



CONTACT DETAILS

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Telephone: 1300 183 046

ABN: 92 366 288 135

1. ABOUT YOU – APPLICANT TO COMPLETE

Given name(s)		Surname	
Date of birth / /	Male ☐	Female ☐	Intersex ☐ Unknown ☐
Residential Address (Street Number and Name)			
Suburb		State	Postcode
Telephone	Email address		
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 Infrastructure and Transport that may affect your ability to navigate a Commercial Vessel.

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

3. TO THE OPTOMETRIST / EYE SPECIALIST / MEDICAL PRACTITIONER (see over)

This examination is to ascertain that the applicant's eyesight meets the minimum standards required by DIT-Marine Services for the issue of a Pilotage Exemption Certificate.

EXAMINATION RESULTS

A. Letter Test (Snellen Principle)

	Left Eye ▼	Right Eye ▼	
Without aids to vision	____/____	____/____	Minimum standard acceptable is 6/6 in the better eye and 6/9 in the other (with or without aids).
With aids to vision (if required)	____/____	____/____	If aids to vision are used to meet the 6/6 and 6/9 requirement, then the minimum standard acceptable is 6/60 in each eye without aids.

B. Near Vision Requirement (N5 Chart) –

Can the applicant read NS chart at 300-500mm without aids to vision? Yes ☐ No ☐

C. Ishihara Test (colour-vision requirement) –

Has the applicant passed the Ishihara Test with or without aids to vision? Yes ☐ No ☐

4. EYESIGHT STANDARDS

EYESIGHT VISION

Vision Tests	Vision tests shall be conducted by a suitably qualified optometrist, eye specialist or medical practitioner, who will provide the applicant with documentation (this form or similar) to testify the result.	
Standard	With or without aids to vision	Without aids to vision
Applicants should achieve the standards provided in both columns.	• Snellen Principle – 6/6 (0.0 LogMar) in the better eye and 6/9 (0.2 LogMar) in the other eye. • Read N5 chart at 300–500mm.	• Snellen Principle 6/60 (1.0 LogMar) in each eye.
Use of aids to vision	• Aids to vision are the only optical aid that may be used in a vision test. • A person whose eyesight test results indicates that an aid to vision was used for the purpose of being found medically fit shall, at all times when on duty on a vessel, use such aid when appropriate and keep a spare aid to vision available.	
Monocular vision	Persons with only one eye, or poor vision in one eye (i.e. monocular vision) may still meet the standard. Note: Persons with monocular vision and those employing or supervising persons with monocular vision need to be aware of the dangers of operating cranes and other similar lifting appliances where monocular vision may limit depth perception and impact safety.	

COLOUR-VISION

Ishihara Test	• The Ishihara Test shall be conducted using all 24 plates. • To pass the test, a person must correctly identify at least 13 of the first 15 plates in the 24-plate version. • The only aids to vision that may be used for colour vision testing are prescribed lenses worn by a person for the acuity test. • Tinted glasses or contact lenses cannot be used. • Colour correction devices cannot be worn for colour testing. • Where an applicant fails the Ishihara colour vision test, they may be re-examined with the “Holmes-Wright Lantern Test Type B”.
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OBLIGATIONS OF PILOTAGE EXEMPTION CERTIFICATE HOLDERS

The holder of a pilotage exemption certificate **must** notify DIT – Marine Safety and Compliance as soon as practicable of any physical or mental impairment that may affect his or her ability to navigate a vessel.

PRIVACY NOTE

The information provided on this form is protected according to the South Australian Government’s Information Privacy Principles, but may be subject to access under the *Freedom of Information Act 1991*. The Act gives a person the right to be given access to information held by the Government in accordance with the Act.

**A person must not, in providing any information, make a false or misleading statement.
Penalties apply.**

5. MEDICAL CERTIFICATE – MEDICAL PRACTITIONER TO COMPLETE

The applicant must not suffer any mental or physical impairment that may affect his or her ability to navigate a Commercial Vessel.

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

	Yes	No		Yes	No
Hernia	☐	☐	Epilepsy	☐	☐
Speech	☐	☐	Diabetes	☐	☐
External Prostheses	☐	☐	Tuberculosis	☐	☐
Cardiac Pacemaker	☐	☐			

Additional Notes: Provide comment to each **Yes** condition(s) below including reference to the specific condition (e.g. Diabetes).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

6. STATEMENT BY QUALIFIED MEDICAL PRACTITIONER

I certify that I have examined:

Applicant's full name		Date of birth / /
Residential Address (Street Number and Name)		
Suburb	State	Postcode
<i>. . . and find the applicant is medically fit and meets the required medical standards. In my opinion, there is no other medical condition or disability likely to prevent this person from performing duties effectively as a Pilot or Pilot Exempt Master aboard a commercial vessel without creating an unacceptable risk to the safety of themselves, other members of crew and passengers (if carried).</i>		
Practitioner's name		
Clinic Address (Street Number and Name)		
Suburb	State	Postcode
Daytime contact	Provider no.	
Your signature		Date / /

7. MEDICAL STANDARDS

MEDICAL EXAMINATIONS

For the purpose of gaining a certificate of medical fitness, medical examinations shall be conducted by a suitably qualified medical practitioner, who will provide the applicant with documentation (e.g. this Certificate of Medical Fitness) to testify to the result. A certificate of medical fitness may be given only by the medical practitioner who conducts a medical examination of the applicant. In determining whether or not an applicant meets the medical fitness requirements outlined below, due account should be taken by the medical practitioner in the case of an examination for a certificate of medical fitness, of the following:

- a) the nature of employment for which certification is intended; and
- b) the medical and employment history of the person.

Hernia	The applicant must not have a hernia that has not satisfactorily been corrected by a curative operation, other than: a) small inguinal hernia for which there is: i. no risk of strangulation; and ii. surgical opinion stating that there is no clinical indication for surgery and the applicant may be accepted as fit for lifting tasks; or b) a diaphragmatic hernia without disabling reflux oesophagitis or other symptoms.
Speech	The applicant's speech must be clear and without hesitation so that orders can be communicated effectively to other crew during times of emergency and messages can be transmitted and understood on a radio.
Hearing	The whispered voice, a watch or other proven tests may be used to test hearing ability. However, if there is doubt about the fitness of the applicant, testing must be conducted by means of an audiogram. When an audiogram is used, the hearing requirements are: a) hearing loss in the better ear must be ≤ 40 decibels (AMA standard) for the frequencies of 500 Hz, 1000 Hz and 2000 Hz; and b) if hearing level does not meet the standard above a hearing aid may be used if the standard can be met when using the aid. The applicant may meet the standard by demonstrating hearing that meets the standard in one ear.
External prostheses	For an applicant with an external prosthesis, it must not interfere with the normal duties the applicant would be expected to perform.
Cardiac pacemaker	For an applicant with a cardiac pacemaker, a medical practitioner, taking into account the state of the applicant's health and the reliability of the pacemaker, must state that: a) the applicant could perform the normal duties the applicant would be expected to perform; and b) the safe operation of a vessel would not be affected by the applicant's condition.
Epilepsy	1. The applicant must not have confirmed current epilepsy. 2. If the applicant has a history of epilepsy, including febrile convulsions as a child, or a single seizure or cluster of seizures due to exceptional and non-repeatable circumstances, the applicant must demonstrate a seizure-free period of 2 years while not on any anticonvulsant medication.
Diabetes	For an applicant with insulin-dependent diabetes, a medical practitioner must state that the person is managing the diabetes effectively.
Tuberculosis	An applicant with pulmonary tuberculosis must demonstrate that the disease is controlled or has been inactive for at least the previous 6 months.

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