



# Western Australian Recreational Skipper's Ticket Eyesight Declaration

## Applicant's Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Street Number/Lot: \_\_\_\_\_ Residential Street Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Optometrist's / Medical Practitioner's / Registered Nurse's Declaration

This examination is to assess and to determine whether the above named applicant's eyesight meets a minimum vision standard of at least 6/12, in at least one eye.

### Results of Examination

Letter Test	Right Eye	Left Eye
Without using any aids to vision	6	6

Letter Test	Right Eye	Left Eye
With aids to vision (if applicable)	6	6

I \_\_\_\_\_ of \_\_\_\_\_  
*(Name of Optometrist / Medical Practitioner / Registered Nurse)* *(Practice name and address)*

Work Telephone: \_\_\_\_\_,

being a registered Optometrist / Medical Practitioner / Registered Nurse, have on this day examined and certify the above named applicant:

- HAS NOT met the minimum vision standard of at least 6/12, in at least one eye; or
- HAS met the minimum vision standard of at least 6/12, in at least one eye **with aids to vision**; or
- HAS met the minimum vision standard of at least 6/12, in at least one eye **without aids to vision**.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*(Optometrist / Medical Practitioner / Registered Nurse)*



# Western Australian Recreational Skipper's Ticket Declaration of Medical Fitness

## Applicant's Details

Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ Other Names: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Street Number/Lot: \_\_\_\_\_ Residential Street Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

## Applicant's Declaration of Medical Fitness

A serious medical condition could conceivably affect the ability to safely operate a recreational vessel. A self declared medical statement is required before obtaining the Western Australian Recreational Skipper's Ticket. The applicant named on this form has advised the Department that he/she may suffer from the condition/s indicated below.

- Epilepsy, Fits, Giddiness, Fainting, Seizures     Heart Disease     High/Low Blood Pressure     Arthritis  
 Diabetes     any other physical or mental disability that could affect their ability to operate a motor vessel safely

As a result of this advice, a Medical Practitioner is required to complete the section below declaring the applicant is medically fit or unfit to operate a recreational motor boat.

## Medical Practitioner Declaration

I \_\_\_\_\_ of \_\_\_\_\_  
*(Medical Practitioner's name)* *(Practice name and address)*

Work Telephone \_\_\_\_\_, being a registered Medical Practitioner declare that as a result of my examination and the statements made by the above named patient, in accordance with the relevant National Medical Standards as set out in **Assessing Fitness to Drive 2003**, find the above named patient is mentally and physically: *(tick appropriate box)*

- unfit to operate a recreational motor boat; or  
 fit to operate a recreational motor boat; or  
 fit to operate a recreational motor boat only under the follow conditions.

Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_