Department of Transport

Western Australian Recreational Skipper's Ticket

Application for Eyesight Test

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: _____

The Optometrist / Medical Practitioner / Registered Nurse

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

I _____ of _____
(Optometrist / Medical Practitioner / Registered Nurse) *(Practice name and address)*

_____,

Work Telephone _____, being a registered Optometrist / Medical Practitioner / Registered Nurse, in the state of _____ tested the above candidate on _____ / _____ / _____

The results of the examination are listed below:

Results of Examination

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

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

Optometrist / Medical Practitioner Declaration

I, _____ being a registered Optometrist / Medical Practitioner / Registered Nurse, having this day examined the above named applicant, certify that the above applicant HAS / HAS NOT meet the minimum correct vision standard of at least 6/12, in at least one eye.

Signed: _____ Date: _____ / _____ / _____
(Optometrist / Medical Practitioner / Registered Nurse)

Department of Transport

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: _____

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.

The Medical Practitioner

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 ☐ fit ☐ unfit *(tick appropriate box)* to operate a recreational motor boat.

Signature: _____ Date: _____