



# 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<br>Until _____ (date) | <input type="checkbox"/> Not Fit for Duty |
|---------------------------------------|---|---|

\_\_\_\_\_  
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> |
|---|---|

\_\_\_\_\_  
Medical Review Officer (Printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date