
6 following apply:

7 (a) Unfavorable recommendation or insufficient documentation from the  
8 treating provider;

9 (b) The applicant's condition is symptomatic, unstable, or suggestive of  
10 high risk for impairment;

11 (c) The applicant's evaluation and/or medications indicate risk of  
12 impaired cognitive ability, judgment or reaction time;

13 (d) The applicant's functional capacity and/or physical ability to perform  
14 routine and emergency duties;

15 (e) The applicant has other symptoms or findings that suggest a significant  
16 risk for syncope, collapse or other adverse neurologic event; or

17 (f) The applicant's condition requires treatment with controlled  
18 substances or impairing medications.

19 (2) If the DME defers the certification decision to the Coast Guard, the DME  
20 should discuss the reason(s) for deferral and document their  
21 recommendation regarding medical certification on the Application for  
22 Medical Certificate, CG-719K.

23 d. Education.

24 1) The DME Should Provide:

25 The **DME should provide education** to mariner applicants on how their  
26 condition may affect, or be affected by service at sea.

27 e. Referral.

28 The **DME should refer mariner applicants** to their treating provider for  
29 follow-up of any abnormal findings discovered during the examination or  
30 during screening.

31

1 **D. Intracranial Surgery, Brain Injury, Brain Tumors, and Central Nervous System**  
2 **Infection.**

3 1. Guidance to Mariner Applicants.

- 4 a. In some cases, intracranial surgery, brain injury, brain tumors, or central  
5 nervous system (CNS) infection may be deemed too high risk for medical  
6 certification. This would include conditions with life-threatening reactions, as  
7 well as conditions that put the individual at high risk of becoming unstable,  
8 unconscious, incapacitated, or otherwise unsafe to operate under the authority  
9 of the credential.
- 10 b. Intracranial surgery, brain injury, brain tumors or CNS infections that are  
11 determined to pose a low risk of sudden incapacitation may be considered for  
12 a waiver, or may not require any waiver or limitation.
- 13 c. The evaluation for medical certification and waiver issuance will consider the  
14 level of stability, the likelihood for worsening or recurrence, the written  
15 assessment of the treating provider or specialist (as applicable), and the results  
16 of appropriate testing.
- 17 d. Mariner applicants with a history of intracranial surgery, brain injury, brain  
18 tumors or CNS infection should:
- 19 (1) Discuss the following with their treating provider, and the provider  
20 performing the medical certificate examination:
- 21 (a) Their medical condition and the limitations of medical care aboard the  
22 vessel;
- 23 (b) The safety sensitive nature of their merchant mariner credential;
- 24 (c) How/whether the medical condition may affect, or be affected by  
25 service aboard a vessel or by service at sea; and
- 26 (d) The recommendation that the treating provider/provider performing  
27 the medical certificate examination review the guidance in this Manual  
28 when providing their assessment for medical certification.
- 29 (2) Make sure to submit sufficient information on any of their medical  
30 conditions that are subject to further review. This includes:
- 31 (a) The **Treating Provider's Assessment**; and
- 32 (b) **Recommended Evaluation Data.**

33 2. Guidance to Treating Providers.



1 a. Treating Provider's Assessment.

2 The treating provider's assessment should detail a full evaluation of the  
3 condition as follows:

- 4 (1) Pertinent medical examination and physical evaluation data;
- 5 (2) The history of the condition;
- 6 (3) The status of the condition, to include severity, stability, symptoms,  
7 presence of impairing complications, and whether the applicant has  
8 required emergency treatment, intervention or hospitalization within the  
9 past 5 years;
- 10 (4) Treatment efficacy and compliance;
- 11 (5) An assessment of the applicant's risk for future adverse neurologic events,  
12 syncope, impairment, sudden incapacitation, or debilitating complication;
- 13 (6) Reports of objective testing and standard evaluation data used to support  
14 their assessment; and
- 15 (7) The extent to which the applicant's medical condition is likely to affect, or  
16 be affected by, service aboard the vessel or service at sea.
- 17 (8) In some cases, the Coast Guard may request that the applicant submit  
18 documentation from a specialist such as a neurologist or neurosurgeon, for  
19 example.

20 b. Recommended Evaluation Data.

- 21 (1) Objective testing and supporting documentation may be requested to  
22 better assess the severity of the condition, the applicant's functional  
23 capacity; and the presence or absence of impairment. This information  
24 assists the evaluators in determining whether the mariner is able to  
25 perform routine and emergency duties without risk of sudden  
26 incapacitation.
- 27 (2) The treating provider should submit objective testing and supporting  
28 documentation as appropriate for the specifics of the mariner applicant's  
29 medical condition. Generally, the type and manner of evaluation data or  
30 objective testing submitted will be left to the discretion of the treating  
31 provider or specialist.
- 32 (3) If the applicant has undergone prior testing, and the treating physician  
33 feels strongly that further testing is not clinically indicated, then the  
34 provider should include a statement to that effect in their assessment,  
35 along with the results of previously performed testing.

1 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
2 alternate means, then the provider should include a statement to that effect  
3 in their assessment.

4 (5) Examples of recommended evaluation data for applicants with a history of  
5 intracranial surgery, brain injury, brain tumors, or CNS infection include,  
6 but are not limited to: neuropsychological/neurocognitive testing.

7 3. Medical Certification Evaluation.

8 a. Certification Determinations.

9 Certification determinations will be made on a case-by-case basis. Information  
10 considered during the evaluation for issuance of a medical certificate will  
11 include, but is not limited to:

- 12 (1) The severity of the condition;
- 13 (2) The presence of symptoms or impairing conditions;
- 14 (3) The stability of the condition;
- 15 (4) The need for access to medical care;
- 16 (5) The applicant's ability to perform routine and emergency duties;
- 17 (6) The risk for sudden incapacitation or debilitating complication;
- 18 (7) The risk of impaired cognitive ability, judgment or reaction time related to  
19 the condition or associated medications;
- 20 (8) The written assessment of the treating provider; and
- 21 (9) The results of objective testing and standard evaluation data.

22 b. Medical Waivers.

23 (1) Mariner applicants whose condition does not meet the standard may be  
24 approved for a medical waiver if objective medical evidence indicates that  
25 the condition is sufficiently controlled to pose no significant risk to  
26 maritime and public safety.

27 (2) The evaluation will consider whether there are extenuating circumstances  
28 that warrant special consideration for issuance of a medical waiver.

29 (3) If approved, waivers and limitations may be applied to the credential  
30 and/or medical certificate, on a case-by-case basis.

31 c. Disqualification.

- 1 (1) Mariner applicants whose conditions are unstable or pose a risk for  
2 impairment may be found unqualified;
- 3 (2) Mariner applicants whose conditions pose a risk of sudden incapacitation  
4 may be found unqualified;
- 5 (3) Mariner applicants with other findings that indicate a significant risk of an  
6 adverse neurologic event, syncope, or collapse may be found unqualified;
- 7 (4) Mariner applicants with impaired cognitive ability, judgment or reaction  
8 time may be found unqualified; and
- 9 (5) Mariner applicants who do not have the functional capacity and/or  
10 physical ability necessary to perform routine and/or emergency duties may  
11 be found unqualified; and
- 12 (6) Mariner applicants whose conditions are treated with controlled  
13 substances or impairing medications, may be found unqualified.

14 4. Guidance to Designated Medical Examiners(DMEs).

15 a. Documentation.

16 The DME should ensure that the applicant has provided adequate  
17 **documentation** for the condition, to include:

- 18 (1) An evaluation from the treating provider and/or specialist; and
- 19 (2) Any appropriate recommended evaluation data.

20 b. Approval.

21 **The DME May Not Approve issuance of the medical certificate** if their  
22 evaluation finds that the applicant has a history of intracranial surgery, brain  
23 injury, brain tumor or CNS infection conditions.

24 c. Deferral.

- 25 (1) The **DME Must Defer the decision** to the Coast Guard if the applicant  
26 has a history of intracranial surgery, brain injury, brain tumor, or CNS  
27 infection conditions.
- 28 (2) The DME's deferral should address the reason(s) for deferral and  
29 document their recommendation regarding medical certification on the  
30 Application for Medical Certificate, Form CG-719K.

31 d. Education.

1           The **DME should provide** education to mariner applicants on how their  
2           condition may affect, or be affected by service at sea.

3           e. Referral.

4           The **DME should refer mariner applicants** to their treating provider for  
5           follow-up of any abnormal findings discovered during the examination or  
6           during screening.

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1 **E. Seizure or Convulsive Disorders.**

2 1. Guidance to Mariner Applicants.

3 a. Examples include, but are not limited to, unprovoked seizures, epilepsy,  
4 convulsions, provoked seizures and single-seizure events. The conditions of  
5 epilepsy, seizures, and convulsive disorders are disqualifying and generally  
6 will not be approved for issuance of a waiver. See Paragraph G of this  
7 Chapter, Waivers for Neurologic Conditions Requiring Special Consideration.  
8 This is because seizure conditions and convulsive disorders are generally  
9 deemed too high risk for medical certification because they are conditions  
10 with life-threatening reactions and impairing complications, as well as put the  
11 individual at high risk of becoming unstable, unconscious, incapacitated, or  
12 otherwise unsafe to operate under the authority of the credential.

13 b. Childhood febrile seizures that occurred before the age of 5, and did not  
14 persist or recur after age 5, are not subject to further review. Seizure  
15 conditions that are determined to pose a low risk of sudden incapacitation or  
16 debilitating complication may be considered for a waiver, or may not require  
17 any waiver or limitation.

18 c. The evaluation for medical certification and waiver issuance will consider the  
19 level of stability, the likelihood for worsening or recurrence, the written  
20 assessment of the treating provider or specialist (as applicable), and the results  
21 of appropriate testing.

22 d. Mariner applicants with seizure or convulsive disorder disorders should:

23 (1) Discuss the following with their treating provider, and with the provider  
24 performing the medical certificate examination:

25 (a) Their medical condition and the limitations of medical care aboard the  
26 vessel;

27 (b) The safety sensitive nature of their merchant mariner credential;

28 (c) How/whether the medical condition may affect, or be affected by  
29 service aboard a vessel or by service at sea; and

30 (d) The recommendation that the treating provider/provider performing  
31 the medical certificate examination review the guidance in this Manual  
32 when providing their assessment for medical certification.

33 (2) Make sure to submit sufficient information on any of their medical  
34 conditions that are subject to further review. This includes:

35 (a) The **Treating Provider's Assessment**; and

1 (b) **Recommended Evaluation Data.**

2 2. Guidance to Treating Providers.

3 a. Treating Provider's Assessment.

4 The treating provider's assessment should detail a full evaluation of the  
5 condition as follows:

- 6 (1) Pertinent medical examination and physical evaluation data;
- 7 (2) The history of the condition;
- 8 (3) The status of the condition, to include severity, stability, symptoms,  
9 presence of impairing complications, and whether the applicant has  
10 required emergency treatment, intervention or hospitalization within the  
11 past 5 years;
- 12 (4) Treatment efficacy and compliance;
- 13 (5) An assessment of the applicant's risk for future adverse neurologic events,  
14 syncope, sudden incapacitation, or debilitating complication;
- 15 (6) Reports of objective testing and standard evaluation data used to support  
16 their assessment; and
- 17 (7) The extent to which the applicant's medical condition is likely to affect, or  
18 be affected by, service aboard the vessel or service at sea.
- 19 (8) In some cases, the Coast Guard may request that the applicant submit  
20 documentation from a specialist such as a neurologist or neurosurgeon, for  
21 example.

22 b. Recommended Evaluation Data.

- 23 (1) Objective testing and supporting documentation may be requested to  
24 better assess the severity of the condition, the applicant's functional  
25 capacity; and the presence or absence of impairment. This information  
26 assists the evaluators in determining whether the mariner is able to  
27 perform routine and emergency duties without risk of sudden  
28 incapacitation.
- 29 (2) The treating provider should submit objective testing and supporting  
30 documentation as appropriate for the specifics of the mariner applicant's  
31 medical condition. Generally, the type and manner of evaluation data or  
32 objective testing submitted will be left to the discretion of the treating  
33 provider or specialist.

- 1 (3) If the applicant has undergone prior testing, and the treating physician  
2 feels strongly that further testing is not clinically indicated, then the  
3 provider should include a statement to that effect in their assessment,  
4 along with the results of previously performed testing.
- 5 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
6 alternate means, then the provider should include a statement to that effect  
7 in their assessment.
- 8 (5) Examples of recommended evaluation data for seizure or convulsive  
9 disorder include, but are not limited to Report of EEG and/or  
10 neuroimaging studies in certain cases.

11 3. Medical Certification Evaluation.

12 a. Certification Determinations.

13 Certification determinations will be made on a case-by-case basis.  
14 Information considered during the evaluation for issuance of a medical  
15 certificate will include, but is not limited to:

- 16 (1) The severity of the condition;
- 17 (2) The presence of symptoms or impairing conditions;
- 18 (3) The stability of the condition;
- 19 (4) The need for access to medical care;
- 20 (5) The applicant's ability to perform routine and emergency duties;
- 21 (6) The risk for sudden incapacitation or debilitating complication;
- 22 (7) The risk of impaired cognitive ability, judgment or reaction time related to  
23 the condition or associated medications;
- 24 (8) The written assessment of the treating provider; and
- 25 (9) The results of objective testing and standard evaluation data.

26 b. Medical Waivers.

- 27 (1) Mariner applicants whose condition does not meet the standard may be  
28 approved for a medical waiver if objective medical evidence indicates that  
29 the condition is sufficiently controlled to pose no significant risk to  
30 maritime and public safety.

1 (2) The criteria for consideration for a medical waiver for seizures or  
2 convulsive disorder are contained in Paragraph G of this Chapter ,  
3 Waivers for Neurologic Conditions Requiring Special Consideration.

4 (3) The evaluation will consider whether there are extenuating circumstances  
5 that warrant special consideration for issuance of a medical waiver.

6 (4) If approved, waivers and limitations may be applied to the credential  
7 and/or medical certificate, on a case-by-case basis.

8 c. Disqualification.

9 (1) Mariner applicants whose condition does not meet the criteria for issuance  
10 of a medical waiver, may be found unqualified;

11 (2) Mariner applicants whose conditions are unstable or pose a risk for  
12 impairment may be found unqualified;

13 (3) Mariner applicants whose conditions pose a risk of recurrent seizure or  
14 sudden incapacitation may be found unqualified;

15 (4) Mariner applicants with other findings that indicate a significant risk of an  
16 adverse neurologic event, syncope, or collapse may be found unqualified;

17 (5) Mariner applicants who do not have the functional capacity and/or  
18 physical ability to perform routine and/or emergency duties may be found  
19 unqualified; and

20 (6) Mariner applicants whose conditions are treated with controlled  
21 substances or impairing medications, may be found unqualified.

22 4. Guidance to Designated Medical Examiners (DMEs).

23 a. Documentation.

24 The DME should ensure that the applicant has provided adequate  
25 **documentation** for the condition, to include:

26 (a) An evaluation from the treating provider and/or specialist; and

27 (b) Any appropriate recommended evaluation data.

28 b. Approval.

29 The **DME May Not Approve issuance of the medical certificate** for  
30 applicants with seizure or convulsive disorders.

31 c. Deferral.



1 (1) The **DME Must Defer the decision** to the Coast Guard for all applicants  
2 with seizure or convulsive disorders.

3 (2) If the DME defers the certification decision to the Coast Guard, the DME  
4 should discuss the reason(s) for deferral and document their  
5 recommendation regarding medical certification on the Application for  
6 Medical Certificate, CG-719K.

7 d. Education.

8 The **DME should provide education** to mariner applicants on how their  
9 condition may affect, or be affected by service at sea.

10 e. Deferral.

11 The **DME should refer mariner applicants** to their treating provider for  
12 follow-up of any abnormal findings discovered during the examination or  
13 during screening.

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1 **F. Sleep Disorders.**

2 Sleep disorders, including but not limited to, obstructive sleep apnea, central  
3 hypersomnias, and insomnia, are subject to further review, and may be determined  
4 disqualifying. The conditions of narcolepsy and idiopathic hypersomnia are  
5 disqualifying and generally will not be approved for issuance of a waiver.

6 1. Guidance to Mariner Applicants.

- 7 a. Examples include, but are not limited to, obstructive sleep apnea, central  
8 hypersomnias, insomnia, narcolepsy and idiopathic hypersomnia. In some  
9 cases, sleep disorders may be deemed too high risk for medical certification.  
10 This would include conditions such as narcolepsy and idiopathic hypersomnia  
11 which are disqualifying and generally will not be approved for issuance of a  
12 waiver.
- 13 b. Sleep disorders that are determined to pose a low risk of impairment, sudden  
14 incapacitation or debilitating complication may be considered for a waiver, or  
15 may not require any waiver or limitation
- 16 c. The evaluation for medical certification and waiver issuance will consider the  
17 level of stability, the likelihood for worsening or impairment, the written  
18 assessment of the treating provider or specialist (as applicable), and the results  
19 of appropriate testing.
- 20 d. Mariner applicants with sleep disorders should:
- 21 (1) Discuss the following with their treating provider, and the provider  
22 performing the medical certificate examination:
- 23 (a) Their medical condition and the limitations of medical care aboard the  
24 vessel;
- 25 (b) The safety sensitive nature of their merchant mariner credential;
- 26 (c) How/whether the medical condition may affect, or be affected by  
27 service aboard a vessel or by service at sea; and
- 28 (d) The recommendation that the treating provider/provider performing  
29 the medical certificate examination review the guidance in this Manual  
30 when providing their assessment for medical certification.
- 31 (2) Make sure to submit sufficient information on any of their medical  
32 conditions that are subject to further review. This includes:
- 33 (a) The **Treating Provider's Assessment**; and
- 34 (b) **Recommended Evaluation Data.**

1        2. Guidance to Treating Providers.

2            a. Treating Provider's Assessment.

3            The treating provider's assessment should detail a full evaluation of the  
4            condition as follows:

- 5            (1) Pertinent medical examination and physical evaluation data;
- 6            (2) The history of the condition;
- 7            (3) The status of the condition, to include severity, stability, symptoms,  
8            presence of impairing complications and whether the applicant has  
9            required emergency treatment, intervention or hospitalization within the  
10           past 5 years;
- 11           (4) Treatment efficacy and compliance;
- 12           (5) An assessment of the applicant's prognosis and risk for impairment or  
13           future adverse neurologic events;
- 14           (6) Reports of objective testing and standard evaluation data used to support  
15           their assessment; and
- 16           (7) The extent to which the applicant's medical condition is likely to affect, or  
17           be affected by, service aboard the vessel or service at sea.
- 18           (8) In some cases, the Coast Guard may request that the applicant submit  
19           documentation from a specialist such as a sleep specialist or neurologist,  
20           for example.

21           b. Recommended Evaluation Data.

- 22           (1) Objective testing and supporting documentation may be requested to  
23           better assess the severity of the condition, the applicant's functional  
24           capacity; and the presence or absence of impairment. This information  
25           assists the evaluators in determining whether the mariner is able to  
26           perform routine and emergency duties without risk of sudden  
27           incapacitation.
- 28           (2) The treating provider should submit objective testing and supporting  
29           documentation as appropriate for the specifics of the mariner applicant's  
30           medical condition.
- 31           (3) If the applicant has undergone prior testing, and the treating physician  
32           feels strongly that further testing is not clinically indicated, then the  
33           provider should include a statement to that effect in their assessment,  
34           along with the results of previously performed testing.

1 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
2 alternate means, then the provider should include a statement to that effect  
3 in their assessment.

4 (5) Examples of recommended evaluation data for sleep disorder conditions  
5 may include, but are not limited to:

6 (a) Diagnostic polysomnogram with titration study report; and

7 (b) Positive airway pressure therapy logs.

8 3. Medical Certification Evaluation.

9 a. Certification Determinations.

10 Certification determinations will be made on a case-by-case basis. Information  
11 considered during the evaluation for issuance of a medical certificate will include,  
12 but is not limited to:

13 (1) The severity of the condition;

14 (2) The presence of symptoms or impairing conditions;

15 (3) The stability of the condition;

16 (4) The need for access to medical care;

17 (5) The applicant's ability to perform routine and emergency duties;

18 (6) The risk for sudden incapacitation or debilitating complication;

19 (7) The risk of impaired cognitive ability, judgment or reaction time related to the  
20 condition or associated medications;

21 (8) The written assessment of the treating provider; and

22 (9) The results of objective testing and standard evaluation data.

23 b. Medical Waivers.

24 (1) Mariner applicants whose condition does not meet the standard may be  
25 approved for a medical waiver if objective medical evidence indicates that  
26 the condition is sufficiently controlled to pose no significant risk to  
27 maritime and public safety.

28 (2) The evaluation will consider whether there are extenuating circumstances  
29 that warrant special consideration for issuance of a medical waiver;

1 (3) Obstructive Sleep Apnea - The criteria for issuance of a medical waiver  
2 for obstructive sleep apnea are provided in Paragraph H of this Chapter,  
3 Medical Waivers for Applicants with Obstructive Sleep Apnea; and

4 (4) If approved, waivers and limitations may be applied to the credential  
5 and/or medical certificate, on a case-by-case basis.

6 c. Disqualification.

7 (1) Mariner applicants whose conditions are inadequately controlled, unstable  
8 or pose a risk for impairment may be found unqualified;

9 (2) Mariner applicants whose conditions pose a risk of sudden incapacitation  
10 may be found unqualified;

11 (3) Mariner applicants with other findings that indicate a significant risk of  
12 excessive daytime/worktime sleepiness, impairment, or other adverse  
13 neurologic event may be found unqualified;

14 (4) Mariner applicants with obstructive sleep apnea who do not meet the  
15 criteria for issuance of a medical waiver as outlined in Paragraph H of this  
16 Chapter, Medical Waivers for Applicants with Obstructive Sleep Apnea,  
17 may be found unqualified;

18 (5) Mariner applicants who do not have the exercise/functional capacity  
19 and/or physical ability necessary to perform routine and/or emergency  
20 duties may be found unqualified; and

21 (6) Mariner applicants whose conditions are treated with controlled  
22 substances or impairing medications, may be found unqualified.

23 4. Guidance to Designated Medical Examiners (DMEs).

24 a. Documentation.

25 The DME should ensure that the applicant has provided adequate  
26 **documentation** for the condition, to include:

27 (a) An evaluation from the treating provider and/or specialist; and

28 (b) Any appropriate recommended evaluation data.

29 b. Approval.

30 (1) **The DME may approve** issuance of the medical certificate if their  
31 evaluation finds that the applicant meets all of the following:

32 (a) Favorable recommendation from the treating provider which  
33 documents appropriate treatment compliance;

- 1 (b) Condition is asymptomatic and without recent need for major  
2 intervention, hospitalization or surgery;
  - 3 (c) Condition has been stable and the assessment indicates low likelihood  
4 of sudden exacerbation, syncope or adverse event;
  - 5 (d) Documentation supports no cognitive impairment;
  - 6 (e) Documentation supports no impairment of ability to perform routine  
7 and emergency duties; and
  - 8 (f) If the mariner applicant has OSA, documentation supports that the  
9 applicant meets the criteria for issuance of a waiver as outlined in  
10 Paragraph G of this Chapter, Waivers for Neurologic Conditions  
11 Requiring Special Consideration.
- 12 (2) If the DME approves issuance of the medical certificate, the DME should  
13 document their rationale for recommending approval on the Application  
14 for Medical Certificate, Form CG-719K.

15 c. Deferral.

- 16 (1) **The DME must defer** the decision to the Coast Guard if their evaluation  
17 finds that the applicant meets all of the following:
- 18 (a) Unfavorable recommendation or insufficient documentation from the  
19 treating provider;
  - 20 (b) The applicant's condition is symptomatic, unstable, or suggestive of  
21 high risk for impairment;
  - 22 (c) The applicant demonstrates impaired ability to perform routine and  
23 emergency duties;
  - 24 (d) The applicant has other symptoms or findings that suggest a significant  
25 risk for impairment, syncope, collapse or other adverse neurologic  
26 event;
  - 27 (e) The mariner applicant has obstructive sleep apnea but does not meet  
28 the criteria for issuance of a waiver as outlined in Paragraph G of this  
29 Chapter, Waivers for Neurologic Conditions Requiring Special  
30 Consideration;
  - 31 (f) The mariner applicant has narcolepsy or idiopathic hypersomnia; or
  - 32 (g) The applicant's condition is treated with a controlled substance or  
33 impairing medication.

1                    If the DME defers the certification decision to the Coast Guard, the DME  
2                    should discuss the reason(s) for deferral and document their  
3                    recommendation regarding medical certification on the Application for  
4                    Medical Certificate, CG-719K.

5                    d. Education.

6                    **The DME should provide education** to mariner applicants on how their  
7                    condition may affect, or be affected by service at sea.

8                    e. Referral.

9                    **The DME should refer mariner applicants** to their treating provider for  
10                    follow-up of any abnormal findings discovered during the examination or  
11                    during screening

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1 **G. Waivers for Neurologic Conditions Requiring Special Consideration.**

2 a. Medical Waivers for Applicants with a History of Seizure(s).

3 Under the regulations, seizures and convulsive disorders may be disqualifying  
4 because they pose a significant risk of sudden incapacitation (*See* 46 CFR 10.304(a)).  
5 While seizures or convulsive disorders are generally disqualifying, the Coast Guard  
6 may consider granting waivers under 46 CFR 10.303 to mariner applicants with  
7 seizure disorders under the conditions delineated below.

8 1. Unprovoked Seizures.

9 Unprovoked seizures are those seizures not precipitated by an identifiable trigger.  
10 Mariners with a history of unprovoked seizure(s) may be considered for a waiver.

11 a. Mariners with a history of epilepsy or seizure disorder may be considered for  
12 a waiver if the mariner has been seizure-free for a minimum of eight years (on  
13 or off anti-epileptic drugs (AEDs)); and

14 1) If all AEDs have been stopped, the mariner must have been seizure-free  
15 for a minimum of eight years since cessation of medication; or

16 2) If still using AEDs, the mariner must have been on a stable medication  
17 regimen for a minimum of two years.

18 b. Mariners with a single unprovoked seizure may be considered for a waiver if  
19 the mariner has been seizure-free for a minimum of four years, off AEDs; and

20 1) If all medication has been stopped, the mariner must have been seizure-  
21 free for a minimum of four years since cessation of medication; or

22 2) If still requiring treatment with AEDs, the mariner's condition will be  
23 considered under the criteria for epilepsy listed in 1(a): The mariner may  
24 be considered for a waiver after they have been seizure-free for a  
25 minimum of 8 years, and on a stable medication regimen for a minimum  
26 of two years.

27 5. Provoked Seizures

28 Provoked seizures are those seizures precipitated by an identifiable trigger.  
29 [Note: The criteria discussed under this section do not apply to the evaluation of  
30 mariner applicants with epileptic seizures or seizures provoked by triggers such as  
31 lack of sleep, stress, or photo-stimulation. Applicants with seizures of this nature  
32 will be evaluated under the criteria for unprovoked seizure, as discussed above in  
33 Section 1, Unprovoked Seizures.]

34



- 1 Mariner applicants evaluated under the criteria for provoked seizures will be  
2 divided into those with low risk of recurrence and those with a higher risk of  
3 recurrence (e.g., those with seizures precipitated by a structural brain lesion).
- 4 a. If a mariner is determined to be low-risk for seizure recurrence, does not  
5 require AEDs, and the precipitating factor is unlikely to recur, a waiver may  
6 be considered when the mariner has been seizure-free and off medication for a  
7 minimum of one year.
- 8 b. Generally, mariners with one of the following precipitating factors will be  
9 considered low-risk for recurrence:
- 10 1) Lidocaine-induced seizure during a dental appointment;
  - 11 2) Concussive seizure, loss of consciousness  $\leq 30$  minutes with no penetrating  
12 injury;
  - 13 3) Seizure due to syncope not likely to recur;
  - 14 4) Seizure from an acute metabolic derangement not likely to recur;
  - 15 5) Severe dehydration;
  - 16 6) Hyperthermia; or
  - 17 7) Drug reaction or withdrawal.
- 18 c. If a mariner is determined to be at higher risk for seizure recurrence, a waiver  
19 may be considered if the mariner has been seizure-free for a minimum of eight  
20 years (on or off AEDs); and
- 21 1) If all medication has been stopped, the mariner must have been seizure-  
22 free for a minimum of eight years since cessation of medication; or
  - 23 2) If still using AEDs, the mariner must have been on a stable medication  
24 regimen for a minimum of two years.
- 25 d. Generally, mariners with a history of provoked seizures caused by a structural  
26 brain lesion (e.g., tumor, trauma, or infection) characterized by one of the  
27 following precipitating factors will be considered at higher risk for recurrence:
- 28 1) Head injury with loss of consciousness or amnesia  $\geq 30$  minutes or  
29 penetrating head injury;
  - 30 2) Intracerebral hemorrhage of any etiology, including stroke and trauma;
  - 31 3) Brain infection, such as encephalitis, meningitis, abscess, or cysticercosis;
- 32

- 1           4) Stroke;
  - 2           5) Intracranial hemorrhage;
  - 3           6) Post-operative brain surgery with significant brain hemorrhage; and
  - 4           7) Brain tumor.
- 5           e. Under exceptional circumstances in which a mariner has had provoked
- 6           seizures due to a benign brain lesion that has subsequently been removed,
- 7           such individuals may be considered for a waiver once they have been seizure-
- 8           free for a minimum of four years, provided that objective evidence supports
- 9           extremely low risk of seizure recurrence.

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1 **H. Medical Waivers for Applicants with Obstructive Sleep Apnea.**

- 2 1. Applicants should submit an evaluation from the treating sleep specialist that  
3 documents the history of the condition and the results of any pertinent diagnostic  
4 studies obtained; the recommended course of treatment; treatment efficacy, treatment  
5 compliance, and an assessment for symptoms of daytime sleepiness.
- 6 2. The submission should include the treating provider's assessment of the diagnostic  
7 polysomnogram report, the titration study report, and/or other study reports as  
8 applicable, unless previously submitted to the Coast Guard; AND,
- 9 3. Other submission requirements as follows:
- 10 a) If the treating physician has recommended treatment with a positive airway  
11 pressure device [such as continuous, or bi-level positive airway pressure (CPAP  
12 or BiPAP)], the applicant should submit an evaluation by the treating physician of  
13 compliance in using the device, covering the preceding three-month period.
- 14 b) For purposes of obtaining or maintaining a medical certificate, minimum  
15 CPAP/BiPAP compliance is defined as proper use of the CPAP/BiPAP device for  
16 at least four hours per night (or per major sleep period) on at least 70% of all  
17 nights (or major sleep periods).
- 18 c) If the condition has been surgically treated, the applicant should submit an  
19 evaluation by the treating physician of the post-operative polysomnogram results  
20 to document cure, unless previously submitted to the Coast Guard.
- 21 d) If the condition is being treated with an oral appliance, the applicant should  
22 submit documentation from the treating provider that specifies the type of  
23 appliance prescribed and provides objective documentation of treatment efficacy,  
24 such as a polysomnogram performed while utilizing the appliance, unless  
25 previously submitted to the Coast Guard.
- 26 e) Applicants who were diagnosed with OSA within 30 days of submitting their  
27 medical certificate application, and who have not yet accumulated sufficient  
28 documentation of treatment efficacy or compliance, should submit the  
29 information that they have available and contact the NMC for further guidance  
30 regarding consideration for issuance of a time-limited medical certificate.

31

## 1 CHAPTER 20. OPHTHAMOLOGIC CONDITIONS

### 2 A. Conditions of Concern.

3 Ophthalmologic conditions that impair the applicant's ability to meet the vision/color vision  
4 standards are subject to further review, and may be determined disqualifying. Examples of  
5 conditions that are subject to further review include, but are not limited to retinopathy,  
6 monocular vision, glaucoma, and macular degeneration.

### 7 B. Guidance to Mariner Applicants.

- 8 1. In some cases, ophthalmologic conditions may be deemed too high risk for medical  
9 certification. This would include conditions that impair visual acuity and/or color vision,  
10 or that impair the ability to detect, discern and respond to visual clues or alarms as  
11 necessary for the safety of ship, crew, passengers and the environment.
- 12 2. Ophthalmologic conditions that are determined to pose a low risk of impairment may be  
13 considered for a waiver, or may not require any waiver or limitation.
- 14 3. The evaluation for medical certification and waiver issuance will consider the degree of  
15 impairment, the level of stability, the likelihood for worsening or recurrence, the written  
16 assessment of the treating provider or specialist (as applicable), and the results of  
17 appropriate testing.
- 18 4. Mariner applicants with ophthalmologic conditions should:
  - 19 a. Discuss the following with their treating provider, and the provider performing the  
20 medical certificate examination:
    - 21 (1) Their medical condition and the limitations of medical care aboard the vessel;
    - 22 (2) The safety sensitive nature of their merchant mariner credential;
    - 23 (3) How/whether the medical condition may affect, or be affected by service aboard a  
24 vessel or by service at sea; and
    - 25 (4) The recommendation that the treating provider/provider performing the medical  
26 certificate examination review the guidance in this Manual when providing their  
27 assessment for medical certification.
  - 28 b. Make sure to submit sufficient information on any of their medical conditions that are  
29 subject to further review. This includes:
    - 30 (1) The **Treating Provider's Assessment**; and
    - 31 (2) **Recommended Evaluation Data**.

1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition - to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention or hospitalization within the past 6 years;
- 10 d. The extent to which the applicant has, or is at significant risk for visual impairment;
- 11 e. The degree to which the applicant is able to detect and discern colors, navigational  
12 lights, buoys and other objects at a distance, and under conditions of low light or poor  
13 visibility;
- 14 f. Treatment compliance and efficacy;
- 15 g. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
16 or debilitating complication;
- 17 h. Reports of objective testing and standard evaluation data used to support their  
18 assessment; and
- 19 i. The extent to which the applicant's medical condition is likely to affect, or be  
20 affected by, service aboard the vessel or service at sea.
- 21 j. In some cases, the Coast Guard may request that the applicant submit documentation  
22 from a specialist such as an ophthalmologist, for example.

23 2. Recommended Evaluation Data:

- 24 a. Objective testing and supporting documentation may be requested to better assess the  
25 severity of the condition, the applicant's functional capacity; and the presence or  
26 absence of impairing complications. This information assists the evaluators in  
27 determining whether the mariner is able to perform routine and emergency duties  
28 without risk of sudden incapacitation.
- 29 b. The treating provider should submit objective testing and supporting documentation  
30 as appropriate for the specifics of the mariner applicant's medical condition.  
31 Generally, the type and manner of evaluation data or objective testing submitted will  
32 be left to the discretion of the treating provider or specialist.

- 1 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
2 that further testing is not clinically indicated, then the provider should include a  
3 statement to that effect in their assessment, along with the results of previously  
4 performed testing.
- 5 d. If the treating provider seeks to demonstrate the applicant's fitness by alternate  
6 means, then the provider should include a statement to that effect in their assessment.

7 **D. Medical Certification Evaluation.**

8 1. Detailed information on the merchant mariner vision standards and policy are contained  
9 in Chapter 5 of this Manual, Vision and Hearing Standards.

10 2. Certification Determinations.

11 Certification determinations will be made on a case-by-case basis. Information  
12 considered during the evaluation for issuance of a medical certificate will include, but is  
13 not limited to:

- 14 a. The degree of visual impairment;
- 15 b. The severity of the condition;
- 16 c. The presence of symptoms or impairing complications;
- 17 d. The stability of the condition;
- 18 e. The need for access to medical care;
- 19 f. The applicant's ability to perform routine and emergency duties;
- 20 g. The risk for sudden incapacitation or debilitating complication;
- 21 h. The risk of impaired cognitive ability, judgment or reaction time related to the  
22 condition or associated medications;
- 23 i. The written assessment of the treating provider; and
- 24 j. The results of objective testing and standard evaluation data.

25 3. Medical Waivers.

- 26 a. Mariner applicants whose condition does not meet the standard may be approved for  
27 a medical waiver if objective medical evidence indicates that the condition is  
28 sufficiently controlled to pose no significant risk to maritime and public safety.
- 29 b. The evaluation will consider whether there are extenuating circumstances that warrant  
30 special consideration for issuance of a medical waiver.

1 c. If approved, waivers and limitations may be applied to the credential and/or medical  
2 certificate, on a case-by-case basis.

3 4. Disqualification.

4 a. Mariner applicants who do not meet the mariner vision and/or color vision standards,  
5 may be found unqualified;

6 b. Mariner applicants with conditions that impair their ability to detect, discern and  
7 respond to visual clues or alarms as necessary for the safety of ship, crew, passengers  
8 and the environment may be found unqualified;

9 c. Mariner applicants with other findings that indicate a significant risk of debilitating  
10 complication, or impairment may be found unqualified;

11 d. Mariner applicants with unstable conditions, life-threatening reactions, or impairing  
12 complications may be found unqualified; and

13 e. Mariner applicants who do not have the functional capacity and/or physical ability  
14 necessary to perform routing and emergency duties may be found unqualified.

15

16 **E. Guidance to Designated Medical Examiners (DMEs).**

17 1. Documentation.

18 The DME should ensure that the applicant has provided adequate documentation for the  
19 condition, to include:

20 a. An evaluation from the treating provider and/or specialist; and

21 b. Any appropriate recommended evaluation data.

22 2. Approval.

23 a. The DME may approve issuance of the medical certificate if their evaluation finds  
24 that the applicant meets all of the following:

25 (1) Documentation supports that applicant meets the merchant mariner vision  
26 standards;

27 (2) The applicant demonstrates satisfactory color vision when tested by any of the  
28 means specified in the 46 CFR 10.305;

29 (3) Favorable recommendation from the treating provider;

30 (4) Condition is asymptomatic and without recent need for emergency care, major  
31 intervention, hospitalization or surgery;

1 (5) Condition has been stable and the assessment indicates low likelihood of sudden  
2 exacerbation or impairing complications; and

3 (6) Documentation supports that the applicant has the functional capacity and  
4 physical ability necessary to perform routine and emergency duties.

5 (7) If the DME approves issuance of the medical certificate, the DME should  
6 document the rationale for approving issuance of the medical certificate on the  
7 Application for Medical Certificate, Form CG-719K.

8 3. Deferral.

9 a. The DME Must Defer the decision to the Coast Guard if any of the following apply:

10 (1) The applicant does not meet the merchant mariner vision standards ;

11 (2) The applicant has monocular vision;

12 (3) The applicant does not demonstrate satisfactory color vision when tested by any  
13 of the means specified in the 46 CFR 10.305;

14 (4) Unfavorable recommendation or insufficient documentation from the treating  
15 provider;

16 (5) The applicant has evidence of instability, or impairing symptoms or  
17 complications; or

18 (6) The applicant's evaluation suggests impaired ability to perform routine and  
19 emergency duties.

20 b. If the DME defers the certification decision to the Coast Guard, the DME should  
21 discuss the reason(s) for deferral and document their recommendation regarding  
22 medical certification on the Application for Medical Certificate, Form CG-719K.

23 4. Education

24 The DME should provide education to mariner applicants on how their condition may  
25 affect, or be affected by service at sea.

26 5. Referral.

27 The DME should refer mariner applicants to their treating provider for follow-up of any  
28 abnormal findings discovered during the examination or during screening.

29



1 **CHAPTER 21. ORGAN TRANSPLANT**

2 **A. Conditions of Concern.**

3 Organ transplant conditions that are life-threatening, impairing, or that pose a risk of sudden  
4 incapacitation or debilitating complication are subject to further review, and may be  
5 determined disqualifying. Examples include, but are not limited to, transplanted organs that  
6 are associated with complications such as organ failure or rejection.

7 **B. Guidance to Mariner Applicants.**

- 8 1. In some cases, transplant conditions may be deemed too high risk for medical  
9 certification. This would include conditions with life-threatening reactions or impairing  
10 complications, as well as conditions that put the individual at high risk of becoming  
11 unstable, unconscious, incapacitated, or otherwise unsafe to operate under the authority  
12 of the credential.
- 13 2. Transplant conditions that are determined to pose a low risk of sudden incapacitation may  
14 be considered for a waiver, or may not require any waiver or limitation.
- 15 3. The evaluation for medical certification and waiver issuance will consider the level of  
16 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
17 provider or specialist (as applicable), and the results of appropriate testing.
- 18 4. Mariner applicants with a history of organ transplant should:
- 19 a. Discuss the following with their treating provider, and the provider performing the  
20 medical certificate examination;
- 21 (1) Their medical condition and the limitations of medical care aboard the vessel;
- 22 (2) The safety sensitive nature of their merchant mariner credential;
- 23 (3) How/whether the medical condition may affect, or be affected by service aboard a  
24 vessel or by service at sea; and
- 25 (4) The recommendation that the treating provider/provider performing the medical  
26 certificate examination review the guidance in this Manual when providing their  
27 assessment for medical certification.
- 28 b. Make sure to submit sufficient information on any of their medical conditions that are  
29 subject to further review. This includes:
- 30 (1) The **Treating Provider's Assessment**; and
- 31 (2) **Recommended Evaluation Data.**

1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition - to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention or hospitalization within the past 6 years;
- 10 d. Treatment compliance and efficacy;
- 11 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
12 or debilitating complication;
- 13 f. Reports of objective testing and standard evaluation data used to support their  
14 assessment; and
- 15 g. The extent to which the applicant's medical condition is likely to affect, or be  
16 affected by, service aboard the vessel or service at sea.
- 17 h. In some cases, the Coast Guard may request that the applicant submit documentation  
18 from a specialist such as a transplant specialist, for example.

19 2. Recommended Evaluation Data:

- 20 a. Objective testing and supporting documentation may be requested to better assess the  
21 severity of the condition, the applicant's functional capacity; and the presence or  
22 absence of impairing complications. This information assists the evaluators in  
23 determining whether the mariner is able to perform routine and emergency duties  
24 without risk of sudden incapacitation.
- 25 b. The treating provider should submit objective testing and supporting documentation  
26 as appropriate for the specifics of the mariner applicant's medical condition.  
27 Generally, the type and manner of evaluation data or objective testing submitted will  
28 be left to the discretion of the treating provider or specialist.
- 29 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
30 that further testing is not clinically indicated, then the provider should include a  
31 statement to that effect in their assessment, along with the results of previously  
32 performed testing.

- 1 d. If the treating provider seeks to demonstrate the applicant's fitness by alternate  
2 means, then the provider should include a statement to that effect in their assessment.

3 **D. Medical Certification Evaluation.**

4 1. Certification Determinations.

5 Certification determinations will be made on a case-by-case basis. Information  
6 considered during the evaluation for issuance of a medical certificate will include, but is  
7 not limited to:

- 8 a. The severity of the condition;  
9 b. The presence of symptoms or impairing complications;  
10 c. The stability of the condition;  
11 d. The need for access to medical care;  
12 e. The applicant's ability to perform routine and emergency duties;  
13 f. The risk for sudden incapacitation or debilitating complication;  
14 g. The risk of impaired cognitive ability, judgment or reaction time related to the  
15 condition or associated medications;  
16 h. The written assessment of the treating provider; and  
17 i. The results of objective testing and standard evaluation data.

18 2. Medical Waivers.

- 19 a. Mariner applicants whose condition does not meet the standard may be approved for  
20 a medical waiver if objective medical evidence indicates that the condition is  
21 sufficiently controlled to pose no significant risk to maritime and public safety.  
22 b. The evaluation will consider whether there are extenuating circumstances that warrant  
23 special consideration for issuance of a medical waiver.  
24 c. Waivers for cardiac transplant are addressed in Sub-paragraph G.3 of Chapter 12 of  
25 this Manual, **Waivers for Cardiovascular Conditions Requiring Special**  
26 **Consideration** - Heart Transplant.  
27 d. If approved, waivers and limitations may be applied to the credential and/or medical  
28 certificate, on a case-by-case basis.

29 3. Disqualification.

- 1 a. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing  
2 complications may be found unqualified;
- 3 b. Mariner applicants with other findings that indicate a significant risk of syncope,  
4 debilitating complication, or impairment may be found unqualified; and
- 5 c. Mariner applicants who do not have the exercise/functional capacity and/or physical  
6 ability necessary to perform routine and/or emergency duties may be found  
7 unqualified.

8 **E. Guidance to Designated Medical Examiners (DMEs).**

9 1. Documentation.

10 The DME should ensure that the applicant has provided adequate documentation for the  
11 condition, to include:

- 12 a. An evaluation from the treating provider and/or specialist; and
- 13 b. Any appropriate recommended evaluation data.

14 2. Approval.

15 DME's may not approve issuance of the medical certificate for mariner applicants with a  
16 history of organ transplant.

17 3. Deferral.

- 18 a. The DME must defer the decision to the Coast Guard for mariner applicants with  
19 history of organ transplant.
- 20 b. The DME's deferral should discuss the reason(s) for deferral and document their  
21 recommendation regarding medical certification on the Application for Medical  
22 Certificate, Form CG-719K.

23 4. Education

24 The DME should provide education to mariner applicants on how their condition may  
25 affect, or be affected by service at sea.

26 5. Referral.

27 The DME should refer mariner applicants to their treating provider for follow-up of any  
28 abnormal findings discovered during the examination or during screening.

29

1 CHAPTER 22. PREGNANCY

2 **A. Conditions of Concern.**

3 **Uncomplicated pregnancy is not disqualifying or subject to further review.**

4 Pregnancy with complications that pose a risk of sudden incapacitation or debilitating  
5 complication is subject to further review, and may be determined disqualifying.

6 **B. Guidance to Mariner Applicants.**

7 Mariner applicants who are pregnant should:

- 8 1) Discuss the following with their treating provider, and the provider performing the  
9 medical certificate examination:
- 10 a. Their medical condition and the limitations of medical care aboard the vessel;
  - 11 b. The safety sensitive nature of their merchant mariner credential;
  - 12 c. How/whether the medical condition may affect, or be affected by service aboard a  
13 vessel or by service at sea; and
  - 14 d. The recommendation that the treating provider/provider performing the medical  
15 certificate examination review the guidance in this Manual when providing their  
16 assessment for medical certification.
- 17 2) Make sure to submit sufficient information on any of their medical conditions that are  
18 subject to further review. This includes:
- 19 a. **The Treating Provider's Assessment;** and
  - 20 b. **Recommended Evaluation Data.**

21 **C. Guidance to Treating Providers.**

22 1. Treating Provider's Assessment.

23 The treating provider's assessment should detail a full evaluation of the condition as  
24 follows:

- 25 a. Pertinent medical examination and physical evaluation data;
- 26 b. The history of the condition;
- 27 c. The status of the condition - to include severity, stability, symptoms, presence of  
28 impairing complications, and whether the applicant has required emergency  
29 treatment, intervention or hospitalization during the current pregnancy;

- 1 d. Treatment compliance and efficacy;
- 2 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
3 or debilitating complication;
- 4 f. Reports of objective testing and standard evaluation data used to support their  
5 assessment; and
- 6 g. The extent to which the applicant's medical condition is likely to affect, or be  
7 affected by, service aboard the vessel or service at sea.
- 8 h. In some cases, the Coast Guard may request that the applicant submit documentation  
9 from a specialist such as a obstetrician, for example.

10 2. Recommended Evaluation Data:

- 11 a. Objective testing and supporting documentation may be requested to better assess the  
12 severity of the condition, the applicant's functional capacity; and the presence or  
13 absence of impairing complications. This information assists the evaluators in  
14 determining whether the mariner is able to perform routine and emergency duties  
15 without risk of sudden incapacitation.
- 16 b. The treating provider should submit objective testing and supporting documentation  
17 as appropriate for the specifics of the mariner applicant's medical condition.  
18 Generally, the type and manner of evaluation data or objective testing submitted will  
19 be left to the discretion of the treating provider or specialist.
- 20 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
21 that further testing is not clinically indicated, then the provider should include a  
22 statement to that effect in their assessment, along with the results of previously  
23 performed testing.
- 24 d. If the treating provider seeks to demonstrate the applicant's fitness by alternate  
25 means, then the provider should include a statement to that effect in their assessment.
- 26 e. Examples of recommended evaluation data for pregnancy include, but are not limited  
27 to an obstetrician's assessment.

28 **D. Medical Certification Evaluation.**

29 1. Certification Determinations.

30 Certification determinations will be made on a case-by-case basis. Information  
31 considered during the evaluation for issuance of a medical certificate will include, but is  
32 not limited to:

- 33 a. The severity of the condition;

- 1 b. The presence of symptoms or impairing complications;
- 2 c. The stability of the condition;
- 3 d. The need for access to medical care;
- 4 e. The applicant's ability to perform routine and emergency duties;
- 5 f. The risk for sudden incapacitation or debilitating complication;
- 6 g. The risk of impaired cognitive ability, judgment or reaction time related to the
- 7 condition or associated medications;
- 8 h. The written assessment of the treating provider; and
- 9 i. The results of objective testing and standard evaluation data.

10 2. Medical Waivers.

- 11 a. Mariner applicants whose condition does not meet the standard may be approved for
- 12 a medical waiver if objective medical evidence indicates that the condition is
- 13 sufficiently controlled to pose no significant risk to maritime and public safety.
- 14 b. The evaluation will consider whether there are extenuating circumstances that warrant
- 15 special consideration for issuance of a medical waiver.
- 16 c. If approved, waivers and limitations may be applied to the credential and/or medical
- 17 certificate, on a case-by-case basis.

18 3. Disqualification.

- 19 a. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing
- 20 complications may be found unqualified;
- 21 b. Mariner applicants with other findings that indicate a significant risk of syncope,
- 22 debilitating complication, or impairment may be found unqualified; and
- 23 c. Mariner applicants with inadequate exercise and/or functional capacity that impairs
- 24 their ability to perform routine and/or emergency duties may be found unqualified.

25 **E. Guidance to Designated Medical Examiners (DMEs).**

26 1. Documentation.

27 The DME should ensure that the applicant has provided adequate documentation for the

28 condition, to include:

- 29 a. An evaluation from the treating provider and/or specialist; and

- 1           b. Any appropriate recommended evaluation data.
- 2           2. Approval.
- 3           a. The **DME may approve** issuance of the medical certificate if their evaluation finds
- 4           that the applicant meets all of the following:
- 5           (1) Favorable recommendation from the treating provider;
- 6           (2) Condition is asymptomatic and without recent need for emergency intervention,
- 7           hospitalization or surgery;
- 8           (3) Condition has been stable and the assessment indicates low likelihood of sudden
- 9           exacerbation, syncope or impairing complications; and
- 10          (4) Documentation supports adequate physical ability to perform routine and
- 11          emergency duties.
- 12          b. If the DME approves issuance of the medical certificate, the DME should document
- 13          the rationale for approving issuance of the medical certificate on the Application for
- 14          Medical Certificate, Form CG-719K.
- 15          3. Deferral.
- 16          a. The **DME must defer** the decision to the Coast Guard if any of the following apply:
- 17          (1) Unfavorable recommendation or insufficient documentation from the treating
- 18          provider;
- 19          (2) The applicant has evidence of instability, or history of life-threatening reactions or
- 20          impairing symptoms or complications;
- 21          (3) The applicant's exercise capacity suggests impaired ability to perform routine and
- 22          emergency duties; or
- 23          (4) The applicant has other symptoms or findings that suggest a significant risk of
- 24          syncope, sudden incapacitation or impairing complication.
- 25          b. If the DME defers the certification decision to the Coast Guard, the DME should
- 26          discuss the reason(s) for deferral and document their recommendation regarding
- 27          medical certification on the Application for Medical Certificate, Form CG-719K.
- 28          4. Education
- 29          The DME should provide education to mariner applicants on how their condition may
- 30          affect, or be affected by service at sea.
- 31          5. Referral.



1 The DME should refer\_mariner applicants to their treating provider for follow-up of any  
2 abnormal findings discovered during the examination or during screening.

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1 **CHAPTER 23. PSYCHIATRIC OR MENTAL HEALTH CONDITIONS**

2 **A. Introduction.**

3 1. Psychiatric Conditions of Concern.

- 4 a. Psychiatric or mental health conditions that pose a risk of sudden  
5 incapacitation, debilitating complication or other impairment are subject to  
6 further review, and may be determined disqualifying. Examples include, but  
7 are not limited to mental health disorders requiring treatment with controlled  
8 substances or impairing medication; alcohol and substance abuse/dependence  
9 disorders, and conditions with a history of, or at significant risk for psychosis,  
10 suicidal ideation, homicidal ideation, or hospitalization.
- 11 b. Psychotic disorders are disqualifying and generally will not be approved for  
12 issuance of a waiver.
- 13 c. A current clinical diagnosis of alcohol or substance abuse/dependence, which  
14 is not in remission, is disqualifying and generally will not be approved for  
15 issuance of a waiver.
- 16 d. General classes of psychiatric or mental health conditions that are subject to  
17 further review include, but are not limited to:
- 18 (1) Mood Disorders;
- 19 (2) Anxiety Disorders;
- 20 (3) Attention Deficit/Hyperactivity Disorder;
- 21 (4) Substance Abuse/Dependence Disorders; and
- 22 (5) Schizophrenia/Psychotic Disorders.

23 2. Guidance to Mariner Applicants.

- 24 a. In some cases, psychiatric or mental health conditions may be deemed too  
25 high risk for medical certification. This would include conditions treated with  
26 impairing medications and conditions associated with impairing signs and  
27 symptoms, as well as conditions that put the individual at high risk of  
28 becoming unstable, unconscious, incapacitated, or otherwise unsafe to operate  
29 under the authority of the credential.
- 30 b. Psychiatric or mental health conditions that are determined to pose a low risk  
31 of sudden incapacitation may be considered for a waiver, or may not require  
32 any waiver or limitation.

- 1 c. The evaluation for medical certification and waiver issuance will consider the  
2 level of stability, the likelihood for worsening or recurrence, the written  
3 assessment of the treating provider or specialist (as applicable), and the results  
4 of appropriate testing.
- 5 d. Mariner applicants with neurologic conditions should:
- 6 (1) Discuss the following with their treating provider and with the provider  
7 performing the medical certificate examination:
- 8 (a) Their medical condition and the limitations of medical care aboard the  
9 vessel;
- 10 (b) The safety sensitive nature of their merchant mariner credential;
- 11 (c) How/whether the medical condition may affect, or be affected by  
12 service aboard a vessel;
- 13 (d) The recommendation that the treating provider/provider perform the  
14 medical certificate examination and review guidance in this Manual  
15 when providing their assessment for medical certification.
- 16 (2) Make sure to submit sufficient information on any of their medical  
17 conditions that are subject to further review. This includes:
- 18 (a) The **Treating Provider's Assessment**; and  
19 (b) **Recommended Evaluation Data**

20 3. Guidance to the Treating Providers.

21 a. Treating Provider's Assessment.

22 The treating provider's assessment should detail a full evaluation of the  
23 condition as follows:

- 24 (1) Pertinent medical examination and physical evaluation data;
- 25 (2) The history of the condition;
- 26 (3) The status of the condition, to include severity, stability, symptoms,  
27 presence of impairing complications, and whether the applicant has  
28 required emergency treatment, intervention or hospitalization within the  
29 past 6 years;
- 30 (4) Treatment compliance and efficacy;

- 1 (5) An assessment of the applicant's risk for future adverse cardiac events,  
2 malignant arrhythmia, syncope, sudden incapacitation, or debilitating  
3 complication;
- 4 (6) Reports of any objective testing and standard evaluation tools that were  
5 performed to aid in their assessment; and
- 6 (7) The extent to which the applicant's medical condition is likely to affect, or  
7 be affected by, service aboard the vessel or service at sea.
- 8 (8) In some cases, the Coast Guard may request that the applicant submit  
9 documentation from a specialist such as a neurologist, sleep specialist or  
10 neurosurgeon, for example.

11 b. Recommended Evaluation Data.

- 12 (1) Objective testing and supporting documentation may be requested to  
13 better assess the severity of the condition, and the presence or absence of  
14 impairing symptoms or complications. This information assists the  
15 evaluators in determining whether the mariner is able to perform routine  
16 and emergency duties without risk of sudden incapacitation or other  
17 impairment.
- 18 (2) The treating provider should submit objective testing and supporting  
19 documentation as appropriate for the specifics of the mariner applicant's  
20 medical condition. Generally, the type and manner of evaluation data or  
21 objective testing submitted will be left to the discretion of the treating  
22 provider or specialist.
- 23 (3) If the applicant has undergone prior testing, and the treating physician  
24 feels strongly that further testing is not clinically indicated, then the  
25 provider should include a statement to that effect in their assessment,  
26 along with the results of previously performed testing.
- 27 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
28 alternate means, then the provider should include a statement to that effect  
29 in their assessment.
- 30 (5) Examples of recommended evaluation data that may be requested for  
31 select psychiatric or mental health conditions include, but are not limited  
32 to:
  - 33 (a) Comprehensive evaluation from a psychiatrist;
  - 34 (b) Comprehensive evaluation from substance abuse professional; and
  - 35 (c) Neuropsychological/neurocognitive testing.

1 **B. Mood Disorders.**

2 1. Guidance to Mariner Applicants.

- 3 a. In some cases, mood disorders may be deemed too high risk for medical  
4 certification. This would include mood disorders treated with controlled  
5 substances or impairing medications, conditions associated with impairing  
6 signs and symptoms, as well as conditions with a history of, or at significant  
7 risk for psychosis, suicidal ideation, homicidal ideation, or hospitalization.
- 8 b. Mood disorders that are determined to pose a low risk of sudden  
9 incapacitation or impairment may be considered for a waiver, or may not  
10 require any waiver or restriction.
- 11 c. The evaluation for medical certification and waiver issuance will consider the  
12 level of stability, the likelihood for worsening or recurrence, the written  
13 assessment of the treating provider or specialist (as applicable), and the results  
14 of appropriate testing.
- 15 d. Mariner applicants with mood disorders should:
- 16 (1) Discuss the following with their treating provider, and the provider  
17 performing the medical certificate examination:
- 18 (a) Their medical condition and the limitations of medical care aboard the  
19 vessel;
- 20 (b) The safety sensitive nature of their merchant mariner credential;
- 21 (c) How/whether the medical condition may affect, or be affected by  
22 service aboard a vessel or by service at sea; and
- 23 (d) The recommendation that the treating provider/provider performing  
24 the medical certificate examination review the guidance in this Manual  
25 when providing their assessment for medical certification.
- 26 (2) Make sure to submit sufficient information on any of their medical  
27 conditions that are subject to further review. This includes:
- 28 (a) **The Treating Provider's Assessment;** and
- 29 (b) **Recommended Evaluation Data.**

30 2. Guidance to Treating Providers.

31 a. Treating Provider's Assessment.

32 The treating provider's assessment should detail a full evaluation of the  
33 condition as follows:

- 1 (1) Pertinent medical examination and physical evaluation data;
- 2 (2) The history of the condition;
- 3 (3) The status of the condition, to include severity, stability, symptoms,  
4 presence of impairing complications, and whether the applicant has  
5 required emergency treatment, intervention or hospitalization within the  
6 past 6 years;
- 7 (4) Treatment compliance and efficacy;
- 8 (5) An assessment of the applicant's risk for future adverse cardiac events,  
9 malignant arrhythmia, syncope, sudden incapacitation debilitating  
10 complication;
- 11 (6) Reports of objective testing and standard evaluation data used to support  
12 their assessment; and
- 13 (7) The extent to which the applicant's medical condition is likely to affect, or  
14 be affected by, service aboard the vessel or service at sea.
- 15 (8) In some cases, the Coast Guard may request that the applicant submit  
16 documentation from a specialist such as a psychiatrist, for example.

17 b. Recommended Evaluation Data.

- 18 (1) Objective testing and supporting documentation may be requested to  
19 better assess the severity of the condition, and the presence or absence of  
20 impairing symptoms or complications. This information assists the  
21 evaluators in determining whether the mariner is able to perform routine  
22 and emergency duties without risk of sudden incapacitation or other  
23 impairment.
- 24 (2) The treating provider should submit objective testing and supporting  
25 documentation as appropriate for the specifics of the mariner applicant's  
26 medical condition. Generally, the type and manner of evaluation data or  
27 objective testing submitted will be left to the discretion of the treating  
28 provider or specialist.
- 29 (3) If the applicant has undergone prior testing, and the treating physician  
30 feels strongly that further testing is not clinically indicated, then the  
31 provider should include a statement to that effect in their assessment,  
32 along with the results of previously performed testing.
- 33 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
34 alternate means, then the provider should include a statement to that effect  
35 in their assessment.

1 (5) Examples of recommended evaluation data for psychiatric or mental  
2 health conditions include, but are not limited to:

3 (a) Full mental health evaluation from the treating provider/treating  
4 mental health specialist; and

5 (b) Applicants whose conditions are treated with controlled substances,  
6 impairing medications or anti-psychotic medications may be asked to  
7 submit the results of neuropsychological/neurocognitive testing. See  
8 the Medication Enclosure for further guidance.

9 3. Medical Certification Evaluation.

10 a. Certification Determinations.

11 Certification determinations will be made on a case-by-case basis.  
12 Information considered during the evaluation for issuance of a medical  
13 certificate will include, but is not limited to:

14 (1) The severity of the condition;

15 (2) The presence of symptoms;

16 (3) The stability of the condition;

17 (4) The need for access to medical care;

18 (5) The applicant's ability to perform routine and emergency duties;

19 (6) The risk for sudden incapacitation or debilitating complication;

20 (7) The risk of impaired cognitive ability, judgment or reaction time related to  
21 the condition or associated medications;

22 (8) The written assessment of the treating provider; and

23 (9) The results of objective testing and standard evaluation data.

24 b. Medical Waivers.

25 (1) Mariner applicants whose condition does not meet the standard may be  
26 approved for a medical waiver if objective medical evidence indicates that  
27 the condition is sufficiently controlled to pose no significant risk to  
28 maritime and public safety.

29 (2) The evaluation will consider whether there are extenuating circumstances  
30 that warrant special consideration for issuance of a medical waiver.

1 (3) If approved, waivers and limitations may be applied to the credential  
2 and/or medical certificate, on a case-by-case basis.

3 c. Disqualification.

4 (1) Mariner applicants with unstable conditions or impairing  
5 symptoms/complications may be found unqualified;

6 (2) Mariner applicants with a history of, or at risk for psychosis, suicidal  
7 ideation, or homicidal ideation may be found unqualified;

8 (3) Mariner applicants who are at risk for sudden incapacitation or debilitating  
9 complication may be found unqualified;

10 (4) Mariner applicants with risk of impaired cognitive ability, judgment or  
11 reaction time may be found unqualified;

12 (5) Mariner applicants whose conditions are treated with controlled  
13 substances, impairing medications, or anti-psychotic medications may be  
14 found unqualified; and

15 (6) Mariner applicants whose condition impairs their ability to perform  
16 routine and emergency duties may be found unqualified.

17 4. Guidance to Designated Medical Examiners (DMEs).

18 a. Documentation.

19 The DME should ensure that the applicant has provided adequate  
20 **documentation** for the condition, to include:

21 (1) An evaluation from the treating provider and/or specialist; and

22 (2) Any appropriate recommended evaluation data.

23 b. Approval.

24 (1) The **DME may approve issuance of the medical certificate** if their  
25 evaluation finds that the applicant meets all of the following:

26 (a) Favorable recommendation from the treating provider;

27 (b) Condition is asymptomatic and without recent need for major  
28 intervention, hospitalization or surgery;

29 (c) Condition has been stable and the assessment indicates low likelihood  
30 of sudden exacerbation, syncope or adverse event;



- 1 (d) There is no history of, or risk for psychosis, suicidal ideation, or  
2 homicidal ideation;
- 3 (e) Mariner applicant has no risk of impaired cognitive ability, judgment  
4 or reaction time related to the condition or associated medications may  
5 be found unqualified; and
- 6 (f) Documentation supports no impairment of ability to perform routine  
7 and emergency duties.
- 8 (2) If the DME approves the certification decision to the Coast Guard, the  
9 DME should discuss the reason(s) for deferral and document their  
10 recommendation regarding medical certification on the Application for  
11 Medical Certificate, Form CG-719K.

12

13 c. Deferral.

- 14 (1) The **DME must defer the decision** to the Coast Guard if any of the  
15 following:
- 16 (a) Unfavorable recommendation or insufficient documentation from the  
17 treating provider;
- 18 (b) The applicant has evidence of instability, or impairing symptoms/  
19 complications;
- 20 (c) The applicant has other symptoms or findings that suggest a significant  
21 risk of an sudden incapacitation or debilitating complication;
- 22 (d) The applicant has a history of, or risk for psychosis, suicidal ideation,  
23 or homicidal ideation;
- 24 (e) The applicant has required emergency treatment or hospitalization in  
25 the past 6 years;
- 26 (f) The applicant is at risk for impaired cognitive ability, judgment or  
27 reaction time;
- 28 (g) The applicant is taking controlled substances, impairing medications,  
29 or anti-psychotic medications; and
- 30 (h) The applicant's examination suggests impaired ability to perform  
31 routine and emergency duties
- 32 (2) If the DME defers the certification decision to the Coast Guard, the DME  
33 should discuss the reason(s) for deferral and document their

1 recommendation regarding medical certification on the Application for  
2 Medical Certificate, Form CG-719K.

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4 d. Education.

5 The **DME should provide education** to mariner applicants on how their  
6 condition may affect, or be affected by service at sea.

7 e. Referral.

8 The **DME should refer mariner applicants** to their treating provider for  
9 follow-up of any abnormal findings discovered during the examination or  
10 during screening.

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1 **C. Anxiety Disorders.**

2 1. Guidance to Mariner Applicants.

- 3 a. In some cases, anxiety disorders may be deemed too high risk for medical  
4 certification. This would include anxiety disorders that are treated with  
5 controlled substances or impairing medications, associated with impairing  
6 signs and symptoms, or associated with a history of, or at significant risk for  
7 psychosis, suicidal ideation, homicidal ideation, or hospitalization.
- 8 b. Anxiety disorders that are determined to pose a low risk of sudden  
9 incapacitation or impairment may be considered for a waiver, or may not  
10 require any waiver or restriction.
- 11 c. The evaluation for medical certification and waiver issuance will consider the  
12 level of stability, the likelihood for worsening or recurrence, the written  
13 assessment of the treating provider or specialist (as applicable), and the results  
14 of appropriate testing.
- 15 d. Mariner applicants with anxiety disorders should:
- 16 (1) Discuss the following with their treating provider, and the provider  
17 performing the medical certificate examination:
- 18 (a) Their medical condition and the limitations of medical care aboard the  
19 vessel;
- 20 (b) The safety sensitive nature of their merchant mariner credential;
- 21 (c) How/whether the medical condition may affect, or be affected by  
22 service aboard a vessel or by service at sea; and
- 23 (d) The recommendation that the treating provider/provider performing  
24 the medical certificate examination review the guidance in this Manual  
25 when providing their assessment for medical certification.
- 26 (2) Make sure to submit sufficient information on any of their medical  
27 conditions that are subject to further review. This includes:
- 28 (a) **The Treating Provider's Assessment;** and
- 29 (b) **Recommended Evaluation Data.**

30 2. Guidance to Treating Providers.

31 a. Treating Provider's Assessment.

32 The treating provider's assessment should detail a full evaluation of the  
33 condition as follows:

- 1 (1) Pertinent medical examination and physical evaluation data;
- 2 (2) The history of the condition;
- 3 (3) The status of the condition, to include severity, stability, symptoms,  
4 presence of impairing complications, and whether the applicant has  
5 required emergency treatment, intervention or hospitalization within the  
6 past 5 years;
- 7 (4) Treatment efficacy and compliance;
- 8 (5) An assessment of the applicant's risk for future adverse cardiac events,  
9 malignant arrhythmia, syncope, sudden incapacitation or debilitating  
10 complication;
- 11 (6) Reports of objective testing and standard evaluation data used to support  
12 their assessment; and
- 13 (7) The extent to which the applicant's medical condition is likely to affect, or  
14 be affected by, service aboard the vessel or service at sea.
- 15 (8) In some cases, the Coast Guard may request that the applicant submit  
16 documentation from a specialist such as a psychiatrist, for example.

17 b. Recommended Evaluation Data.

- 18 (1) Objective testing and supporting documentation may be requested to  
19 better assess the severity of the condition, and the presence or absence of  
20 impairing symptoms or complications. This information assists the  
21 evaluators in determining whether the mariner is able to perform routine  
22 and emergency duties without risk of sudden incapacitation or other  
23 impairment.
- 24 (2) The treating provider should submit objective testing and supporting  
25 documentation as appropriate for the specifics of the mariner applicant's  
26 medical condition. Generally, the type and manner of evaluation data or  
27 objective testing submitted will be left to the discretion of the treating  
28 provider or specialist.
- 29 (3) If the applicant has undergone prior testing, and the treating physician  
30 feels strongly that further testing is not clinically indicated, then the  
31 provider should include a statement to that effect in their assessment,  
32 along with the results of previously performed testing.
- 33 (4) If the treating provider seeks to demonstrate the applicant's fitness by  
34 alternate means, then the provider should include a statement to that effect  
35 in their assessment.

1 (5) Examples of recommended evaluation data for psychiatric or mental  
2 health conditions include, but are not limited to:

3 (a) Full mental health evaluation from the treating provider/treating  
4 mental health specialist; and

5 (b) Applicants whose conditions are treated with controlled substances,  
6 impairing medications or anti-psychotic medications may be asked to  
7 submit the results of neuropsychological/neurocognitive testing. See  
8 the Medication Enclosure for further guidance.

9 3. Medical Certification Evaluation.

10 a. Certification determinations will be made on a case-by-case basis.  
11 Information considered during the evaluation for issuance of a medical  
12 certificate will include, but is not limited to:

13 (1) The severity of the condition;

14 (2) The presence of symptoms;

15 (3) The stability of the condition;

16 (4) The need for access to medical care;

17 (5) The applicant's ability to perform routine and emergency duties;

18 (6) The risk for sudden incapacitation or debilitating complication;

19 (7) The risk of impaired cognitive ability, judgment or reaction time related to  
20 the condition or associated medications;

21 (8) The written assessment of the treating provider; and

22 (9) The results of objective testing and standard evaluation data.

23 b. Medical Waivers.

24 (1) Mariner applicants whose condition does not meet the standard may be  
25 approved for a medical waiver if objective medical evidence indicates that  
26 the condition is sufficiently controlled to pose no significant risk to  
27 maritime and public safety.

28 (2) The evaluation will consider whether there are extenuating circumstances  
29 that warrant special consideration for issuance of a medical waiver.

30 (3) If approved, waivers and limitations may be applied to the credential  
31 and/or medical certificate, on a case-by-case basis.

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c. Disqualification.

- (1) Mariner applicants with unstable conditions or impairing symptoms/complications may be found unqualified;
- (2) Mariner applicants with a history of, or at risk for psychosis, suicidal ideation, or homicidal ideation may be found unqualified;
- (3) Mariner applicants who are at risk for sudden incapacitation or debilitating complication may be found unqualified;
- (4) Mariner applicants with risk of impaired cognitive ability, judgment or reaction time may be found unqualified;
- (5) Mariner applicants whose conditions are treated with controlled substances, impairing medications, or anti-psychotic medications may be found unqualified;
- (6) Mariner applicants whose conditions are treated with controlled substances, impairing medications, or anti-psychotic medications may be found unqualified; and
- (7) Mariner applicants whose condition impairs their ability to perform routine and emergency duties may be found unqualified.

4. Guidance to Designated Medical Examiners (DMEs).

a. Documentation.

The DME should ensure that the applicant has provided adequate **documentation** for the condition, to include:

- (a) An evaluation from the treating provider and/or specialist; and
- (b) Any appropriate recommended evaluation data.

b. Approval.

- (1) The **DME may approve issuance of the medical certificate** if their evaluation finds that the applicant meets all of the following:
  - (a) Favorable recommendation from the treating provider,
  - (b) Condition is asymptomatic and without recent need for major intervention, or hospitalization;
  - (c) Condition has been stable and the assessment indicates low likelihood of sudden exacerbation, or impairing complications;

- 1 (d) There is no history of, or risk for psychosis, suicidal ideation, or  
2 homicidal ideation;
- 3 (e) Mariner applicant has no risk of impaired cognitive ability, judgment  
4 or reaction time related to the condition or associated medications may  
5 be found unqualified; and
- 6 (f) Documentation supports adequate physical ability to perform routine  
7 and emergency duties.
- 8 (2) If the DME approves the certification decision to the Coast Guard, the  
9 DME should discuss the reason(s) for deferral and document their  
10 recommendation regarding medical certification on the Application for  
11 Medical Certificate, Form CG-719K.

12

13 c. Deferral.

- 14 (1) The **DME must defer the decision** to the Coast Guard if any of the  
15 following:
- 16 (a) Unfavorable recommendation or insufficient documentation from the  
17 treating provider;
- 18 (b) The applicant has evidence of instability, or impairing symptoms/  
19 complications;
- 20 (c) The applicant has other symptoms or findings that suggest a significant  
21 risk of an sudden incapacitation or debilitating complication;
- 22 (d) The applicant has a history of, or risk for psychosis, suicidal ideation,  
23 or homicidal ideation;
- 24 (e) The applicant has required emergency treatment or hospitalization in  
25 the past 5 years;
- 26 (f) The applicant is at risk for impaired cognitive ability, judgment or  
27 reaction time;
- 28 (g) The applicant is taking controlled substances, impairing medications,  
29 or anti-psychotic medications; and
- 30 (h) The applicant's examination suggests impaired ability to perform  
31 routine and emergency duties.
- 32 (2) If the DME defers the certification decision to the Coast Guard, the DME  
33 should discuss the reason(s) for deferral and document their

1 recommendation regarding medical certification on the Application for  
2 Medical Certificate, Form CG-719K.

3 d. Education.

4 The **DME should provide education** to mariner applicants on how their  
5 condition may affect, or be affected by service at sea.

6 e. Referral.

7 The **DME should refer Mariner applicants** to their treating provider for  
8 follow-up of any abnormal findings discovered during the examination or  
9 during screening.

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1 2. **Attention-Deficit/Hyperactivity Disorders (ADD/ADHD).**

2 1 Guidance to Mariner Applicants.

- 3 a. In some cases, Attention-Deficit/Hyperactivity Disorders (ADD/ADHD) may  
4 be deemed too high risk for medical certification. This would include  
5 ADD/ADHD conditions that are treated with controlled substances or  
6 impairing medications, associated with impairing signs and symptoms, or  
7 associated with a history of, or at significant risk for psychosis, suicidal  
8 ideation, homicidal ideation, or hospitalization.
- 9 b. ADD/ADHD conditions that are determined to pose a low risk of sudden  
10 incapacitation or impairment may be considered for a waiver, or may not  
11 require any waiver or restriction.
- 12 c. The evaluation for medical certification and waiver issuance will consider the  
13 level of stability, the likelihood for worsening or recurrence, the written  
14 assessment of the treating provider or specialist (as applicable), and the results  
15 of appropriate testing.
- 16 d. Mariner applicants with ADD/ADHD conditions should:
- 17 1. Discuss the following with their treating provider, and the provider  
18 performing the medical certificate examination:
- 19 • Their medical condition and the limitations of medical care aboard the  
20 vessel;
  - 21 • The safety sensitive nature of their merchant mariner credential;
  - 22 • How/whether the medical condition may affect, or be affected by  
23 service aboard a vessel or by service at sea; and
  - 24 • The recommendation that the treating provider/provider performing  
25 the medical certificate examination review the guidance in this Manual  
26 when providing their assessment for medical certification.
- 27 2. Make sure to submit sufficient information on any of their medical  
28 conditions that are subject to further review. This includes:
- 29 (a) The **Treating Provider's Assessment**; and
- 30 (b) **Recommended Evaluation Data.**

31 (3) Guidance to Treating Providers.

- 32 a. Treating Provider's Assessment.

1 The treating provider's assessment should detail a full evaluation of the  
2 condition as follows:

- 3 a) Pertinent medical examination and physical evaluation data;
- 4 b) The history of the condition;
- 5 c) The status of the condition, to include severity, stability, symptoms,  
6 presence of impairing complications, and whether the applicant has  
7 required emergency treatment, intervention or hospitalization within the  
8 past 5 years;
- 9 d) Treatment efficacy and compliance;
- 10 e) An assessment of the applicant's risk for future adverse cardiac events,  
11 malignant arrhythmia, syncope, sudden incapacitation, or debilitating  
12 complication;
- 13 f) Reports of objective testing and standard evaluation data used to support  
14 their assessment; and
- 15 g) The extent to which the applicant's medical condition is likely to affect, or  
16 be affected by, service aboard the vessel or service at sea.
- 17 h) In some cases, the Coast Guard may request that the applicant submit  
18 documentation from a specialist such as a psychiatrist, for example.

19 b. Recommended Evaluation Data.

- 20 1. Objective testing and supporting documentation may be requested to  
21 better assess the severity of the condition, and the presence or absence of  
22 impairing symptoms or complications. This information assists the  
23 evaluators in determining whether the mariner is able to perform routine  
24 and emergency duties without risk of sudden incapacitation or other  
25 impairment.
- 26 2. The treating provider should submit objective testing and supporting  
27 documentation as appropriate for the specifics of the mariner applicant's  
28 medical condition. Generally, the type and manner of evaluation data or  
29 objective testing submitted will be left to the discretion of the treating  
30 provider or specialist.
- 31 3. If the applicant has undergone prior testing, and the treating physician  
32 feels strongly that further testing is not clinically indicated, then the  
33 provider should include a statement to that effect in their assessment,  
34 along with the results of previously performed testing.

1 4. If the treating provider seeks to demonstrate the applicant's fitness by  
2 alternate means, then the provider should include a statement to that effect  
3 in their assessment.

4 5. Examples of recommended evaluation data for psychiatric or mental  
5 health conditions include, but are not limited to:

- 6 • Full mental health evaluation from the treating provider/treating  
7 mental health specialist; and
- 8 • Applicants whose conditions are treated with controlled substances,  
9 impairing medications or anti-psychotic medications may be asked to  
10 submit the results of neuropsychological/neurocognitive testing. See  
11 the Medication Enclosure for further guidance.

12 (4) Medical Certification Evaluation.

13 a. Certification Determinations.

14 Certification determinations will be made on a case-by-case basis.  
15 Information considered during the evaluation for issuance of a medical  
16 certificate will include, but is not limited to:

- 17 a) The severity of the condition;
- 18 b) The presence of symptoms;
- 19 c) The stability of the condition;
- 20 d) The need for access to medical care;
- 21 e) The applicant's ability to perform routine and emergency duties;
- 22 f) The risk for sudden incapacitation or debilitating complication;
- 23 g) The risk of impaired cognitive ability, judgment or reaction time related to  
24 the condition or associated medications;
- 25 h) The written assessment of the treating provider; and
- 26 i) The results of objective testing and standard evaluation data.

27 b. Medical Waivers.

- 28 a) Mariner applicants whose condition does not meet the standard may be  
29 approved for a medical waiver if objective medical evidence indicates that  
30 the condition is sufficiently controlled to pose no significant risk to  
31 maritime and public safety.

1 b) The evaluation will consider whether there are extenuating circumstances  
2 that warrant special consideration for issuance of a medical waiver.

3 c) If approved, waivers and limitations may be applied to the credential  
4 and/or medical certificate, on a case-by-case basis.

5 c. Disqualification.

6 (1) Mariner applicants with unstable conditions or impairing  
7 symptoms/complications may be found unqualified;

8 (2) Mariner applicants with a history of, or at risk for psychosis, suicidal  
9 ideation, or homicidal ideation may be found unqualified

10 (3) Mariner applicants who are at risk for sudden incapacitation or debilitating  
11 complication;

12 (4) Mariner applicants with risk of impaired cognitive ability, judgment or  
13 reaction time may be found unqualified;

14 (5) Mariner applicants whose conditions are treated with controlled  
15 substances, impairing medications, or anti-psychotic medications may be  
16 found unqualified; and

17 (6) Mariner applicants whose condition impairs their ability to perform  
18 routine and emergency duties may be found unqualified.

19 (7) If the DME disqualifies the certification decision to the Coast Guard, the  
20 DME should discuss the reason(s) for deferral and document their  
21 recommendation regarding medical certification on the Application for  
22 Medical Certificate, Form CG-719K.

23 3. Guidance to Designated Medical Examiners (DMEs).

24 a. Documentation.

25 The DME should ensure that the applicant has provided adequate  
26 **documentation** for the condition, to include:

27 a) An evaluation from the treating provider and/or specialist; and

28 b) Any appropriate recommended evaluation data.

29 b. Approval.

30 (1) The **DME may approve issuance of the medical certificate** if their  
31 evaluation finds that the applicant meets all of the following:

32 a) Favorable recommendation from the treating provider;

- 1 b) Condition is asymptomatic and without recent need for major  
2 intervention, or hospitalization;
- 3 c) Condition has been stable and the assessment indicates low likelihood  
4 of sudden exacerbation, or impairing complications;
- 5 d) There is no history of, or risk for psychosis, suicidal ideation, or  
6 homicidal ideation;
- 7 e) Mariner applicant has no risk of impaired cognitive ability, judgment  
8 or reaction time related to the condition or associated medications may  
9 be found unqualified; and
- 10 f) Documentation supports adequate physical ability to perform routine  
11 and emergency duties.

12 (2) If the DME approves the certification decision to the Coast Guard, the  
13 DME should discuss the reason(s) for deferral and document their  
14 recommendation regarding medical certification on the Application for  
15 Medical Certificate, Form CG-719K.

16 c. Deferral.

- 17 1. The **DME must defer the decision** to the Coast Guard if any of the  
18 following:
- 19 a) Unfavorable recommendation or insufficient documentation from the  
20 treating provider;
- 21 b) The applicant has evidence of instability, or impairing symptoms/  
22 complications;
- 23 c) The applicant has other symptoms or findings that suggest a significant  
24 risk of an sudden incapacitation or debilitating complication;
- 25 d) The applicant has a history of, or risk for psychosis, suicidal ideation,  
26 or homicidal ideation;
- 27 e) The applicant has required emergency treatment or hospitalization in  
28 the past 6 years;
- 29 f) The applicant is at risk for impaired cognitive ability, judgment or  
30 reaction time;
- 31 g) The applicant is taking controlled substances, impairing medications,  
32 or anti-psychotic medications;

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h) The applicant's examination suggests impaired ability to perform routine and emergency duties.

2. The DME's deferral should address the reason(s) for deferral and document their recommendation regarding medical certification on the Application for Medical Certificate, Form CG-719K.

d. Education.

The **DME should provide education** to mariner applicants on how their condition may affect, or be affected by service at sea.

e. Referral.

The **DME should refer mariner applicants** to their treating provider for follow-up of any abnormal findings discovered during the examination or during screening.

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f. **Alcohol/Substance Abuse or Dependence.**

a. Guidance to Mariner Applicants.

In some cases, alcohol/substance abuse or dependence disorders may be deemed too high risk for medical certification. This would include alcohol/substance abuse or dependence disorders that are treated with impairing medications, associated with impairing signs and symptoms, or associated with a history of, or at significant risk for psychosis, suicidal ideation, homicidal ideation, or hospitalization.

Alcohol/substance abuse or dependence disorders that are not in remission are considered disqualifying and generally will not be approved for issuance of a medical waiver.

Alcohol/substance abuse or dependence disorders that are in remission and determined to pose a low risk of sudden incapacitation or impairment may be considered for a waiver, or may not require any waiver or restriction.

The evaluation for medical certification and waiver issuance will consider the level of stability, the likelihood for worsening or recurrence, the written assessment of the treating provider or specialist (as applicable), and the results of appropriate testing.

- 1) Mariner applicants with alcohol/substance abuse or dependence disorders should discuss the following with their treating provider, AND the provider performing the medical certificate examination:
  - a) Their medical condition and the limitations of medical care aboard the vessel;
  - b) The safety sensitive nature of their merchant mariner credential;
  - c) How/whether the medical condition may affect, or be affected by service aboard a vessel or by service at sea; and
  - d) The recommendation that the treating provider/provider performing the medical certificate examination review the guidance in this Manual when providing their assessment for medical certification.
- 2) Make sure to submit sufficient information on any of their medical conditions that are subject to further review. This includes:
  - a) The **Treating Provider’s Assessment**; and
  - b) **Recommended Evaluation Data.**

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b. Guidance to Treating Providers.

1) Treating Provider's Assessment.

The treating provider's assessment should detail a full evaluation of the condition as follows:

- a) Pertinent medical examination and physical evaluation data;
- b) The history of the condition;
- c) The status of the condition, to include severity, stability, symptoms, presence of impairing complications, and whether the applicant has required emergency treatment, intervention or hospitalization within the past 5 years;
- d) Treatment efficacy and compliance;
- e) An assessment of the applicant's risk for future adverse cardiac events, malignant arrhythmia, syncope, sudden incapacitation, or debilitating complication;
- f) Reports of objective testing and standard evaluation data used to support their assessment; and
- g) The extent to which the applicant's medical condition is likely to affect, or be affected by, service aboard the vessel or service at sea.

In some cases, the Coast Guard may request that the applicant submit documentation from a specialist such as a psychiatrist, for example.

2) Recommended Evaluation Data.

Objective testing and supporting documentation are requested to better assess the severity of the condition, the applicant's functional capacity; and the presence or absence of ischemia with exercise. This information assists the evaluators in determining whether the mariner is able to perform routine and emergency duties without risk of sudden incapacitation.

The treating provider should submit objective testing and supporting documentation as appropriate for the specifics of the mariner applicant's medical condition. Generally, the type and manner of evaluation data or objective testing submitted will be left to the discretion of the treating provider or specialist.



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2 If the applicant has undergone prior testing, and the treating physician  
3 feels strongly that further testing is not clinically indicated, then the  
4 provider should include a statement to that effect in their assessment,  
5 along with the results of previously performed testing.  
6

7 If the treating provider seeks to demonstrate the applicant's fitness by  
8 alternate means, then the provider should include a statement to that effect  
9 in their assessment.

10  
11 Examples of recommended evaluation data for psychiatric or mental  
12 health conditions include, but are not limited to:

- 13
- 14 i. Full mental health evaluation from the treating  
15 provider/treating mental health specialist;
- 16
- 17 ii. Applicants with a diagnosis of abuse or dependence, or self-  
18 reported abuse or dependence, within the last 5 years should  
19 submit an evaluation from a substance abuse professional that  
20 includes assessment of the applicant's suitability to return to  
21 work in safety-sensitive positions; and
- 22
- 23 iii. Applicants whose conditions are treated with controlled  
24 substances, impairing medications or anti-psychotic  
25 medications may be asked to submit the results of  
26 neuropsychological/neurocognitive testing. See the Medication  
27 Enclosure for further guidance.
- 28

29 c. Medical Certification Evaluation.

- 30
- 31 1) Certification determinations will be made on a case-by-case basis.  
32 Information considered during the evaluation for issuance of a medical  
33 certificate will include, but is not limited to:
  - 34 a) The severity of the condition;
  - 35
  - 36 b) The presence of symptoms;
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  - 38 c) The stability of the condition;
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  - 40 d) The need for access to medical care;
  - 41
  - 42 e) The applicant's ability to perform routine and emergency duties;
  - 43
  - 44 f) The risk for sudden incapacitation or debilitating complication;
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- 1 g) The risk of impaired cognitive ability, judgment or reaction time  
2 related to the condition or associated medications;  
3  
4 h) The written assessment of the treating provider; and  
5  
6 i) The results of objective testing and standard evaluation data.  
7

8 2) Medical Waivers.  
9

10 Mariner applicants whose condition does not meet the standard may be  
11 approved for a medical waiver if objective medical evidence indicates that  
12 the condition is sufficiently controlled to pose no significant risk to  
13 maritime and public safety.  
14

- 15 a) The evaluation will consider whether there are extenuating  
16 circumstances that warrant special consideration for issuance of a  
17 medical waiver; and  
18  
19 b) If approved, waivers and limitations may be applied to the credential  
20 and/or medical certificate, on a case-by-case basis.  
21

22 3) Disqualification.  
23

- 24 a) Mariner applicants with alcohol/substance abuse or dependence that is  
25 not in remission will be found unqualified and generally **will not** be  
26 considered suitable for a medical waiver;  
27  
28 b) Mariner applicants with unstable conditions or impairing  
29 symptoms/complications may be found unqualified;  
30  
31 c) Mariner applicants with a history of, or at risk for psychosis, suicidal  
32 ideation, or homicidal ideation may be found unqualified;  
33  
34 d) Mariner applicants who are at risk for sudden incapacitation or  
35 debilitating complication;  
36  
37 e) Mariner applicants with risk of impaired cognitive ability, judgment or  
38 reaction time may be found unqualified;  
39  
40 f) Mariner applicants whose conditions are treated with controlled  
41 substances, impairing medications, or anti-psychotic medications may  
42 be found unqualified; and  
43  
44 g) Mariner applicants whose condition impairs their ability to perform  
45 routine and emergency duties may be found unqualified.  
46

1 (3) If the DME disqualifies the certification decision to the Coast Guard, the  
2 DME should discuss the reason(s) for deferral and document their  
3 recommendation regarding medical certification on the Application for  
4 Medical Certificate, Form CG-719K.

5  
6 d. Guidance to Designated Medical Examiners.

- 7  
8 1) The DME should ensure that the applicant has provided adequate  
9 documentation for the condition, to include:  
10  
11 a) An evaluation from the treating provider and/or specialist; and  
12  
13 b) Any appropriate recommended evaluation data.  
14  
15 2) The DME NOT approve applicants with a history of alcohol/substance  
16 abuse or dependence for certification.  
17  
18 3) The DME Must Defer the decision to the Coast Guard if any applicants  
19 have a history of alcohol/substance abuse or dependence.

20  
21 The DME's deferral should address the reason(s) for deferral and their  
22 recommendation regarding medical certification.

23  
24 4) The DME Should Provide:

25  
26 Education to mariner applicants on how their condition may affect, or be  
27 affected by service at sea.

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29 5) The DME Should Refer:

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31 Mariner applicants to their treating provider for follow-up of any abnormal  
32 findings discovered during the examination or during screening.

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g. **Schizophrenia/Psychotic Disorders.**

a. Guidance to Mariner Applicants.

In most cases, schizophrenia and psychotic disorders are deemed too high risk for medical certification. This would include schizophrenia and psychotic disorders that are treated with impairing medications, associated with impairing signs and symptoms, or associated with a history of, or at significant risk for psychosis, suicidal ideation, homicidal ideation, or hospitalization.

Schizophrenia and psychotic disorders are disqualifying and generally will not be approved for issuance of a waiver, or may not require any waiver or limitation.

The evaluation for medical certification and waiver issuance will consider the level of stability, the likelihood for worsening or recurrence, the written assessment of the treating provider or specialist (as applicable), and the results of appropriate testing.

- 1) Mariner applicants with schizophrenia and psychotic disorders should discuss the following with their treating provider, and the provider performing the medical certificate examination:
  - a) Their medical condition and the limitations of medical care aboard the vessel;
  - b) The safety sensitive nature of their merchant mariner credential;
  - c) How/whether the medical condition may affect, or be affected by service aboard a vessel or by service at sea; and
  - d) The recommendation that the treating provider/provider performing the medical certificate examination review the guidance in this Manual when providing their assessment for medical certification.
- 2) Make sure to submit sufficient information on any of their medical conditions that are subject to further review. This includes:
  - a) The **Treating Provider’s Assessment**; and
  - b) **Recommended Evaluation Data.**

b. Guidance to Treating Providers.

1) Treating Provider’s Assessment.

1  
2 The treating provider's assessment should detail a full evaluation of the  
3 condition as follows:

- 4  
5 a) Pertinent medical examination and physical evaluation data;  
6  
7 b) The history of the condition;  
8  
9 c) The status of the condition, to include severity, stability, symptoms,  
10 presence of impairing complications, and whether the applicant has  
11 required emergency treatment, intervention or hospitalization within  
12 the past 5 years;  
13  
14 d) Treatment efficacy and compliance;  
15  
16 e) An assessment of the applicant's prognosis and risk for future adverse  
17 neurologic events;  
18  
19 f) Reports of objective testing and standard evaluation data used to  
20 support their assessment; and  
21  
22 g) The extent to which the applicant's medical condition is likely to  
23 affect, or be affected by, service aboard the vessel or service at sea.

24  
25 In some cases, the Coast Guard may request that the applicant submit  
26 documentation from a specialist such as a psychiatrist, for example.

27  
28 2) Recommended Evaluation Data.

29  
30 Objective testing and supporting documentation may be requested to  
31 better assess the severity of the condition, and the presence or absence of  
32 impairing symptoms or complications. This information assists the  
33 evaluators in determining whether the mariner is able to perform routine  
34 and emergency duties without risk of sudden incapacitation or other  
35 impairment.

36  
37 The treating provider should submit objective testing and supporting  
38 documentation as appropriate for the specifics of the mariner applicant's  
39 medical condition. Generally, the type and manner of evaluation data or  
40 objective testing submitted will be left to the discretion of the treating  
41 provider or specialist.

42  
43 If the applicant has undergone prior testing, and the treating physician  
44 feels strongly that further testing is not clinically indicated, then the  
45 provider should include a statement to that effect in their assessment,  
46 along with the results of previously performed testing.

1  
2 If the treating provider seeks to demonstrate the applicant's fitness by  
3 alternate means, then the provider should include a statement to that effect  
4 in their assessment.  
5

6 Examples of recommended evaluation data for psychiatric or mental  
7 health conditions include, but are not limited to the full mental health  
8 evaluation from the treating psychiatrist.  
9

10 c. Medical Certification Evaluation.  
11

12 1) Certification determinations will be made on a case-by-case basis.  
13 Information considered during the evaluation for issuance of a medical  
14 certificate will include, but is not limited to:

- 15 a) The severity of the condition;  
16  
17 b) The presence of symptoms;  
18  
19 c) The stability of the condition;  
20  
21 d) The need for access to medical care;  
22  
23 e) The applicant's ability to perform routine and emergency duties;  
24  
25 f) The risk for sudden incapacitation or debilitating complication;  
26  
27 g) The risk of impaired cognitive ability, judgment or reaction time  
28 related to the condition or associated medications;  
29  
30 h) The written assessment of the treating provider; and  
31  
32 i) The results of objective testing and standard evaluation data.  
33

34  
35 2) Medical Waivers.  
36

37 Mariner applicants whose condition does not meet the standard may be  
38 approved for a medical waiver if objective medical evidence indicates that  
39 the condition is sufficiently controlled to pose no significant risk to  
40 maritime and public safety.  
41

- 42 i. The evaluation will consider whether there are extenuating  
43 circumstances that warrant special consideration for issuance  
44 of a medical waiver; and  
45

1 ii. If approved, waivers and limitations may be applied to the  
2 credential and/or medical certificate, on a case-by-case basis.

3 3) Disqualification.

- 4
- 5 a) Mariner applicants with schizophrenia or psychotic disorders will  
6 be disqualified and generally will not be granted a medical waiver;  
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- 8 b) Mariner applicants with unstable conditions or impairing  
9 symptoms/complications may be found unqualified;  
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- 11 c) Mariner applicants with a history of, or at risk for psychosis,  
12 suicidal ideation, or homicidal ideation may be found unqualified;  
13
- 14 d) Mariner applicants who are at risk for sudden incapacitation or  
15 debilitating complication;  
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- 17 e) Mariner applicants with risk of impaired cognitive ability,  
18 judgment or reaction time may be found unqualified;  
19
- 20 f) Mariner applicants whose conditions are treated with controlled  
21 substances, impairing medications, or anti-psychotic medications  
22 may be found unqualified; and  
23
- 24 g) Mariner applicants whose condition impairs their ability to perform  
25 routine and emergency duties may be found unqualified.  
26

27 d. Guidance to Designated Medical Examiners.

- 28
- 29 1) The DME should ensure that the applicant has provided adequate  
30 documentation for the condition, to include:  
31
- 32 a) An evaluation from the treating provider and/or specialist; and  
33
- 34 b) Any appropriate recommended evaluation data.  
35
- 36 2) The DME May **NOT** approve applicants with schizophrenia or psychotic  
37 disorders for medical certification.  
38
- 39 3) The DME Must Defer the decision to the Coast Guard if applicants have  
40 schizophrenia or psychotic disorders.  
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42 The DME's deferral should address the reason(s) for deferral and their  
43 recommendation regarding medical certification.

- 44
- 45 a) The DME Should Provide:  
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Education to mariner applicants on how their condition may affect, or be affected by service at sea.

b) The DME Should Refer:

Mariner applicants to their treating provider for follow-up of any abnormal findings discovered during the examination or during screening.

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1 **CHAPTER 24. PULMONARY CONDITIONS**

2 **A. Conditions of Concern.**

- 3 1. Pulmonary conditions likely to interfere with the ability to perform assigned shipboard  
4 functions and meet the physical demands that would reasonably arise during an  
5 emergency response are subject to further review, and may be determined disqualifying.  
6 Examples include, but are not limited to severe chronic obstructive pulmonary disease,  
7 poorly controlled asthma, and conditions causing significant dyspnea or respiratory  
8 dysfunction.
- 9 2. Conditions requiring use of supplemental oxygen while working are disqualifying and  
10 generally will not be approved for issuance of a waiver.

11 **B. Guidance to Mariner Applicants.**

- 12 1. Some pulmonary conditions may be deemed too high risk for medical certification. This  
13 would include conditions with life-threatening reactions or impairing complications, as  
14 well as conditions that put the individual at high risk of becoming unstable, unconscious,  
15 incapacitated, or otherwise unsafe to operate under the authority of the credential.
- 16 2. Pulmonary conditions that are determined to pose a low risk of sudden incapacitation and  
17 that don't impair the ability to perform shipboard functions or meet the physical demands  
18 that would reasonably arise during an emergency response may be considered for a  
19 waiver, or may not require a waiver or limitation.
- 20 3. The evaluation for medical certification and waiver issuance will consider the level of  
21 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
22 provider or specialist (as applicable), and the results of appropriate testing.
- 23 4. Mariner applicants with pulmonary conditions should:
- 24 a. Discuss the following with their treating provider, and the provider performing the  
25 medical certificate examination:
- 26 (1) Their medical condition and the limitations of medical care aboard the vessel;
- 27 (2) The safety sensitive nature of their merchant mariner credential;
- 28 (3) How/whether the medical condition may affect, or be affected by service aboard a  
29 vessel or by service at sea; and
- 30 (4) The recommendation that the treating provider/provider performing the medical  
31 certificate examination review the guidance in this Manual when providing their  
32 assessment for medical certification.

- 1           b. Make sure to submit sufficient information on any of their medical conditions that are  
2           subject to further review. This includes:

3                   (1) The **Treating Provider's Assessment**; and

4                   (2) **Recommended Evaluation Data**.

5 **C. Guidance to Treating Providers.**

6 1. Treating Provider's Assessment.

7           The treating provider's assessment should detail a full evaluation of the condition as  
8           follows:

- 9           a. Pertinent medical examination and physical evaluation data;
- 10           b. The history of the condition;
- 11           c. The status of the condition - to include severity, stability, symptoms, presence of  
12           impairing complications, and whether the applicant has required emergency care,  
13           major intervention, hospitalization, or surgery within the past 6 years;
- 14           d. Treatment compliance and efficacy;
- 15           e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
16           or debilitating complication;
- 17           f. Reports of objective testing and standard evaluation data used to support their  
18           assessment; and
- 19           g. The extent to which the applicant's medical condition is likely to affect, or be  
20           affected by, service aboard the vessel or service at sea.
- 21           h. In some cases, the Coast Guard may request that the applicant submit documentation  
22           from a specialist such as a pulmonologist, for example.

23 2. Recommended Evaluation Data:

- 24           a. Objective testing results and supporting documentation are requested to better assess  
25           the severity of the condition, the likelihood of symptom recurrence or exacerbation,  
26           and the presence of adequate exercise/functional capacity. This information assists the  
27           evaluators in determining whether the mariner is able to perform routine and  
28           emergency duties without risk of sudden incapacitation or impairment.
- 29           b. The treating provider should submit objective testing and supporting documentation  
30           as appropriate for the specifics of the mariner applicant's medical condition.  
31           Generally, the type and manner of evaluation data or objective testing submitted will  
32           be left to the discretion of the treating provider or specialist.

- 1 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
2 that further testing is not clinically indicated, then the provider should include a  
3 statement to that effect in their assessment, along with the results of previously  
4 performed testing.
- 5 d. The Coast Guard may request additional testing, studies, or specialist evaluation, on a  
6 case-by-case basis, if the mariner applicant's medical condition is determined to be of  
7 significant concern.
- 8 e. Examples of recommended evaluation data for pulmonary conditions include, but are  
9 not limited to:
  - 10 (1) Pulmonary function tests; and
  - 11 (2) Cardiopulmonary exercise testing.

#### 12 **D. Medical Certification Evaluation.**

##### 13 1. Certification Determinations.

14 Certification determinations will be made on a case-by-case basis. Information  
15 considered during the evaluation for issuance of a medical certificate will include, but is  
16 not limited to:

- 17 a. The severity of the condition;
- 18 b. The presence of symptoms or impairing complications;
- 19 c. The stability of the condition;
- 20 d. The need for access to medical care;
- 21 e. The applicant's ability to perform routine and emergency duties;
- 22 f. The risk for sudden incapacitation or debilitating complication;
- 23 g. The risk of impaired cognitive ability, judgment or reaction time related to the  
24 condition or associated medications;
- 25 h. The written assessment of the treating provider; and
- 26 i. The results of objective testing and standard evaluation data.

##### 27 2. Medical Waivers.

- 28 a. Mariner applicants whose condition does not meet the standard may be approved for  
29 a medical waiver if objective medical evidence indicates that the condition is  
30 sufficiently controlled to pose no significant risk to maritime and public safety.

1           b. The evaluation will consider whether there are extenuating circumstances that warrant  
2           special consideration for issuance of a medical waiver.

3           c. If approved, waivers and limitations may be applied to the credential and/or medical  
4           certificate, on a case-by-case basis.

5           3. Disqualification.

6           1 Mariner applicants with severe symptoms or frequent exacerbations may be found  
7           unqualified.

8           2 Mariner applicants with findings that indicate a significant risk of an adverse event,  
9           syncope, collapse, impairment, or sudden death may be found unqualified.

10          3 Mariner applicants who do not have the exercise/functional capacity and/or physical  
11          ability necessary to perform routine and/or emergency duties may be found  
12          unqualified.

13          4 Mariner applicants who require supplemental oxygen while working may be found  
14          unqualified and likely will not be considered suitable for a medical waiver.

15        **E. Guidance to Designated Medical Examiners (DMEs).**

16          1. Documentation.

17          The DME should ensure that the applicant has provided adequate **documentation** for the  
18          condition, to include:

19          a. An evaluation from the treating provider and/or specialist; and

20          b. Any appropriate recommended evaluation data.

21          2. Approval.

22          a. **The DME may approve issuance of the medical certificate** if their evaluation finds  
23          that the applicant meets all of the following:

24                (1) Favorable recommendation from the treating provider;

25                (2) Condition is asymptomatic and without recent need for emergency care, major  
26                intervention, hospitalization, or surgery;

27                (3) Condition has been stable and the assessment indicates low likelihood of sudden  
28                exacerbation, syncope or impairing complications; and

29                (4) Documentation supports that the applicant has the exercise/functional capacity  
30                and physical ability necessary to perform routine and emergency duties.

1 b. If the DME approves issuance of the medical certificate, the DME should document  
2 the rationale for approving issuance of the medical certificate on the Application for  
3 Medical Certificate, Form CG-719K.

4 3. Deferral.

5 a. **The DME must defer the decision** to the Coast Guard if any of the following apply:

6 (1) Unfavorable recommendation or insufficient documentation from the treating  
7 provider;

8 (2) The applicant's history indicates severe symptoms, frequent exacerbations, or  
9 hospitalization within the past 6 years;

10 (3) The applicant's exercise/functional capacity and/or physical ability suggests  
11 impaired ability to perform routine and emergency duties;

12 (4) The applicant requires supplemental oxygen while working; and

13 (5) The applicant has other symptoms or findings that suggest a significant risk of an  
14 adverse event, syncope, impairment, collapse or sudden death.

15 b. If the DME defers the certification decision to the Coast Guard, the DME should  
16 discuss the reason(s) for deferral and document their recommendation regarding  
17 medical certification on the Application for Medical Certificate, Form CG-719K.

18 4. Education

19 **The DME should provide education** to mariner applicants on how their condition may  
20 affect, or be affected by service at sea.

21 5. Referral.

22 **The DME should refer** mariner applicants to their treating provider for follow-up of any  
23 abnormal findings discovered during the examination or during screening.

## 1 CHAPTER 25. SKIN CONDITIONS

2 **A. Conditions of Concern.**

3 Skin disorders that are life-threatening, impairing, or that pose a risk of sudden incapacitation  
4 or debilitating complication are subject to further review, and may be determined  
5 disqualifying. Examples include, but are not limited to skin disorders associated with  
6 systemic complications, or skin disorders that interfere with wear of protective equipment, or  
7 impair the individual's ability to safely perform shipboard functions or meet the mental and  
8 physical demands that would reasonably arise during an emergency response.

9 **B. Guidance to Mariner Applicants.**

- 10 1. In some cases, skin disorders may be deemed too high risk for medical certification. This  
11 would include conditions with life-threatening reactions or impairing complications, as  
12 well as conditions that put the individual at high risk of becoming unstable, unconscious,  
13 incapacitated, or otherwise unsafe to operate under the authority of the credential.
- 14 2. Skin disorders that are determined to pose a low risk of sudden incapacitation may be  
15 considered for a waiver, or may not require any waiver or limitation.
- 16 3. The evaluation for medical certification and waiver issuance will consider the level of  
17 stability, the likelihood for worsening or recurrence, the written assessment of the treating  
18 provider or specialist (as applicable), and the results of appropriate testing.
- 19 4. Mariner applicants with allergic conditions should:
- 20 a. Discuss the following with their treating provider, and the provider performing the  
21 medical certificate examination:
- 22 (1) Their medical condition and the limitations of medical care aboard the vessel;  
23 (2) The safety sensitive nature of their merchant mariner credential;  
24 (3) How/whether the medical condition may affect, or be affected by service aboard a  
25 vessel or by service at sea; and  
26 (4) The recommendation that the treating provider/provider performing the medical  
27 certificate examination review the guidance in this Manual when providing their  
28 assessment for medical certification.
- 29 b. Make sure to submit sufficient information on any of their medical conditions that are  
30 subject to further review. This includes:
- 31 (1) The **Treating Provider's Assessment**; and  
32 (2) **Recommended Evaluation Data.**



1 **C. Guidance to Treating Providers.**

2 1. Treating Provider's Assessment.

3 The treating provider's assessment should detail a full evaluation of the condition as  
4 follows:

- 5 a. Pertinent medical examination and physical evaluation data;
- 6 b. The history of the condition;
- 7 c. The status of the condition - to include severity, stability, symptoms, presence of  
8 impairing complications, and whether the applicant has required emergency  
9 treatment, intervention or hospitalization within the past 6 years;
- 10 d. Treatment compliance and efficacy;
- 11 e. An assessment of the applicant's risk for syncope, impairment, sudden incapacitation,  
12 or debilitating complication;
- 13 f. Reports of objective testing and standard evaluation data used to support their  
14 assessment; and
- 15 g. The extent to which the applicant's medical condition is likely to affect, or be  
16 affected by, service aboard the vessel or service at sea.
- 17 h. In some cases, the Coast Guard may request that the applicant submit documentation  
18 from a specialist such as a dermatologist, for example.

19 2. Recommended Evaluation Data:

- 20 a. Objective testing and supporting documentation may be requested to better assess the  
21 severity of the condition, the applicant's functional capacity; and the presence or  
22 absence of impairing complications. This information assists the evaluators in  
23 determining whether the mariner is able to perform routine and emergency duties  
24 without risk of sudden incapacitation.
- 25 b. The treating provider should submit objective testing and supporting documentation  
26 as appropriate for the specifics of the mariner applicant's medical condition.  
27 Generally, the type and manner of evaluation data or objective testing submitted will  
28 be left to the discretion of the treating provider or specialist.
- 29 c. If the applicant has undergone prior testing, and the treating physician feels strongly  
30 that further testing is not clinically indicated, then the provider should include a  
31 statement to that effect in their assessment, along with the results of previously  
32 performed testing.

- 1 d. If the treating provider seeks to demonstrate the applicant's fitness by alternate  
2 means, then the provider should include a statement to that effect in their assessment.

3 **D. Medical Certification Evaluation.**

4 1. Certification Determinations.

5 Certification determinations will be made on a case-by-case basis. Information  
6 considered during the evaluation for issuance of a medical certificate will include, but is  
7 not limited to:

- 8 a. The severity of the condition;  
9 b. The presence of symptoms or impairing complications;  
10 c. The stability of the condition;  
11 d. The need for access to medical care;  
12 e. The applicant's ability to perform routine and emergency duties;  
13 f. The risk for sudden incapacitation or debilitating complication;  
14 g. The risk of impaired cognitive ability, judgment or reaction time related to the  
15 condition or associated medications;  
16 h. The written assessment of the treating provider; and  
17 i. The results of objective testing and standard evaluation data.

18 2. Medical Waivers.

- 19 a. Mariner applicants whose condition does not meet the standard may be approved for  
20 a medical waiver if objective medical evidence indicates that the condition is  
21 sufficiently controlled to pose no significant risk to maritime and public safety.  
22 b. The evaluation will consider whether there are extenuating circumstances that warrant  
23 special consideration for issuance of a medical waiver.  
24 c. If approved, waivers and limitations may be applied to the credential and/or medical  
25 certificate, on a case-by-case basis.

26 3. Disqualification.

- 27 a. Mariner applicants with unstable conditions, life-threatening symptoms, or impairing  
28 complications may be found unqualified;  
29 b. Mariner applicants with other findings that indicate a significant risk of syncope,  
30 debilitating complication, or impairment may be found unqualified; and

- 1 c. Mariner applicants who do not have the functional capacity and/or physical ability  
2 necessary to perform routine and/or emergency duties may be found unqualified.

3 **E. Guidance to Designated Medical Examiners (DMEs).**

4 1. Documentation.

5 The DME should ensure that the applicant has provided adequate documentation for the  
6 condition, to include:

- 7 a. An evaluation from the treating provider and/or specialist; and  
8 b. Any appropriate recommended evaluation data.

9 2. Approval.

- 10 a. The DME may approve issuance of the medical certificate if their evaluation finds  
11 that the applicant meets all of the following:

- 12 (1) Favorable recommendation from the treating provider;  
13 (2) Condition is asymptomatic and without recent need for emergency care, major  
14 intervention, hospitalization or surgery;  
15 (3) Condition has been stable and the assessment indicates low likelihood of sudden  
16 exacerbation, syncope or impairing complications; and  
17 (4) Documentation supports that the applicant has the functional capacity and  
18 physical ability necessary to perform routine and emergency duties.

- 19 b. If the DME approves issuance of the medical certificate, the DME should document  
20 the rationale for approving issuance of the medical certificate on the Application for  
21 Medical Certificate, Form CG-719K.

22 3. Deferral.

- 23 a. The DME Must Defer the decision to the Coast Guard if any of the following apply:

- 24 (1) Unfavorable recommendation or insufficient documentation from the treating  
25 provider;  
26 (2) The applicant has evidence of instability, or history of life-threatening reactions or  
27 impairing symptoms or complications;  
28 (3) The applicant's functional capacity and/or physical ability suggests impaired  
29 ability to perform routine and emergency duties suggests impaired ability to  
30 perform routine and emergency duties; or

1 (4) The applicant has other symptoms or findings that suggest a significant risk of  
2 syncope, sudden incapacitation or impairing complication.

3 b. If the DME defers the certification decision to the Coast Guard, the DME should  
4 discuss the reason(s) for deferral and document their recommendation regarding  
5 medical certification on the Application for Medical Certificate, Form CG-719K.

6 4. Education

7 The DME should provide education to mariner applicants on how their condition may  
8 affect, or be affected by service at sea.

9 5. Referral.

10 The DME should refer mariner applicants to their treating provider for follow-up of any  
11 abnormal findings discovered during the examination or during screening.

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