



# MEDICAL EXAMINATION REPORT FOR-HIRE VESSEL OPERATOR'S LICENSE

## APPLICANT INFORMATION

The Applicant Information section must be completed prior to the exam and the applicant must sign in the physician's presence. This completed DPR 370M is to be returned with the application packet.

FOR-HIRE APPLICANT NAME (*Last, First*) DATE OF BIRTH (*MM/DD/YYYY*)

PLACE OF BIRTH (*City, State*) DISTINGUISHING MARKS OR SCARS

SEX HEIGHT WEIGHT (*Pounds*) HAIR COLOR EYE COLOR

14 CCR § 7502 (b) authorizes the Department of Parks and Recreation/Division of Boating and Waterways to refuse to issue a license for "habitual use by the applicant of intoxicating liquor, or any narcotic drug, barbiturate or marijuana."

***My signature below is my certification that the above information is accurate and that I do not habitually use intoxicating liquor, or any narcotic drug, barbiturate or marijuana.***

SIGNATURE OF APPLICANT (***MUST BE DONE IN PRESENCE OF PHYSICIAN***) PHYSICIAN'S INITIALS AND DATE

## INSTRUCTIONS TO PHYSICIAN

**To the examining physician:** The Applicant must sign above in your presence. Please initial and date in the space next to the applicant's signature above to indicate compliance with this requirement. Then read "Section A - INFORMATION" and fill out "Section B – EXAM FINDINGS." The EXAM FINDINGS section is to be completed by a licensed physician. Information contained in this document will be treated as confidential material used for licensing purposes only.

## SECTION A - INFORMATION

14 CCR § 7501 (a)(4) requires that prior to the issuance of a For-Hire Vessel Operator's License, the applicant shall meet the requirements under that section, including the submission of a report, on forms provided by the Department of Parks and Recreation/Division of Boating and Waterways, of a medical examination by a licensed physician within sixty (60) days of the date of application indicating:

(A) Diseases and other physical or mental defects. Conditions such as epilepsy, insanity, senility, acute general disease or neurosyphilis, badly impaired hearing, or other defect that would render the applicant incompetent to perform the ordinary duties of a licensed operator are grounds for refusal to issue a license.

(B) Possession, either with or without glasses, of at least 20/20 vision in one eye and at least 20/40 in the other. The applicant who wears glasses, however, must also be able to pass a test without glasses of at least 20/100 in both eyes.

(C) Unimpaired color sense as tested by a test utilized by the U.S. Coast Guard to determine color sense, or a similar test. This requirement may be waived if the operation of vessels for which the license is sought will be limited to hours of daylight; provided that any license issued on the basis of such waiver will be limited to operation of vessels during hours of daylight.

# MEDICAL EXAMINATION REPORT FOR-HIRE VESSEL OPERATOR'S LICENSE (Continued)

FOR-HIRE APPLICANT NAME (Last, First)

## SECTION B - EXAM FINDINGS

After physically examining the applicant, my findings are the following (initial appropriate line below):

1. Regarding defects that may affect the performance of duties of a licensed for-hire vessel operator (initial appropriate finding below):

\_\_\_\_\_ I find that the applicant is **free from defects** that would render the applicant physically unable to safely perform the ordinary duties of a licensed for-hire vessel operator.

\_\_\_\_\_ I find that the applicant is **NOT free from defects** that would render the applicant physically unable to safely perform the ordinary duties of a licensed for-hire vessel operator.

2. Regarding vision requirements (record measurements and initial appropriate finding below):

Vision without glasses:

Right Eye: \_\_\_\_\_ Left Eye: \_\_\_\_\_

Vision with glasses (if applicable):

Right Eye: \_\_\_\_\_ Left Eye: \_\_\_\_\_

\_\_\_\_\_ I find that the applicant meets the vision requirement stated in Section A.

\_\_\_\_\_ I find that the applicant **DOES NOT** meet the vision requirement stated in Section A.

3. Regarding unimpaired color sense requirement (initial appropriate finding below):

\_\_\_\_\_ I find that the applicant meets the unimpaired color sense requirement stated in Section A.

\_\_\_\_\_ I find that the applicant **DOES NOT** meet the unimpaired color sense requirement stated in Section A and should be limited to operating vessels during hours of daylight.

4. Regarding general physical and mental health (initial appropriate finding below):

\_\_\_\_\_ I find that the applicant's general physical and mental health is sufficient to safely operate for-hire vessels carrying passengers on the waters of the State of California.

\_\_\_\_\_ I find that the applicant's general physical and mental health **IS NOT** sufficient to safely operate for-hire vessels carrying passengers on the waters of the State of California.

## PHYSICIAN INFORMATION AND SIGNATURE

PHYSICIAN PRINTED NAME (Last, First)

MEDICAL LICENSE NUMBER

FULL OFFICE ADDRESS

OFFICE PHONE NO. (w/Area Code)

PHYSICIAN SIGNATURE

DATE



## MEDICAL EXAMINATION REPORT - FOR-HIRE VESSEL OPERATOR'S LICENSE Information

### PRIVACY NOTICE

***Section 1798.17 of the Civil Code requires this notice be provided when collecting personal information from individuals. Each individual has the right to review personal information maintained by this agency, unless access is exempted by law.***

<small>AGENCY NAME</small> Department of Parks and Recreation	<small>DIVISION</small> Boating and Waterways
<small>TITLE OF OFFICIAL RESPONSIBLE FOR MAINTENANCE OF THE INFORMATION</small> Manager of Division of Boating and Waterways Enforcement Section	
<small>BUSINESS ADDRESS OF OFFICIAL</small> P.O. Box 942896, Sacramento, CA 94296-0001	<small>TELEPHONE NUMBER</small> (888) 326-2822
<small>AUTHORITY WHICH AUTHORIZES THE MAINTENANCE OF THE INFORMATION</small> Harbors and Navigation code §762; 14 CCR § 7501	
<small>THE FOLLOWING ITEMS OF INFORMATION ARE VOLUNTARY, ALL OTHERS ARE MANDATORY</small> All information requested on the report is mandatory.	
<small>THE CONSEQUENCES, IF ANY, OF NOT PROVIDING ALL OR ANY PART OF THE REQUESTED INFORMATION</small> The applicant will not be issued a license.	
<small>THE PRINCIPAL PURPOSE(S) WITHIN THE AGENCY FOR WHICH THE INFORMATION IS TO BE USED</small> The information provided in the Medical Examination Report, For-Hire Vessel Operator's License will be used to determine eligibility for issuance of For-Hire Vessel Operator's License. Reports will be retained a minimum of five years for audit purposes, statistical data, and evaluation of the program. This information/form will be kept as a confidential document.	
<small>KNOWN OR FORESEEABLE DISCLOSURES OF THE INFORMATION PURSUANT TO CIVIL CODE SECTION 1798.24, SUBDIVISIONS (e) OR (f)</small> Departmental Audits Office	