



BOARD OF COMMISSIONERS OF PILOTS
OF THE STATE OF NEW YORK
17 BATTERY PLACE
NEW YORK, NY 10004

TEL: 212 - 425-5027
FAX: 212 - 344-3144

FIT FOR DUTY

Name of Pilot: _____ Affiliation: _____
List all current medications, including dosage: _____

DUTIES AND RESPONSIBILITIES OF A NEW YORK STATE LICENSED PILOT AND THE PHYSICAL REQUIREMENTS NECESSARY TO PERFORM THOSE DUTIES

A Pilot's duties include safely navigating commercial ships through narrow channels during all hours of the day or night in any weather conditions, as well as docking, mooring and anchoring those same ships. In addition, pilots are expected to protect the Port, its people, property, the environment, the ship and its cargo while transiting the waters of the State. The pilot must also determine if the proposed route is safe by considering such factors as ship characteristics, weather, seas, current and draft in conducting a safe transit.

PHYSICAL REQUIREMENTS NECESSARY TO PERFORM PILOTAGE DUTIES INCLUDE BUT ARE NOT LIMITED TO THE FOLLOWING:

- Transferring between ships at sea in all weather conditions.
- Climbing a Jacobs (vertical) ladder up the side of a ship up to a height of 9 meters.
- Following this climb, a further stair climb of as much as 10 stories.
- On call and available for duty 24 hours per day 7 days per week.
- Unavailability of medical intervention during most of the time on board ships.
- Long periods of stress and concentration periodically interspersed with short periods of extreme stress.
- Eyesight and hearing up to standards adequate to perform these duties.

To the Board of Commissioners of Pilots of the State of New York: I have read the above information and have taken it into consideration during my evaluation of said pilot. I hereby certify that the pilot has, in my opinion, the ability to competently perform pilotage duties as described above. The pilot's use of the prescription medications listed, if any, will not adversely interfere with the pilot's ability to perform pilotage.

Signature of Physician _____ Date: ____/____/____

Print Name of Physician _____ Telephone # _____

Address _____

License Number _____

NOTICE TO ALL NEW YORK LICENSED PILOTS:

This form must be supplied to physician at the time of:

- Required annual physical.
 - Returning to duty after an illness.
 - The prescribing of any medication.
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- Please return completed form to the Board of Commissioners of Pilots of the State of New York