

**MEDICAL EXAMINATION REPORT
FOR-HIRE VESSEL OPERATOR'S LICENSE**

Date _____

This medical examination report must be completed and on file with the Department of Boating and Waterways prior to the issuance of any license by the Department. The examination will be conducted by a licensed physician of the applicant's choice and any charge will be paid by the applicant.

TO PHYSICIAN: Please examine _____, an applicant for a

For-Hire Vessel Operator's License. Date and place of birth _____

Height _____ Weight _____ Color Hair _____ Color Eyes _____ Sex _____

Distinguishing marks or scars if any _____

Before examining applicant, please verify accuracy of description of applicant.

Applicant's Signature in Presence of Physician

PHYSICIAN'S EXAMINATION

(Items checked (X) were examined and found normal. Deviations from normal were noted)

1. Eyes: Color sense: [] is [] is not (Check answer that applies) normal by the _____ test.
(Color sense must first be tested by an approved pseudo-isochromatic color plate test; applicants failing this method, however, may be permitted to take the Williams Test)

Vision, without glasses: Right Eye _____ Left Eye _____ and

with glasses: Right Eye _____ Left Eye _____

(For applicants wearing glasses, please complete both items)

2. Ears: Auditory Canals: Normal? _____ Discharge? _____

Ordinary Conversation: Right _____ Feet, Left _____ Feet. Loud Conversation: Right _____ Feet, Left _____ Feet.

(Indicate greatest distance at which heard)

3. Heart: _____

4. Lungs: Right _____

Left _____

5. Diseases and other physical or mental defects: _____

Considering the findings in this examination, the applicant's general physical and mental condition (aside from specifics indicated above) is:

[] Excellent [] Generally Good [] Fair [] Unfit

Date

Signature of Licensed Physician

*Name and Address of Licensed Physician
(PLEASE TYPE OR PRINT)*