



Disclosure of Information

BOPC Use Only

BOARD OF PILOT COMMISSIONERS FOR THE BAYS OF SAN FRANCISCO, SAN PABLO, AND SUISUN (BOPC)

This disclosure form is submitted in response to the requirement of Section 1176.5 of the Harbors and Navigation Code that certain information be disclosed to a Board-appointed physician at the time of the physical examination required by Section 1176 of the Harbors and Navigation Code.

Instructions: Please respond YES or NO to each question by checking the box applicable box. If the answer is YES, please provide supporting information on an attached sheet. Please print your name, and sign and date where indicated.

Trainees and Applicants for a Trainee Position Only:

1. Have you at any time been rendered incapable of safely operating a vessel or any other motor vehicle because of alcoholism, excessive and chronic use of alcoholic beverages, or addiction to, or habitual use of, any drug?
YES NO
2. Have you at any time been addicted to the use of narcotic drugs or participated in a narcotic treatment program?
YES NO
3. Have you at any time suffered from a disorder characterized by lapses of consciousness or experienced within the last three years either a lapse of consciousness or an episode of marked confusion caused by any medical condition that may bring about recurrent lapses?
YES NO
4. Do you have any physical or mental disability, disease, or disorder that could affect your safe operation of a vessel or motor vehicle?
YES NO

Licensees and License Applicants Only:

1. Have you at any time during the year prior to this examination been rendered incapable of safely operating a vessel or any other motor vehicle because of alcoholism, excessive and chronic use of alcoholic beverages, or addiction to, or habitual use of, any drug?
YES NO
2. Have you at any time during the year prior to this examination been addicted to the use of narcotic drugs or participated in a narcotic treatment program?
YES NO
3. Have you at any time during the year prior to this examination suffered from a disorder characterized by lapses of consciousness or experienced either a lapse of consciousness or an episode of marked confusion caused by any medical condition that may bring about recurrent lapses?
YES NO
4. Have you at any time during the year prior to this examination had any physical or mental disability, disease, or disorder that could affect your safe operation of a vessel or any other motor vehicle?
YES NO

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date

Signature

Applicant's Name (Printed)