



MEDICAL EXAMINATION REPORT FOR-HIRE VESSEL OPERATOR'S LICENSE

APPLICANT INFORMATION

FOR-HIRE APPLICANT NAME (*Last, First*) _____

DATE OF BIRTH (*MM/DD/YYYY*) _____

PLACE OF BIRTH (*City, State*) _____

SEX _____ HEIGHT _____ WEIGHT (*Pounds*) _____ HAIR COLOR _____ EYE COLOR _____

DISTINGUISHING MARKS OR SCARS _____

SIGNATURE OF APPLICANT (*MUST BE DONE IN PRESENCE OF PHYSICIAN*) _____



INSTRUCTIONS TO PHYSICIAN

This medical examination report must be completed and returned with the applicant's application packet to the Department of Parks and Recreation, Division of Boating and Waterways prior to the issuance of any license and will be treated as confidential material used for licensing purposes only. The examination must be conducted by a licensed physician and all charges are to be paid by the applicant. The Applicant Information section must be completed prior to exam and the applicant must sign above in the physician's presence. Note "Normal" in any line if found normal, otherwise note deviation.

1. EYES **Color sense** must first be tested by an approved pseudo-iso-chromatic color plate test. If applicant fails this test, they may be permitted to take the Williams Test.
 Color sense was found to be: Normal Not Normal Comments: _____
 Color sense test used: _____

Vision (*for applicants with glasses, please complete both items*)
 Without Glasses: Right Eye: _____ Left Eye: _____
 With Glasses: Right Eye: _____ Left Eye: _____

2. EARS Auditory Canals: Normal? _____ Discharge? _____
Below, indicate greatest distance - in feet - at which heard:
 Ordinary conversation: Right: _____ Left: _____ Loud Conversation: Right: _____ Left: _____

3. HEART _____

4. LUNGS Right: _____
 Left: _____

5. Diseases and/or other physical or mental health concerns (if any): _____

Considering the findings in the examination, I find the applicant's general physical and mental health to be:
 Excellent Generally Good Fair Unfit

▶ _____
Signature of Licensed Physician Conducting Exam *Date Signed*

Printed Name and Address of Licensed Physician Conducting Exam