



**LODGEMENT INFORMATION** - May be lodged at any Customer Service Centre. For enquiries please telephone **13 10 84**

## MEDICAL AND EYESIGHT CERTIFICATE – TO OPERATE A RECREATIONAL VESSEL

### WHAT THIS FORM IS USED FOR

- Any person aged 12 years or more who declares that they have a medical and/or eyesight condition, that may affect their ability to operate a recreational vessel fitted with an engine.

### WHAT YOU WILL NEED TO DO

- Make an appointment with your regular doctor for a standard consultation (the cost of this consultation is your responsibility)
- Complete Section 2 on this page **prior** to the appointment
- Bring corrective lenses, hearing aids, the names of any medications you may be currently taking, etc. to the examination
- Explain to your doctor the reason for your visit.

### 1. ABOUT YOU – APPLICANT TO COMPLETE

Given name(s)

Surname

Date of birth   Sex Male  Female

Residential Address (Street Number and Name)

Suburb  State  Post Code

Are you currently being treated by any other doctor or specialist for any reason? Yes  No

Your signature (Parent / Guardian to countersign for applicants under 16 years of age)  Date

*In signing this form you consent to your doctor releasing any medical information to the Department for Transport, Energy and Infrastructure that may affect your ability to hold a Boat Operator's Licence or Special Permit to operate a recreational vessel fitted with an engine.*

### 2. IMPORTANT NOTES FOR THE MEDICAL PRACTITIONER / OPTOMETRIST

The applicant named above is hereby required to provide: **(OFFICE USE ONLY)**

an Eyesight Certificate only       a Medical Certificate only       Both an Eyesight and a Medical Certificate

#### Medical and Eyesight Standards

##### Applicant for a Boat Operator's Licence (16 years and over)

In accordance with Regulation 66(1)(b) and (c) of the *Harbors and Navigation Regulations, 1994*, applicants for a Certificate of Competency (Boat Operator's Licence) to operate recreational vessels fitted with an engine must meet the following:

- eyesight standards: the sight in the applicant's better eye must not be worse than 6/18 on the basis of Snellen's principle; and
- medical standards: the applicant must not suffer any mental or physical impairment that may affect his or her ability to operate or undertake duties on a vessel pursuant to a Boat Operator's Licence.

##### Applicant for a Special Permit To Operate A Recreational Vessel (12-15 years)

In accordance with Regulation 73(1) of the *Harbors and Navigation Regulations, 1994*, applicants (12-15 years of age) for a Special Permit to operate a recreational vessel fitted with an engine:

- The (CEO) Chief Executive, Department for Transport, Energy and Infrastructure may issue a special permit to operate a recreational vessel to a suitable person who has not attained 16 years of age. *The CEO has determined that 'suitable' shall be the same medical and eyesight requirement for a Boat Operator's Licence applicant.*

It would be appreciated if you could complete the medical and/or eyesight certificate overleaf.

If you consider that the applicant **does not meet** the medical and eyesight standards, please return this form directly to:

Transport Safety Regulation  
Recreational Boating  
PO Box 1  
WALKERVILLE SA 5081

Should you consider that the applicant **does meet** the medical and eyesight standards, please return this completed Certificate to your patient, who will then need to return it to the Customer Service Centre that requested this medical certificate. In either case, it is recommended that you keep a copy for your own files.

**CONTINUED OVERLEAF**

### 3. EYESIGHT CERTIFICATE – MEDICAL PRACTITIONER OR OPTOMETRIST TO COMPLETE.

A registered Optometrist may complete this part of the certificate.

The applicant is required to meet the following eyesight standards: the sight in the applicant's better eye must not be worse than 6/18 on the basis of Snellen's principle.

	Left Eye	Right Eye
Unaided	<input type="text"/>	<input type="text"/>
Aided	<input type="text"/>	<input type="text"/>

Does the applicant need to wear glasses or contact lenses to meet the minimum standard?

Yes

No

Signature of Medical Practitioner or Optometrist

Date

### 4. MEDICAL CERTIFICATE – MEDICAL PRACTITIONER TO COMPLETE

The applicant must not suffer any mental or physical impairment that may affect his or her ability to operate a recreational vessel fitted with an engine.

Does your patient suffer from any of the following? (Please tick the appropriate boxes below).

	Yes	No		Yes	No
Fainting attacks, dizziness or blackouts?	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Disorder?	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>
Hypoglycaemic reactions?	<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular disorder?	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	Sleep Apnoea?	<input type="checkbox"/>	<input type="checkbox"/>
Excessive use or abuse of alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>	Neurological disorder (other than epilepsy)? Please specify.	<input type="checkbox"/>	<input type="checkbox"/>
Any bone, muscular or other defect of the limbs or body which affects normal movement?	<input type="checkbox"/>	<input type="checkbox"/>			

If you answer 'yes' to any of the above, please make brief comments on treatment required, including present control and review systems.

I consider that the applicant DOES/DOES NOT (delete one) suffer from any mental or physical impairment that may affect his or her ability to operate a recreational vessel fitted with an engine.

Name of Medical Practitioner

Address

Suburb

State

Postcode

Daytime Telephone Number

Provider Number

Signature

Date