

**PENNSYLVANIA FISH AND BOAT
COMMISSION BUREAU OF BOATING
PASSENGER FOR HIRE VESSEL OPERATOR
PRELIMINARY PHYSICAL EXAMINATION**

NAME _____ BIRTH DATE _____

ADDRESS _____ DATE OF EXAM _____
street city/town zip

TO THE EXAMINING PHYSICIAN			
The applicant is applying for a position operating a watercraft carrying passengers for hire. Duties include operation of a vessel, assistance to passengers, handling of lines and anchors, and possible emergency response activities.			
HEIGHT:	FT.	IN	WEIGHT: LB.
			WAIST: IN
			FRAME: S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/>
VISION	<u>NORMAL</u>	<u>ABNORM</u>	RIGHT 20/ _____ LEFT 20/ _____ COLOR PERCEPTION _____
HEARING			
NOSE AND SINUSES			
THROAT			
NECK			
THORAX			
HEART			<input type="checkbox"/> ENLARGEMENT <input type="checkbox"/> ARRHYTHMIA <input type="checkbox"/> MURMURS BLOOD PRESSURE: SYSTOLIC _____ DIASTOLIC _____
LUNGS			
ABDOMEN			
EXTREMITIES			<input type="checkbox"/> DEFORMITY <input type="checkbox"/> LOSS OF PARTS <input type="checkbox"/> LIMITATION OF MOTION <input type="checkbox"/> CHRONIC INFECTION
SKIN			
NERVOUS AND MENTAL			<input type="checkbox"/> VASOMOTOR INSTABILITY
DRUG SCREEN <small>*circle one</small>	PASS	FAIL	rapid result urine drug screen recommended

SIGNIFICANT PHYSICAL ABNORMALITIES: _____

BASED ON THE DUTIES DESCRIBED ABOVE I CONSIDER THE APPLICANT:

- QUALIFIED NOT QUALIFIED

HEALTH CARE PROVIDER'S SIGNATURE _____

HEALTH CARE PROVIDER'S NAME _____

HEALTH CARE PROVIDER'S ADDRESS _____

HEALTH CARE PROVIDER'S PHONE _____