

### REPORT OF PHYSICAL EXAMINATION

PURPOSE: To demonstrate that the Applicant/Pilot is fully able to carry out the duties of a State-Licensed Pilot. This examination shall assure that one's abilities as a Pilot will not be impaired by eye-sight, hearing or other bodily functions.

NAME (Last, First, Middle)		
ADDRESS (Street, City, State, Zip)		
BIRTH DATE (Mo-Day-Year)	BIRTH PLACE (City-State)	PHONE

1. Have you been hospitalized for any reason in the preceding 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide the details surrounding the hospitalization on a separate sheet and attach.
2. Have you taken any prescription or non-prescription medication in the preceding 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you fully advised the Board-Designated Physician? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Have you had any medical visitations, treatments and/or illnesses in the preceding 12 months?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you fully advised the Board-Designated Physician? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Have you been convicted of any offense involving drugs or the personal consumption of alcohol in the preceding 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please provide a detailed description of the occurrence which led to the conviction on a separate sheet of paper and attach it to this report.

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. I authorize the Board-Designated Physician to furnish the original of this medical report to the Board of Pilotage Commissioners.

Signature of Applicant/Pilot: \_\_\_\_\_

1. The general appearance and weight in relation to his/her height and build : _____
2. Regarding vision I find the following information: Without Correction: _____ With Correction: _____ Right Eye 20/ _____ Left Eye 20/ _____ Right Eye 20/ _____ Left Eye 20/ _____ I note the following disease or injury: _____ The eye reflex is: Right _____ Left _____ The color vision is: Red _____ Green _____ Amber _____ Horizontal field of vision is: R _____ ° L _____ ° Both _____ °
3. Regarding hearing I have tested him/her at 20 feet and found: Right _____/20 Left _____/20 Audiogram attached ( ) I note the following disease or injury: Right _____ Left _____
4. I have examined the following aspects of his/her health and find nothing that in my opinion, will interfere with his/her ability to discharge the duties of a Pilot during the next year, except as explained below: Heart: _____ Blood Pressure (sitting) _____ Pulse: Before exercise _____ 2 minutes after exercise _____ Urine Sample _____ Chest: ( ) x-ray performed ( ) x-ray not necessary Blood Sample _____ Head, Neck and Back _____ Speech _____

5. I have reviewed the Applicant/Pilot's medical history on the following subjects and find nothing, that in my opinion, will interfere with his/her ability to discharge the duties of a Pilot during the next year, except as explained below:

Night blindness, depth perception, color blindness or other eye trouble

Ear Trouble

Stroke, dizziness, fainting spells or neurological disorder

Diabetes, cancer or tumor

Murmurs, arrhythmia, hypertension or heart disease

Arthritis or rheumatic fever

Asthma, chronic bronchitis, emphysema, or other lung abnormality

Peptic ulceration, chronic diarrhea or other GI problem

Bladder, kidney, prostate abnormality or hernia

Stiff joints, varicose veins, frostbite, immersion foot or other leg problem

Alcoholism or other psychiatric problem

Fracture or dislocation

Permanent defect or impairment from accident or illness

Surgery or x-ray therapy

Other disease, impairment or injury

SUMMARY OF FINDINGS AFFECTING PILOTAGE CAPABILITY:

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RECOMMENDATIONS TO APPLICANT/PILOT:

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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, WAC 363-116-120.

I further certify that I have examined, at a minimum, the above aspects of the Applicant/Pilot's health and find nothing, that in my opinion, will interfere with his/her ability to perform the duties of a Pilot during the next year, except as explained above.

It is my opinion that the Applicant/Pilot is fit to perform the duties of a Pilot.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board-Designated Physician