



PHYSICAL EXAMINATION
 REQUIRED BY THE DEPARTMENT OF LABOR AND INDUSTRIES
 for State of Washington Charter Boat Operators License

Physical examination of _____

(TO BE COMPLETED BY PHYSICIAN)

Height	Weight	Color Eyes	Color Hair
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EYES:

Color Sense is is NOT Normal.

Color perception checked by one of the following acceptable methods: (check one)

- | | | | |
|--------------------------|---|--------------------------|---|
| <input type="checkbox"/> | Farnsworth Lantern | <input type="checkbox"/> | SAMCTT (School of Aviation Medicine Color Threshold Tester) |
| <input type="checkbox"/> | Keystone Orthoscope | <input type="checkbox"/> | Titmus Optical Vision Tester |
| <input type="checkbox"/> | Keystone Telebinocular | <input type="checkbox"/> | Farnsworth Dichotomous D-15 Panel Test |
| <input type="checkbox"/> | Pseudoisochromatic Plate (Dvorine, 2nd Edition;
ADC; revised edition or ADC-HRR Isherara 16-, 24-, or 38- plate editions). | | |

VISION:

Without glasses: Right eye: _____ Left eye _____

With glasses: Right eye _____ Left eye _____

EARS:

Auditory canals: Normal: _____ Discharge: _____

Ordinary conversation: Right ear: _____ (feet) Left ear: _____ (feet)

Loud Conversation Right ear: _____ (feet) Left ear: _____ (feet)

GENERAL:

Heart: _____ Blood Pressure: _____ Lungs: _____

Major defects, abnormalities, communicable diseases: _____

PHYSICIAN'S STATEMENT OF FINDINGS

I have on this date: _____ examined: _____
 who has signed below in my presence. Upon evaluation of the above finding, I consider the applicant

Competent Not competent to perform the duties for which he/she is applying.

Printed name of physician	Phone number
Address of physician	City State ZIP+4
Date exam submitted for file	State license number of physician

Signature of applicant: _____

Physician's signature: _____