

CONFIDENTIAL

MEDICAL CERTIFICATE

APPLICATION FOR BOATMAN'S LICENCE

Medical examinations must be undertaken for first time applicants, then every 8 years to age 45, every 5 years to age 65 and annually from age 65 onwards. Please contact the Licensing Officer if you are unsure whether you require a medical examination.

You must be seen by a GP at the practice where you are registered.

NAME OF APPLICANT:DATE OF BIRTH:.....

ADDRESS:

NB IN COMPLETING THIS FORM, THE DISTRICT COUNCIL ASK THE MEDICAL PRACTITIONER CONCERNED TO ENSURE THAT THE APPLICANT IS EXAMINED AND ALSO THAT FULL REGARD IS PAID TO THE APPLICANT'S MEDICAL HISTORY.

- (a) This certificate is for the confidential use of the Dorset Council and medical practitioners are asked to be good enough to complete it in the presence of the applicant and return it to them at the time of the medical examination. Any fee charged is payable direct from the applicant to the medical practitioner.
- (b) The standard of acuity of vision is considered unsatisfactory if it is below 6/12 with one eye and 6/36 with the other eye, with or without optical aid.
- (c) Special attention is directed to the condition of the arms, hands, legs and feet and particularly to the joints of the upper and lower extremities.

QUESTION	REPLY
Is the applicant, to the best of your judgement subject to epilepsy, vertigo, sudden attacks of disabling giddiness or fainting, or any mental disorder or defect likely to affect his/her efficiency as a boat operator?	
Does the applicant suffer from any heart or lung disorder or defect which might interfere with the efficient performance of duties as a boat operator?	
Is there any defect of vision? If so, give details	

<p>If yes, give acuity of vision by Snellens test type with and without glasses and answer the following:</p>	<p>RE.....LE..... (without glasses)</p> <p>RE.....LE..... (with glasses if applicable)</p>
<p>Was the test conducted with the applicant's own glasses, or,</p>	
<p>Have suitable glasses been prescribed?</p>	
<p>Do you consider that the applicant should wear glasses when operating a boat?</p>	
<p>Is the applicant's field of vision by hand test satisfactory?</p>	
<p>Is the colour vision normal?</p>	
<p>Does the applicant suffer from a squint or any other visual defect which could affect his/her fitness to operate a boat?</p>	
<p>Could any visual defect observed be sufficiently corrected to make the applicant fit to operate a boat?</p>	
<p>Is there any defect of hearing? If so, do you consider that it would interfere with the efficient performance of the applicant's duties as a boat operator?</p>	
<p>Has the applicant any deformity or loss of limbs? If so, could it interfere with the efficient performance of his/her duties as a boat operator?</p>	
<p>Is the applicant sufficiently active for the performance of his/her duties?</p>	
<p>Does the applicant show any evidence of being addicted to the excessive use of alcohol, tobacco or drugs?</p>	
<p>Do you consider further examination necessary? If so, in what period of time?</p>	

I CERTIFY THAT I HAVE EXAMINED:

THE ANSWERS TO THE QUESTIONS ABOVE ARE CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND I CONSIDER THE APPLICANT *FIT / UNFIT TO ACT AS THE OPERATOR OF A BOAT . (*delete as applicable)

SIGNATURE OF MEDICAL PRACTITIONER:.....

QUALIFICATIONS:.....DATE:.....

ADDRESS:.....