



# Notice, Disclosures, and Acknowledgement and Consent to Disclosure

BOPC Use Only

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

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The Board of Pilot Commissioners for the Bays of San Francisco, San Pablo, and Suisun assesses present and prospective pilots and pilot trainees to determine their physical and mental fitness to perform the duties of pilots and pilot trainees. In making this assessment, the Board collects personal health information from those subject to assessment. This document contains the notice required by the Information Practices Act of 1977 when a state or local agency collects personal information, makes disclosures about the nature of the information collected and the use that is made of it, and provides for consent to the disclosure of the information in connection with the fitness assessment and with Board processes requiring review of the information.

## NOTICE

The Information Practices Act of 1977 requires that a notice be provided when collecting personal information from individuals. (Civil Code § 1798.17.) The Board of Pilot Commissioners for the Bays of San Francisco, San Pablo, and Suisun collects personal information to assess whether present and prospective pilots and pilot trainees are physically and mentally fit to perform the duties of pilots and pilot trainees. Collection of this information is authorized by Sections 1175 and 1176 of the Harbors and Navigation Code and by Title 7, Division 2, Article 5 of the California Code of Regulations. Provision of the requested personal information by persons being assessed is mandatory. Failure to provide the information will result in a determination that the person subject to assessment is not fit for duty.

The personal information collected may be disclosed to a federal, state, or local law enforcement agency under Section 1157.4 of the Harbors and Navigation Code, to a federal or local governmental entity when required by law, and to a state agency where the information is necessary to the performance of that agency's duties and the use of the information is compatible with a purpose for which the information was collected by the Board of Pilot Commissioners.

Persons assessed have a right of access to records containing the personal information that the Board collects from them to assess their fitness for duty. The Board official who is responsible for the Board's system of records and who shall, upon request, inform those providing the information regarding the location of the records and the categories of any persons who use the information in those records is the Executive Director, Board of Pilot Commissioners for the Bays of San Francisco, San Pablo, and Suisun, 660 Davis St., San Francisco, CA 94111, Telephone (415) 397-2253.

## DISCLOSURES

The following disclosures concern the information required of those subject to determinations of their fitness for duty, the uses that will be made of that information, the consequences of failure to provide that information, and the scope of the duties of Board-appointed physicians as they relate to the persons being assessed.

1. The Board assesses present and prospective pilots and pilot trainees to determine their physical and

mental fitness to perform the duties of pilots and pilot trainees. To achieve this purpose, persons subject to assessment must disclose all information bearing on their fitness to perform their duties. This information includes the information required by the Board's regulations, including (1) a copy of the most recent Merchant Mariner Credential Medical Evaluation Report, Form CG-719K Rev. (01-09), along with all supporting documentation submitted to the U.S. Coast Guard for any medical condition or medication requiring further review and for any request for a medical waiver; (2) all documentation of the results of the review by the U.S. Coast Guard National Maritime Center of Form CG-719K and supporting documentation; and (3) the results of the agility testing and toxicological testing required by the Board's regulations. Personal health care professionals, Board-appointed physicians, and other health care professionals must be free to share with one another all information relevant to a fitness for duty determination.

2. Health information of persons subject to medical assessment will be shared among Board-appointed physicians, personal health care professionals, other health care professionals, and, when necessary to Board processes set forth in the Board's regulations, with members of the Board, the Executive Director, and Board counsel. These Board processes include reported absences for medical reasons, appeals of fitness determinations, review of disability pension applications, and consideration of actions under Sections 1180 through 1183 of the Harbors and Navigation Code.

3. When, to complete a fitness determination, a Board-appointed physician needs health information regarding the person being assessed from another health care professional, including medical records, examination results, results of diagnostic and laboratory tests, and consultations, it is that person's responsibility to arrange for provision of the needed information to the Board-appointed physician. Absent provision of such information, that person will be determined not fit for duty.

4. The fitness determinations required by the Board's regulations are solely to assess the fitness of persons to perform the duties of pilots or pilot trainees. The Board-appointed physicians who conduct these assessments do not provide medical care or treatment to the person assessed.

## **ACKNOWLEDGMENT AND CONSENT TO DISCLOSURE**

I acknowledge that I have read the foregoing Notice and Disclosures regarding health information and fitness determinations. I give my consent for all information bearing on my fitness for duty to be disclosed to and shared among Board-appointed physicians, my personal health care professionals, and other health care professionals involved in assessing my fitness for duty. I also give my consent for such information to be disclosed to and shared among members of the Board, the Executive Director, and Board counsel, when necessary to Board processes set forth in the Harbors and Navigation Code or the Board's regulations. This consent shall remain in effect until such time as I am no longer subject to fitness determinations, whether annual or otherwise, under the Harbors and Navigation Code or Article 5 of the Board's regulations. I understand that this consent is voluntary. I also understand that refusal to provide this consent will result in a determination that I am not fit for duty.

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Printed Name

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Signature

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Date



# Disclosure of Information

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## 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)



# NOTICE TO EXECUTIVE DIRECTOR

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

**To: Executive Director, Board of Pilot Commissioners**

I, \_\_\_\_\_, requested a review of my fitness for duty on  
\_\_\_\_\_ (MM/DD/YY) from the examining physician who completed my most recent medical  
assessment. I requested this review because:

- I have been prescribed either a new dosage of a medication or a new medication.
- I have suspended or interrupted the use of a prescribed medication.
- I have been diagnosed with a medical condition listed on the CG-719K form.
- I have received correspondence from the U.S. Coast Guard concerning my medical condition and right to act under the authority of the pilot endorsement to my federal merchant mariner credential.
- I have had a change in medical condition that may impair my ability to conduct the duties of a pilot or a pilot trainee.
- I have been absent from duty for medical reasons for a period of 30 consecutive days or a total of 30 days in a 60-day period.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Printed)

cc: Port Agent



# Notice to Board-Appointed Physician

BOPC Use Only

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

To: Dr. \_\_\_\_\_, Board-Appointed Physician

I, \_\_\_\_\_, am requesting that you review my fitness for duty. You were the examining physician who completed my most recent CG-719K form.

I am requesting this review because:

- I have been prescribed either a new dosage of a medication or a new medication. I have attached an explanatory statement from a physician or pharmacist.
- I have suspended or interrupted use of the following prescribed medications;

\_\_\_\_\_  
\_\_\_\_\_

If the suspension or interruption was in consultation with a physician, I have attached an explanatory statement from the physician.

- I have been diagnosed with a medical condition listed on the CG-719K form. I have attached a copy of the clinical investigations and consultations considered in making this diagnosis. I have also included a copy of the medical records from my primary care physician regarding this diagnosis.
- I have received correspondence from the U.S. Coast Guard concerning my medical condition and right to act under authority of the pilot endorsement to my federal merchant mariner credential. I have also attached copies of all correspondence with the U.S. Coast Guard regarding this action, including correspondence with any health care professionals.
- I have had a change in medical condition that may impair my ability to conduct the duties of a pilot or a pilot trainee. If this change in medical condition has been assessed by a physician, I have attached a copy of the supporting clinical investigations, consultations, and medical records from the physician.
- I have been absent from duty for medical reasons for 30 consecutive days or a total of 30 days in a 60-day period. The medical condition causing the absence is supported by the diagnosis of a physician, and I have enclosed a copy of the clinical investigations, consultations, and medical records supporting this diagnosis.

\_\_\_\_\_  
Applicant's Name (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Statement of Fitness for Duty

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## 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:

<input type="checkbox"/> Fit for Duty	<input type="checkbox"/> 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:

<input type="checkbox"/> Fit for Duty	<input type="checkbox"/> Not Fit for Duty
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<input type="checkbox"/> I concur with the Fitness for Duty Statement by the examining physician	<input type="checkbox"/> I do not concur with the Fitness for Duty Statement by the examining physician
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\_\_\_\_\_  
Medical Review Officer (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Fitness for Duty Notification

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

To: Captain \_\_\_\_\_

Re: Fitness for Duty Determination

Your fitness for duty has been reviewed by an examining physician and the Medical Review Officer. It has been determined that your fitness for duty status is as follows:

<input type="checkbox"/> Fit for Duty
<input type="checkbox"/> Not Fit for Duty

Should you have any questions about this determination, please contact me directly.

\_\_\_\_\_  
Executive Director  
Board of Pilot Commissioners  
(Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

cc: Port Agent

