



NOTICE TO EXECUTIVE DIRECTOR

BOPC Use Only

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, or if unavailable, to the Medical Review Officer. 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