



NOTICE TO ALL NEW JERSEY 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.

Name of Pilot: _____ Affiliation: _____

List all current medications, including dosage: _____

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

In addition to the customary tasks performed by mariners;

A Pilot's duties include:

- Safely navigating* vessels of up to 1100 ft. in length through narrow channels during all hours of the day or night in any weather condition.
- Safely mooring and anchoring those same vessels.

A Pilot's responsibilities include:

- Protecting the Port (its people, property and environment) from the hazards and cargo aboard the vessels transiting the waters of the State.
- Determining if the proposed vessel transit is safe considering such factors as vessel characteristics, weather, current, draft, etc.
- The ability to bring to the safest possible conclusion any contingencies that may arise.

Physical requirements necessary to perform pilotage duties could include:

- Transferring between vessels at sea in all weather conditions.
- After transfer climbing a jacobs ladder to a height of 9 meters up the outside of a vessel.
- Following this climb, a further stair climb of as much as 10 stories.
- Eyesight and hearing up to standards adequate to perform the above duties.
- 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 vessels.
- Long periods of stress and concentration periodically interspersed with short periods of extreme stress.

*Navigation – to steer, direct, manage or sail a vessel. By, determining the vessel's position, piloting, directing the vessel along a desired trackline, keeping account of the vessel's progress through the water, ordering or executing changes in course, rudder position or speed, maintaining a lookout.

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 his/her duties and that the pilot's use of the prescription medications listed will not adversely interfere with his/her ability to perform his/her duties.

Signature of Physician _____ Date ____/____/____

Print Name of Physician _____ Telephone # _____

Address _____

License Number _____

****Please return completed form to the New Jersey Maritime Pilot and Docking Pilot Commission****