

State-Licensed Maritime Pilot/Trainee physical exam required by [WAC 363-116-120](#)

PAGE 1 TO BE COMPLETED BY PILOT/TRAINEE

PILOT/TRAINEE INFORMATION

PILOT/TRAINEE NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

REASON FOR EXAM:

- ANNUAL PILOT PHYSICAL
- ANNUAL TRAINEE PHYSICAL
- PRE-LICENSING PHYSICAL
- NEW TRAINEE PHYSICAL

1) In the preceding 12 months have you been hospitalized for any reason?

- YES
- NO

If yes, please attach a separate sheet providing the details surrounding the hospitalization.

2) In the preceding 12 months have you taken any prescription or nonprescription medication?

- YES
- NO

If yes, have you fully advised your Board-Designated Physician? YES NO

3) In the preceding 12 months have you had any medical visits, treatments and/or illnesses?

- YES
- NO

If yes, have you fully advised your Board-Designated Physician? YES NO

4) In the preceding 12 months have you been convicted of any offense involving drugs or the personal consumption of alcohol?

- YES
- NO

If yes, please attach a separate sheet with detailed description of the events leading to the conviction.

I hereby certify that the above answers are complete, true and correct. Any misrepresentation or omission may be justification for refusal of a license, or if licensed, suspension of license.

By signing below, I authorize the Board-Designated Physician to release to the State of Washington Board of Pilotage Commissioners all information on this form as well as audiogram, and other attachments, if any.

Signature of Pilot/Trainee: _____ **Date:** _____

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PAGE 2 PHYSICIAN'S LETTER TO BOARD OF PILOTAGE COMMISSIONERS

This letter is required by [WAC 363-116-120 \(2\)](#) and is shared with the Board. Exam pages are not shared with the Board.

Washington State Board of Pilotage Commissioners
Attention: Jaimie Bever
2901 3rd Avenue, Suite 500
Seattle, WA 98121

Dear Commissioners:

Captain _____ was seen by me today for a general physical examination as required by the State of Washington (WAC 363-116-120). My examination included vision screening with testing for color vision deficiency, and review of audiogram (attached). Review of systems was performed, and recent health history was reviewed for any concerns.

Based on my exam, I consider this captain to be

- medically qualified to safely perform the duties of a maritime pilot. [WAC 363-116-120 \(1\)](#)
- not medically qualified, for reasons indicated on the physical exam form, to safely perform the duties of a maritime pilot. [WAC 363-116-120 \(1\)](#)

Sincerely,

Signature

Printed Name

Date

<p><i>CHECK ONE</i></p> <p><input type="checkbox"/> Annual Pilot Physical</p> <p><input type="checkbox"/> Annual Trainee Physical</p> <p><input type="checkbox"/> Pre-Licensing Pilot Physical</p> <p><input type="checkbox"/> New Trainee Physical <i>add'l pages required</i></p>

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PAGE 3 PHYSICIAN'S REPORT – Physical examination, Audiogram review, Vision testing

VITAL SIGNS

Blood pressure: _____

Weight (pounds): _____

Resting pulse: _____

Height (inches): _____

PHYSICAL EXAM

Normal Abnormal

If Abnormal, note relevant findings

PHYSICAL EXAM	<i>Normal</i>	<i>Abnormal</i>	<i>If Abnormal, note relevant findings</i>
Head, Face, Neck, Scalp	<input type="checkbox"/>	<input type="checkbox"/>	
Eyes/Pupils/EOM	<input type="checkbox"/>	<input type="checkbox"/>	
Mouth/Throat	<input type="checkbox"/>	<input type="checkbox"/>	
Ears	<input type="checkbox"/>	<input type="checkbox"/>	
Lungs/Chest	<input type="checkbox"/>	<input type="checkbox"/>	
Heart	<input type="checkbox"/>	<input type="checkbox"/>	
Upper/Lower Extremities	<input type="checkbox"/>	<input type="checkbox"/>	
Spine/Musculoskeletal	<input type="checkbox"/>	<input type="checkbox"/>	
Vascular System	<input type="checkbox"/>	<input type="checkbox"/>	
Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	
General/Systemic	<input type="checkbox"/>	<input type="checkbox"/>	
Extremities/Digits	<input type="checkbox"/>	<input type="checkbox"/>	
Skin	<input type="checkbox"/>	<input type="checkbox"/>	
Neurologic	<input type="checkbox"/>	<input type="checkbox"/>	
Mental Status	<input type="checkbox"/>	<input type="checkbox"/>	
Hernia exam	<input type="checkbox"/>	<input type="checkbox"/>	

AUDIOGRAM REVIEW: *Include audiogram when returning this form to BPC. [WAC 363-116-120 \(9\)](#)*

- NORMAL
- ABNORMAL *Describe:* _____
- HEARING AID REQUIRED *Describe:* _____

DISTANCE VISION [WAC 363-116-120 \(8\)](#)

WITHOUT CORRECTION

WITH CORRECTION (IF REQUIRED)

Right eye: 20/ _____

Right eye: 20/ _____

Left eye: 20/ _____

Left eye: 20/ _____

FIELD OF VISION:

- NORMAL (horizontal field of vision greater than or equal to 100 degrees)
- ABNORMAL *Describe:* _____

Date of Exam: _____ **Physician Initials:** _____

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PAGE 4 PHYSICIAN'S REPORT – Color vision evaluation, Summary of findings, Recommendations

COLOR VISION: [WAC 363-116-120 \(8\)](#)

- PASSED
- FAILED

<i>Indicate the test utilized</i>	<i>Passing result</i>	<i>Number of errors (for test utilized)</i>
<input type="checkbox"/> Ishihara pseudoisochromatic plates test, 14 plate	5 or fewer errors	
<input type="checkbox"/> Ishihara pseudoisochromatic plates test, 24 plate	6 or fewer errors	
<input type="checkbox"/> Ishihara pseudoisochromatic plates test, 38 plate	8 or fewer errors	
<input type="checkbox"/> Farnsworth Lantern (colored lights)	Test per instruction booklet	
<input type="checkbox"/> Dvorine (2 nd Edition) pseudoisochromatic 15 plate test	6 or fewer errors	
<input type="checkbox"/> Formal ophthalmology/optometry color vision evaluation		
<input type="checkbox"/> AOC (1965)	6 or fewer errors plates 1-15	
<input type="checkbox"/> AOC-HRR (2 nd Edition)	No errors in test plates 7-11	
<input type="checkbox"/> HRR-PIP (4 th Edition)	No errors in test plates 5-10	
<input type="checkbox"/> Richmond (2 nd and 4 th Edition)	6 or fewer errors	
<input type="checkbox"/> Titmus Vision Tester/OPTEC 2000	No errors on 6 plates	
<input type="checkbox"/> OPTEC 900 – (colored lights)	Test per instruction booklet	

SUMMARY OF FINDINGS AFFECTING PILOTING CAPABILITY:

RECOMMENDATIONS TO PILOT/TRAINEE:

I hereby certify that I have this day examined Captain _____ in accordance with the rules and regulations of the Board of Pilotage Commissioners of the State of Washington. I further certify that I have examined, at a minimum, the health aspects referenced in the preceding pages and find nothing that in my opinion will interfere with the ability to safely perform the duties of a maritime pilot/trainee during the next year, except as explained above.

It is my opinion that this captain

- is fit to perform the duties of a maritime pilot/trainee. [WAC 363-116-120 \(1\)](#)
- is not fit to perform the duties of a maritime pilot/trainee [WAC 363-116-120 \(1\)](#) for the reasons indicated above.

Date of Exam: _____ **Physician Signature:** _____