



# 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)

BOPC License Renewal Date/Trainee Anniversary Date: \_\_\_\_\_ (if applicable)

Type of Fitness Evaluation:

- ☐ Medical Assessment, including agility test
- ☐ Medical Assessment, no agility test
- ☐ Other evaluation

### 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"/> Fit for Duty Until _____ (date)	<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:

<input type="checkbox"/> I concur with the Fit for Duty determination made by the examining physician	<input type="checkbox"/> I do not concur with the Fit for Duty determination made by the examining physician. I have determined the following: <ul style="list-style-type: none"><li><input type="checkbox"/> Fit for Duty until: _____ (date)</li><li><input type="checkbox"/> Not Fit for Duty</li></ul>
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\_\_\_\_\_  
Medical Review Officer (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date