



Fitness for Duty Notification

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

BOPC Use Only

Date mailed and emailed to
addressee: _____

Staff Initials: _____

To: Captain _____

Mailing Address: _____

Email Address: _____

Re: Fitness for Duty Determination

Your fitness for duty has been reviewed by an examining physician and/or the Medical Review Officer.

It has been determined that your fitness for duty status is as follows:

☐ Fit For Duty effective as of _____ OR

Fit For Duty effective as of _____ and only effective until _____.

☐ Medical Disability Leave is terminated as of the Fit For Duty date above.

☐ Not Fit for Duty effective as of _____.

☐ As a Board-licensee, pursuant to Title 7, California Code of Regulations, § 217.35, you are hereby placed on medical disability leave, effective as of _____.

As a Board-licensee, you are notified that you cannot conduct any licensed activities of a pilot until you have been determined to be Fit for Duty, and the Executive Director notifies you in writing that the medical disability leave is terminated. If your license expires during the medical disability leave, the application period for renewal is tolled, and you may commence application for renewal within 30 days after the termination of the medical disability leave. See California Code of Regulations § 217.37.

Reevaluation of Pilots on Medical Disability Leave for applicable requirements.

Executive Director, BOPC

Signature

Date

cc: Port Agent