



Medical Information

STEINER RECRUITMENT

INFORMATION YOU SHOULD KNOW BEFORE YOU BEGIN

All job offers and/or offers of employment are contingent upon meeting certain physical requirements and obtaining a valid seafarers health certificate. Medical examinations and the issuance of a seafarer's health certificate must be performed by an approved seamen's doctor.

Failure to pass the physical examination will automatically terminate your employment agreement.

During your medical examination you will be asked whether you are receiving or have received in the past medical care for any injury, illness or medical condition. You will be required to disclose to the doctor performing your physical any prescription or non-prescription medication you are currently taking.

In addition, you will be required to disclose to Steiner in writing any condition, disability, or circumstance, which may prevent you from working full time onboard a vessel in navigation. Failure to make this disclosure may result in forfeiture of medical benefits and be grounds for termination of employment.

In addition to a hearing and eyesight test, the following is an abbreviated list of diseases and conditions that may or can result in failing the required medical examination.

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| Asthma | Hypertension |
| Colour Blindness | Coronary Disease |
| Eyesight problems | Arrhythmia (symptomatic) |
| Tuberculosis | Deafness/hearing difficulties |
| Heart / Cardiac Disease | Back Pain / Sciatica |
| Eczema/contact dermatitis | Lung Disease |
| Diabetes | Orthopaedic Condition / spine, hips, knees, |
| Epilepsy/fits | Kidney Disease or Dialysis |
| Carpel Tunnel Syndrome | Mental Illness / Depression/Anti-depressants |
| Arthritis/rheumatism | Allergies: Seafood/Nut Allergies/Use of Epi pen |

If you are uncertain about a medical condition you have, or have experienced in the past, and would like to communicate directly with a seafarer medical examiner, please feel free to contact Dr. Levy directly at: doctor@doctorjlevy.com with any questions or concerns you may have.

Please sign and return this form acknowledging you understand this disclosure.

Signature Date

Print Name