

Effective **July 17**, crew members can now begin their **PEME/REME** online!

## Steps on how to complete **Form A** through Riskconnect



Crew members will receive an email from [riskconnect@rccl.com](mailto:riskconnect@rccl.com) notifying them they need to complete their **PEME/REME** when a new assignment is projected. This email will include instructions and a link to access **Riskconnect** system.

**Below are the instructions on how to use the tool.**

- 1 Click on the link within the email notification and the log in page will appear.

The screenshot shows the Riskconnect login page. At the top left is the Royal Caribbean Group logo. Below it is a red banner with the text: "You must complete the entire form through page 13. You cannot save your entry and return at a later time to complete the form, all entries will be lost." Below the banner is a white form area with the heading "Please enter Employee ID, Email, and Date of Birth." The form contains three input fields: "Employee ID" (empty), "Employee Email" (containing "you@example.com"), and "Employee Date of Birth" (empty). A blue "Next" button is located at the bottom right of the form.

- 2 Enter the three-point identification values and then click "Next".
  - Crew ID number
  - Registered email address in CTRAC
  - Date of Birth

This screenshot shows the same Riskconnect login page as the previous one, but with the form fields filled out. The "Employee ID" field contains "1111", the "Employee Email" field contains "jacob.nelson@riskconnect.com", and the "Employee Date of Birth" field contains "Jan 1, 2000". The "Next" button remains at the bottom right.

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Make sure that your personal and employment information are correct. Enter your **Seaman's Book** and **Passport Numbers** if available. Once done, click "**Start Form**".

You must complete the entire form through page 13. You cannot save your entry and return at a later time to complete the form, all entries will be lost.

This Seafarer Medical Certificate complies with STCW 1/9 or ILO-73 and Bahamian and Maltese Medical Standards or as approved by Countries with a Reciprocal Recognition Agreement. "Guidance for conducting Medical Fitness Examination for Seafarers"

RCG Employment Medical Examination Form A  
(New and Returning Crew)

**Employee Information**

Crew Member Full Name: **RK Test PEME Employee**  
Gender: **Female**  
Birthdate: **January 1, 2000**  
Crew Position: **PEME TEST**  
Crew I.D. No.: **1111**

Nationality: **India**  
City of Residence: **City**  
Country of Residence: **INDIA**  
Vessel: **Mariner of the Seas**  
Type of Ship: **Passenger**  
Trade Area: **Worldwide**

Seaman's Book No.

Passport No.

To begin Form A, click on the button labeled "Start Form" below

**Start Form**

### Important reminders:



- Once you start completing the form, you cannot save your entry and return at a later time. All entries will be lost so make sure you allot enough time to fill out the form completely.
- All responses are radio buttons that allow you to click on a single selection from the list of options for each question.
- If an adverse response is selected, you are required to provide an explanation or answer additional questions.

You must complete the entire form through page 13. You cannot save your entry and return at a later time to complete the form, all entries will be lost.

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**General**

**i** \* Do you feel healthy and fit to perform the duties of your designated position/occupation?  
 Yes  
 No

\* Have you ever been declared unfit for sea duty?  
 Yes  
 No

\* Since you answered Yes, please provide an explanation  
Required explanation when an adverse response is entered

\* Has your medical certificate ever been restricted or revoked?  
 Yes  
 No

\* Have you signed off as sick or repatriated from a ship?  
 Yes  
 No

\* Are you aware that you have any medical problems, diseases, or illnesses?  
 Yes  
 No

\* Do you drink alcohol?  
 Yes  
 No

**ii**



All questions must be answered, if a question is left blank, the system will not allow the crew member to move forward.

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After completing pages 1-10, page 11 will display a summary of the responses. These can be reviewed, and edits can be made. To make edits, click the “**Edit**” button next to the section header for the corresponding question you wish to modify, and the system will navigate to that page.

You must complete the entire form through page 13. You cannot save your entry and return at a later time to complete the form, all entries will be lost.

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General Edit

- Do you feel healthy and fit to perform the duties of your designated position/occupation? Yes
- Have you ever been declared unfit for sea duty? Yes
- Has your medical certificate ever been restricted or revoked? No
- Have you signed off as sick or repatriated from a ship? No
- Are you aware that you have any medical problems, diseases, or illnesses? No
- Do you drink alcohol? No
- Do you smoke or Vape? No
- Have you ever been Hospitalized? For What? No
- When were you last hospitalized?
- Have you had ANY type of surgery? No
- When did you have surgery?
- Have you ever received a blood transfusion? No
- Are you taking ANY medications? No
- Alternative Medicine or Treatment? What? No

Psychiatric & Orthopedic Edit

- Attempted Suicide? Yes
- Ever had thoughts of Harming Self or Others? No
- Psychiatric Problems / Bipolar / Other Disorders? No
- Nervous Breakdown / Depression / Anxiety? No
- Attention deficit/hyperactivity disorder (ADHD)? No
- Difficulty Concentrating on Things? No
- Trouble Falling Asleep, Staying Asleep or Sleeping too much? No
- Neck Pain/ Scoliosis / Cervical Injury / Radiating Pain? No
- Back pain / Injury / Sciatica / Radiating Pain? No
- Hand / Wrist Pain or Numbness? No
- Elbow Pain / Injury / Surgery? No
- Shoulder Pain / Injury / Surgery? No
- Knee Pain / Injury / Surgery / Osteoarthritis? No
- Feet Pain / Numbness / Tingling / Injury / Surgery / Heel Pain? No
- Sprains / Dislocations / Fractures? No

Infectious Disease & Cardiac



From the questionnaire page, you can apply the necessary edits and upon completion, click the “**Next**” button to return to the summary page.

You must complete the entire form through page 13. You cannot save your entry and return at a later time to complete the form, all entries will be lost.

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Psychiatric

- \*Attempted Suicide?  
 Yes  
 No
- \*Since you answered Yes, please provide an explanation.  
TEST "Attempted Suicide"; required explanation when an adverse response is entered.
- \*Ever had thoughts of Harming Self or Others?  
 Yes  
 No
- \*Psychiatric Problems / Bipolar / Other Disorders?  
 Yes  
 No
- \*Nervous Breakdown / Depression / Anxiety?  
 Yes  
 No
- \*Attention deficit / Hyper Activity disorder (ADHD)?  
 Yes  
 No
- \*Difficulty Concentrating on Things?  
 Yes  
 No
- \*Trouble Falling Asleep, Staying Asleep or Sleeping too much?  
 Yes  
 No

Orthopedic

- \*Neck Pain / Scoliosis / Cervical Injury / Radiating Pain?  
 Yes  
 No
- \*Back pain / Injury / Sciatica / Radiating Pain?  
 Yes  
 No
- \*Since you answered Yes, please provide an explanation.  
TEST "Back Pain/Injury/Sciatica/Radiating Pain"; required explanation when an adverse
- \*Hand / Wrist Pain or Numbness?  
 Yes  
 No
- \*Elbow Pain / Injury / Surgery?  
 Yes  
 No
- \*Shoulder Pain / Injury / Surgery?  
 Yes  
 No
- \*Knee Pain / Injury / Surgery / Osteoarthritis?  
 Yes  
 No
- \*Feet Pain / Numbness / Tingling / Injury / Surgery / Heel Pain?  
 Yes  
 No
- \*Sprains / Dislocations / Fractures?  
 Yes  
 No

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Once review is completed, click the **“Click Here to Certify and Submit”** button located at the bottom of the review page.

• Frequent Bladder infections? No  
 • Ectopic Pregnancy? No  
 • Breast Mass / Lumps / Tenderness? No  
 • Date of your last menstrual period: June 19, 2023  
 • Date of Last Mammogram / Breast / Ultrasound: July 1, 2023

[Click Here to Certify and Submit](#)

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On page 12 (**Pre-Existing Medical Condition Exclusion**), tick the checkbox and provide an electronic signature and date certifying you have read and understood the pre-existing exclusion. Click the **“Next”** button to proceed.

You must complete the entire form through page 13. You cannot save your entry and return at a later time to complete the form, all entries will be lost.

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### Pre-Existing Medical Condition Exclusion

If at any time, a review of your Pre-employment Medical Examination (PEME) or Re-employment Medical Examination (REME) reveals you have a pre-existing condition which did not manifest during your service of a Royal Caribbean Group vessel, you will not have medical coverage/treatment for this condition and any associated complications from Royal Caribbean Group.

Pre-existing conditions may include but are not limited to:

- Allergies
- Asthma
- Gastritis
- HIV
- Hearing Aids
- Hepatitis B and C
- Irritable Bowel Syndrome
- Migraine
- Orthopedic
- Psoriasis/Eczema
- Psychiatric
- Rheumatic Fever
- Sleep Apnea
- Thyroid
- Tuberculosis

You are responsible for bringing all medications and supplies related to this condition onboard with you for your entire contract. Any additional medical evaluations and testing you may need as a result of the pre-existing condition will be your responsibility. Your signature in the space provided below will acknowledge your receipt and understanding of this notice.

I certify I have read and understand that Royal Caribbean Group does not cover pre-existing conditions.

#### CERTIFICATION

By signing below I hereby certify that the information contained in this form is true, correct, and complete to the best of my knowledge and belief. I understand that any false information, misrepresentation, or omission of facts in this form are grounds for loss of benefits (including without limitation, medical benefits, sick pay, maintenance, death benefits, and disability benefits), disqualification from further consideration, and/or immediate termination of employment without recourse.

\*Signature of Examinee:  \*Signature Date:

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On the last page, acknowledge the terms and conditions to authorize the use and disclosure of your information by ticking the box available. Click the **“Submit”** button to finish **Form A**.

You must complete the entire form through page 13. You cannot save your entry and return at a later time to complete the form, all entries will be lost.

Page 13

### AUTHORIZATION FOR USE AND DISCLOSURE OF INFORMATION

I understand the purpose of this examination is for Royal Caribbean Cruises Ltd. and/or its affiliates ("RCL")

- To obtain information that may be used to determine fitness for duty and/or
- To comply with legal or other reporting obligations, and/or
- To investigate or evaluate any alleged or reported injury, loss, damage, crime and its or their causes or circumstances, and/or
- To assert or defend against legal claims.

To achieve the above purposes, I hereby request and authorize RCL to release all my medical records and information from any source, including without limitation, hospitals, clinics, labs, physicians, psychologists, employers, insurance companies, government authorities, and any other health professionals, health institutions, or public authorities (collectively, "Medical Records") to any RCL medical personnel, any third party performing medical record review, quality control entities, and any other person or entity necessary for RCL to determine or verify whether I am fit for duty.

In the event I make a claim for medical benefits, sick pay, death, or disability benefits, or any other benefits, I further authorize RCL to release all my Medical Records to RCL personnel to make a claim determination or resolve a claim dispute or appeal. I authorize the release of all my Medical Records to the physician(s) performing the medical examination subject of this form.

I authorize release of my Medical Records to any government authority such as the F.B.I., the U.S. Coast Guard, the Centers for Disease Control (CDC) or any other national, state or local authority either in the U.S. or abroad, or any other person or entity as may be required by law.

I hereby authorize the release of my Medical Records, including patient history, office notes, test results, radiology studies, films, referrals, consultants and billing records, even if said record(s) include information related to alcohol, drug abuse, mental health treatment, or confidential HIV related information, to me and/or my health insurer or any other entity from which I requested third party payment for the services provided at this medical facility.

Further, I acknowledge that my Medical Data might be transferred to countries outside the European Union (EU) and/or the European Economic Area (EEA). When we transfer your Medical Data outside the EU/EEA, the laws and rules that protect your Medical Data in such countries may be different (or less protective) from your own country. For example, the circumstances in which law enforcement can access your Medical Data may vary from country to country.

Your consent declaration is completely voluntary and you may as well revoke it at any time. The withholding or revocation of your consent will not have any negative, especially no disciplinary, consequences. However, RCL might not be able to assign you to certain tasks that require an approved level of fitness if you withhold or withdraw your consent. If you revoke your consent, this will not impact the legitimacy of the previous use of your data that was based on your initial declaration of consent. You may revoke your consent by email to [privacy@rcl.com](mailto:privacy@rcl.com). If there is another legal basis for processing, RCL reserves the right to process the data on such other legal basis.

This authorization is executed in compliance with the Health and Insurance Portability and Accountability Act (HIPAA) of 1996 and 45 C.F.R. Parts 160 and 164.

You can find all further information on the processing of your Personal Data including your rights to access, rectification and erasure of your data, and contact details for a revocation of your consent in the most recent version of our employee privacy notice available at: <http://www.royalcaribbean.com/privacypolicy>.

#### APPEAL PROCESS

The MLC, 2006 provides that seafarers that have been refused a medical certificate or have had a limitation imposed on their ability to work be given the opportunity to have a further examination by another independent medical practitioner or by an independent medical referee designated by the company. For more information how to file an appeal please contact [PEMEREMEREVIEW@rcl.com](mailto:PEMEREMEREVIEW@rcl.com).

My signature below signifies that, to the best of my knowledge and belief, all information, answers and responses provided to the company, or company affiliated physicians, labs or medical staff, are true and correct. I fully understand that I have an ongoing obligation to fully disclose any and all medical conditions which may affect my employment, whether listed above or not. I also agree to continuously update Royal Caribbean Cruises Ltd. or its affiliated brands with any and all medical information which arise subsequent to the date of this document. I fully understand that if I fail to or withhold relevant medical information or condition(s) and/or fail to provide Royal Caribbean Cruises Ltd. or affiliated brands with updated information as necessary subsequent to the date of this document, such action or inaction WILL SERVE AS GROUNDS FOR TERMINATION OF MY EMPLOYMENT WITHOUT EMPLOYMENT BENEFITS AND/OR MAINTENANCE OR CURE BENEFITS. I ALSO AUTHORIZE RELEASE OF ANY / ALL MEDICAL INFORMATION CONCERNING MY PAST, PRESENT OR FUTURE MEDICAL CONDITION(S), BY ANY MEDICAL PRACTITIONER OR PROVIDER, TO ROYAL CARIBBEAN CRUISES LTD. OR ITS AUTHORIZED REPRESENTATIVE. I AM ABLE TO READ, WRITE AND SPEAK ENGLISH AND FULLY UNDERSTAND ALL OF THE ABOVE INFORMATION.

I Acknowledge That I Have Read And Understand The Terms Of This Agreement As Detailed Above.

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A confirmation message will appear that you have completed the **Form A** submission.

