Notice to Board-Appointed Physician

BOARD OF PILOT COMMISSIONERS FOR THE BAYS OF SAN FRANCISCO, SAN PABLO, AND SUISUN (BOPC)

To: Dr. _____, Board-Appointed Physician

I, _____, am requesting that you review my fitness for duty. You were the examining physician who completed my most recent CG-719K form.

I am requesting this review because:

☐ I have been prescribed either a new dosage of a medication or a new medication. I have attached an explanatory statement from a physician or pharmacist.

☐ I have suspended or interrupted use of the following prescribed medications;

_____

_____

If the suspension or interruption was in consultation with a physician, I have attached an explanatory statement from the physician.

☐ I have been diagnosed with a medical condition listed on the CG-719K form. I have attached a copy of the clinical investigations and consultations considered in making this diagnosis. I have also included a copy of the medical records from my primary care physician regarding this diagnosis.

☐ I have received correspondence from the U.S. Coast Guard concerning my medical condition and right to act under authority of the pilot endorsement to my federal merchant mariner credential. I have also attached copies of all correspondence with the U.S. Coast Guard regarding this action, including correspondence with any health care professionals.

☐ I have had a change in medical condition that may impair my ability to conduct the duties of a pilot or a pilot trainee. If this change in medical condition has been assessed by a physician, I have attached a copy of the supporting clinical investigations, consultations, and medical records from the physician.

☐ I have been absent from duty for medical reasons for 30 consecutive days or a total of 30 days in a 60-day period. The medical condition causing the absence is supported by the diagnosis of a physician, and I have enclosed a copy of the clinical investigations, consultations, and medical records supporting this diagnosis.

_____	_____	_____
Applicant's Name (Printed)	Signature	Date