



THE STATE
of

ALASKA

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

Board of Marine Pilots

PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Email: BoardOfMarinePilots@Alaska.Gov

Website: ProfessionalLicense.Alaska.Gov/BoardOfMarinePilots

Certificate of Medical Examination

The State of Alaska requires an examination to determine that all State of Alaska licensed marine pilots, deputy marine pilots, and authorized pilot trainees are of sound health, with no physical or mental limitations that would hinder or prevent performance of duties. This form is to be completed by the applicant and examining licensed physician (MD or DO) and submitted with the initial application for a marine pilot license, biennial license renewal of a marine pilot license, and the application for a marine pilot trainee authorization to commence supervised maneuvers. In accordance with 12 AAC 56.028 and 56.029, a valid United States Coast Guard license with an endorsement of first-class pilotage without tonnage restrictions is required for licensure as a State of Alaska Pilot and satisfies the physical agility requirements for State licensure.

→ **Applicant:** Complete the identifying information below and forward a copy of this form to the examining licensed physician (MD or DO).

Applicant Name:		License Number:	
Mailing Address:	P.O. Box or Street	City	State Zip
Place of Birth:		Date of Birth:	
1. Are you currently taking any medications (prescription or over-the-counter) or do you have an active prescription for an existing condition? <i>If yes, identify all medications below and explain fully to the examining physician.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Do you have any medical condition, physical impairment, or mental condition which may interfere with the performance of your duties as per 12 AAC 56.025(a)(10) and 12 AAC 56.080(b)(2)? <i>If yes, identify below and explain fully to the examining physician.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Are you currently under the care of any health care professionals other than the examining physician? <i>If yes, identify all health care professionals and the conditions for which you are currently under the care of (not including the examining physician) in #4 below and explain fully to the examining physician.</i>		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Examining Physician:**

Complete this bottom part for the applicant identified above and return the form directly to the Alaska Board of Marine Pilots at the letterhead address.

Physician Name: (MD or DO)		Phone Number:	
Mailing Address:	P.O. Box or Street	City	State Zip

Height/Weight

Height (ft, in):		Weight (lbs.):	
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Eyes – Distant Vision (Snellen)

Without Glasses (Left Eye):		Without Glasses (Right Eye):	
With Glasses (if worn) (Left Eye):		With Glasses (if worn) (Right Eye):	

Eyes – Color Vision

Is color vision normal when Ishihara or other color plate test is used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If no, can applicant pass lantern, yarn or other comparable test?</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Ears – Ordinary Conversation

Record the greatest distance heard below in feet. Normal denominators are considered to be 20 feet.

Left Ear (ft):		Right Ear (ft):	
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Urinalysis

Drug Screening Urinalysis Completed? <i>If yes, the lab must mail results directly to the division at the letterhead address.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Other Findings

Describe any anomalies in each of the following areas (including diseases, scars and brief history, if pertinent). Indicate if normal or if additional follow-up is recommended.	Normal	Follow-up Recommended
1. Eyes, ears, nose and throat (Including tooth & oral hygiene)	<input type="checkbox"/>	<input type="checkbox"/>
2. Head and back (including face, hair and scalp)	<input type="checkbox"/>	<input type="checkbox"/>
3. Speech (note any malfunction)	<input type="checkbox"/>	<input type="checkbox"/>
4. Skin and lymph nodes (including thyroid gland)	<input type="checkbox"/>	<input type="checkbox"/>

Other Findings (continued)

Describe any anomalies in each of the following areas (including diseases, scars and brief history, if pertinent). Indicate if normal or if additional follow-up is recommended.	Normal	Follow-up Recommended
5. Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
6. Peripheral blood vessels	<input type="checkbox"/>	<input type="checkbox"/>
7. Extremities	<input type="checkbox"/>	<input type="checkbox"/>
8. Urinalysis (if indicated)		
a. Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>
b. Sugar	<input type="checkbox"/>	<input type="checkbox"/>
c. Blood	<input type="checkbox"/>	<input type="checkbox"/>
d. Albumen	<input type="checkbox"/>	<input type="checkbox"/>
e. Casts	<input type="checkbox"/>	<input type="checkbox"/>
f. Pus	<input type="checkbox"/>	<input type="checkbox"/>
9. Respiratory tract (x-ray if indicated)	<input type="checkbox"/>	<input type="checkbox"/>
10. Heart pulse (size, rate, rhythm, function)	<input type="checkbox"/>	<input type="checkbox"/>
11. Back	<input type="checkbox"/>	<input type="checkbox"/>
12. Neurological & mental health	<input type="checkbox"/>	<input type="checkbox"/>
13. Medications review	<input type="checkbox"/>	<input type="checkbox"/>

Conclusions & Recommended Follow-Up

Select ONE (1) of the following:

- I find no disqualifying factors at this time that would prevent this person from performing the duties of a marine pilot.
- I recommend follow-up as noted below.
- Summarize any medical findings which, in your opinion would materially limit this person’s performance of duties or that you recommend for follow-up (if none, so state). Please note any issues with eyesight, hearing, blood pressure, physical agility, and cognitive capabilities as per 12 AAC 56.025(a)(10) and 12 AAC 56.080(b)(2)

Signatures

Acknowledgement of Pilot Duties by Examining Physician:

- Pilot Responsibilities:** Marine pilots ensure the safe navigation of ships, directing movements based upon their unique knowledge of local weather, tides, current, hydrography and vessel handling characteristics. In addition to coping with the physical challenges of being at sea, the marine pilot must sift various and often simultaneous inputs from the bridge crew, radio traffic, complex navigation instruments, and their own senses to judiciously and timely arrive at a proper course of action. The pilot must communicate orders and coordinate with various bridge crew and other vessel traffic to ensure the safety of the vessel, the crew and cargo and the marine environment.
- Physical and Mental Abilities:** A marine pilot must be able to perform assigned shipboard functions and meet the demands that would reasonably arise during emergency response at any time of day or night, frequently during adverse weather and coping with the motion of the vessel while continuing in their duties; including (but not limited to) being capable of safely transferring between vessels at sea, climb a rope ladder and have the cognitive ability to process multiple inputs of information and make decisions without delay.
- Fitness-For-Duty:** A marine pilot must not have any medical or physical condition which will prohibit, obstruct, or negatively affect the full performance of their duty and be free from any medical conditions that pose a risk of sudden incapacitation which would affect transferring to and from and operating or working on vessels.
- Physician Acknowledgement:** I have read the above information and understand the duties and responsibilities of a State of Alaska marine pilot and have taken them into consideration during my evaluation of the above applicant.

Examining Physician Printed Name:			
Examining Physician Signature:		Date Signed:	
Applicant Printed Name:			
Applicant Signature:		Date Signed:	