TAL OF THE	Statement of Fi	tness for Duty	BOPC Use Only
-	BOARD OF PILOT COMMISSI SAN FRANCISCO, SAN PAB		
	l of Pilot Commissioners ys of San Francisco, San Pablo, ar	nd Suisun	
e: Captain _		(Name of pilot	or pilot trainee)
	EXAMIN	ING PHYSICIAN	
accordance v	l whether the above-named individual with the standards prescribed by this individual:		duties of a pilot or a pilot traine
	Fit for Duty	Not Fit for Duty	
Examining	Dhysician (Printed)	Signature	Data
Examining	g Physician (Printed)	Signature	Date
Examining		Signature REVIEW OFFICER	Date
have reviewe ainee in accor	MEDICAL d the fitness of the above-named i rdance with the standards prescrib	REVIEW OFFICER individual to perform the	duties of a pilot or a pilot
have reviewe ainee in accor	MEDICAL d the fitness of the above-named i rdance with the standards prescrib	REVIEW OFFICER individual to perform the bed by the Board. On the	duties of a pilot or a pilot
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have reviewed rainee in accor bund this indi- I concu Statement	MEDICAL d the fitness of the above-named i rdance with the standards prescrib vidual: Fit for Duty r with the Fitness for Duty	REVIEW OFFICER individual to perform the bed by the Board. On the No	duties of a pilot or a pilot basis of this review, I have t Fit for Duty ith the Fitness for Duty