



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE  
**DEPARTMENT OF STATE**  
DIVISION OF PROFESSIONAL REGULATION  
BOARD OF PILOT COMMISSIONERS

TELEPHONE: (302) 744-4500  
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### PHYSICAL EXAMINATION

Name of Pilot or Apprentice Pilot: \_\_\_\_\_

Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Blood Pressure: \_\_\_\_\_ Urinalysis: \_\_\_\_\_

Pulse Rate: \_\_\_\_\_

Are you presently being treated for diabetes? Yes  No  If Yes, complete the following:

When was the diagnosis made? \_\_\_\_\_

Current insulin dosage(s) and preparations(s): \_\_\_\_\_

Length of time on current dosage: \_\_\_\_\_;

Have you had any episodes of either hyperglycemic coma or hypoglycemic reaction \_\_\_\_\_?

Yes  No  Attach a laboratory report of glycosolated hemoglobin (HgbA1C level indicating degree of control) within the past 30 days.

Eyes: Color sense is (**check one**): Normal  Not Normal

Acceptable Color Vision Tests (**Check test used**) (X-Chrom lens shall not be used.)

- Eldridge - Green Color
- Perception Lantern
- Farnsworth Lantern
- Keystone Orthoscope
- Keystone Telebinocular
- SAMCTT (School of Aviation Medical Color)
- Threshold Tester
- Titmus Optical Vision Tester
- Fransworth Dichotomus D-15 Panel Test
- Pseudoisochromatic Plates (**Check PIP test used**)
  - Dvorine, 2nd Edition
  - AOC
  - Revised Edition of AOC-HRR
  - Ishihara 16-, 24-, or 38-plate edition
- Williams Lantern

Vision without glasses: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

Vision with glasses: Right eye \_\_\_\_\_ Left eye \_\_\_\_\_

Vision 20/100 Uncorrected in each eye - 20/20 correctible in each eye with glasses, hard or soft lens.

# Physical Examination

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Auditory canals: \_\_\_\_\_ Normal: \_\_\_\_\_ Discharge: \_\_\_\_\_  
Ordinary conversation: \_\_\_\_\_ Right Ear \_\_\_\_\_ (ft.)  
Loud conversation: \_\_\_\_\_ Left Ear \_\_\_\_\_ (ft.)

Nose: \_\_\_\_\_  
Mouth: \_\_\_\_\_  
Throat: \_\_\_\_\_  
Neck: \_\_\_\_\_  
Thorax: \_\_\_\_\_  
Lungs: \_\_\_\_\_  
Heart: \_\_\_\_\_  
Abdomen: \_\_\_\_\_  
Extremities: \_\_\_\_\_  
Reflexes: \_\_\_\_\_  
Rectal: \_\_\_\_\_  
Back: \_\_\_\_\_  
Blood: \_\_\_\_\_

## PHYSICIAN'S STATEMENT OF FINDINGS

On (enter exam date) \_\_\_\_\_, I examined \_\_\_\_\_ who has signed below in my presence.

Upon evaluation of the above findings, I consider the applicant to be (*check one*):

- competent to perform the duties of a River Pilot  
 not competent to perform the duties of a River Pilot.

Signature of Applicant *in presence of examining physician*: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_  
(City) (State) (Zip)

Physician's phone number: \_\_\_\_\_

Physician's license number: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_