

CERTIFICATE OF MEDICAL FITNESS FOR  
PILOTAGE QUALIFICATIONS

Form: F 711 (03/19)

## CONTACT DETAILS

**In person:** 13 Kateena Street, Regency Park SA 5010  
**By post:** Boating Safety Unit, PO Box 2526, Regency Park SA 5942  
**E-mail:** DPTI.RecreationalBoatingUnit@sa.gov.au  
**Telephone:** 1300 183 046  
**Fax:** (08) 8348 9533  
**Internet:** www.sa.gov.au/boatingmarine  
**ABN:** 92 366 288 135

## TO BE COMPLETED BY THE MEDICAL PRACTITIONER

See over for an explanation of medical standards.

Please circle correct answer

1	<b>HERNIA:</b> Does the applicant have a condition of hernia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If YES, has it been corrected satisfactorily by a curative operation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	<b>SPEECH:</b> Does the applicant have clear speech without hesitation? (To enable orders to be given effectively to other crew in times of emergency.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	<b>HEARING:</b> Is the applicant able to hear a whispered voice, ticking watch or other approved tests? If NO, further testing should be conducted by means of an audiogram (see over).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	<b>EXTERNAL PROSTHESES:</b> Does the applicant have any external prostheses? If YES, is it likely to prevent them from performing duties on a commercial vessel?  Please specify: .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	<b>CARDIAC PACEMAKER:</b> Does the applicant have a cardiac pacemaker implanted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If YES, taking into account the nature of the disease and the reliability of the pacemaker, is the applicant fit to work as a crew member on a commercial vessel?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	<b>EPILEPSY:</b> Is the applicant liable to epileptic seizures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If YES, has the applicant been free from attack without the use of anti-convulsion medication for at least 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	<b>DIABETES:</b> Does the applicant have insulin dependent diabetes? If the applicant is managing the diabetes effectively, a statement to this effect must be issued.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	<b>TUBERCULOSIS:</b> Has the applicant been affected by pulmonary tuberculosis?  If YES, has the disease been controlled or been inactive for at least the previous 6 months?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## STATEMENT BY QUALIFIED MEDICAL PRACTITIONER

I certify that I have examined:

Applicant's full name

Date of birth

..... / ..... / .....

Applicant's residential address

...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 crew member aboard a commercial vessel without creating an unacceptable risk to the safety of themselves, other members of crew and passengers (if carried).

Practitioner's name

Clinic address

Daytime contact

Provider no.

Signature

Date ..... / ..... / .....

**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:

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

<b>Hernia</b>	The applicant must not have a hernia that has not satisfactorily been corrected by a curative operation, other than: <ol style="list-style-type: none"> <li>small inguinal hernia for which there is:               <ol style="list-style-type: none"> <li>no risk of strangulation; and</li> <li>surgical opinion stating that there is no clinical indication for surgery and the applicant may be accepted as fit for lifting tasks; or</li> </ol> </li> <li>a diaphragmatic hernia without disabling reflux oesophagitis or other symptoms.</li> </ol>
<b>Speech</b>	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.
<b>Hearing</b>	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: <ol style="list-style-type: none"> <li>hearing loss in the better ear must be <math>\leq</math>40 decibels (AMA standard) for the frequencies of 500 Hz, 1000 Hz and 2000 Hz; and</li> <li>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.</li> </ol> The applicant may meet the standard by demonstrating hearing that meets the standard in one ear.
<b>External prostheses</b>	For an applicant with an external prosthesis, it must not interfere with the normal duties the applicant would be expected to perform.
<b>Cardiac pacemaker</b>	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: <ol style="list-style-type: none"> <li>the applicant could perform the normal duties the applicant would be expected to perform; and</li> <li>the safe operation of a vessel would not be affected by the applicant's condition.</li> </ol>
<b>Epilepsy</b>	<ol style="list-style-type: none"> <li>The applicant must not have confirmed current epilepsy.</li> <li>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.</li> </ol>
<b>Diabetes</b>	For an applicant with insulin-dependent diabetes, a medical practitioner must state that the person is managing the diabetes effectively.
<b>Tuberculosis</b>	An applicant with pulmonary tuberculosis must demonstrate that the disease is controlled or has been inactive for at least the previous 6 months.

**OBLIGATIONS OF PILOTAGE EXEMPTION CERTIFICATE & LICENCE HOLDERS**

The holder of a pilotage exemption certificate OR pilot licence **must** notify DPTI - Marine Operations 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.**