



# Statement of Fitness for Duty

BOPC Use Only

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

To: The Board of Pilot Commissioners  
for the Bays of San Francisco, San Pablo, and Suisun

Re: Captain \_\_\_\_\_ (Name of pilot or pilot trainee)

## EXAMINING PHYSICIAN

I have assessed whether the above-named individual is fit to perform the duties of a pilot or a pilot trainee in accordance with the standards prescribed by the Board.

I have found this individual:

Fit for Duty	Not Fit for Duty
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\_\_\_\_\_  
Examining Physician (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## MEDICAL REVIEW OFFICER

I have reviewed the fitness of the above-named individual to perform the duties of a pilot or a pilot trainee in accordance with the standards prescribed by the Board. On the basis of this review, I have found this individual:

Fit for Duty	Not Fit for Duty
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I concur with the Fitness for Duty  
Statement by the examining physician

I do not concur with the Fitness for Duty  
Statement by the examining physician

\_\_\_\_\_  
Medical Review Officer (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date