COMMISSIONERS OF PILOTAGE
FOR THE PORT OF CHARLESTON
CHARLESTON, SOUTH CAROLINA

P.O. Box 20096
Charleston, South Carolina 29413
(803) 577-8659

INFORMATION

Attention: All persons interested in Pilot Apprenticeship

1. The Charleston Branch Pilots' Association consists of independent bar and harbor pilots licensed by the Commissioners of Pilotage to provide compulsory pilotage to all U.S. flag merchant vessels sailing under register and all foreign flag merchant vessels calling at the Port of Charleston, South Carolina. The Commissioners of Pilotage is the state agency charged by Chapter 15 of Title 54 of the 1976 South Carolina Code with the regulation of pilots and pilotage at Charleston. The Commissioners have promulgated regulations contained in Chapter 136 of the State Code of Regulations governing pilots and pilotage.

2. The Charleston Branch Pilots' Association is a private organization that conducts an apprentice training program to train and qualify pilots for service under the authority of licenses issued by the Commissioners. Apprentices are taken in such numbers and at such times when the total number of state-licensed pilots is forecast to fall below the minimum number determined by the Commissioners as necessary to meet the commercial and safety needs of the Port of Charleston.

3. Apprenticeship with the Pilots' Association confers upon an individual tuition-free, career training. This is possible because of the unique nature of the apprenticeship process.

4. The selection of apprentices is specifically addressed by Section 54-15-100 of the 1976 Code. The process for selecting, training and qualifying apprentices is covered by the Commissioners Regulations in Parts 136-010, 136-011, 136-012, 136-013, 136-014, 136-015, 136-016, and 136-017. Copies of the applicable section of the 1976 Code and the aforementioned parts of the Commissioners Regulations are contained in this application packet.

5. State Regulation 136-014 (C) requires that every applicant for apprenticeship be a resident of the state of South Carolina. Applicants shall submit a copy of a valid South Carolina motor vehicle operator license showing a South Carolina street address as proof of residency. Other evidence submitted to prove residency will be considered on a case-by-case basis.

6. Following a change to the 1976 Code that eliminated an upper age limitation for the selection of apprentices, the Commissioners have reaffirmed their intention that every apprentice applicant be physically fit for entry into the demanding apprentice training program. In doing so, they have formally adopted the physical examination standards of the Seafarers Health Improvement Program (SHIP) for entry into the merchant marine. These standards are the result of a

joint government, industry and labor effort taken to assure that individuals entering the merchant marines are physically fit for that service. The Commissioners, likewise, require that all individuals entering into training for the profession as a bar pilot at Charleston meet those same physical standards. Included in this application packet is a detailed, seven-page, physical examination report to be completed by a licensed physician. A physician under contract to the Commissioners, who is especially familiar with the requirements of SHIP, will review every physical examination report. If there is a problem with the physical examination report submitted, the applicant will be notified and advised.

7. Every applicant shall submit a properly completed application to the Commissioners of Pilotage. The following forms and documents should be included:

1) Copy of valid South Carolina drivers license
2) Complete report of physical examination
3) Notarized affidavit of good character
4) Copy of birth certificate
5) Notarized copy of marine license (if appropriate)
6) Notarized copy of college or other appropriate academic transcript
7) Affidavit of ability to swim
8) Two (2) standard passport photographs

8. The Commissioners shall award up to 25 points for each of the following categories:

Academic
Previous maritime experience
Personal interview
Pilot potential

9. The combined scores of the first two categories, academic and maritime experience, must total at least 32.5 for an applicant to continue in the selection process. No applicant whose scores for these two categories is less than 32.5 points shall be granted an interview. These applications will be filed as inactive until additional points are gained.

10. While not specifically addressed in the Commissioners' Regulations or the 1976 Code, applicants may submit letters of recommendation by their character references. Such letters will be made a part of the applicant's file.

11. Every application submitted will be valid for a period of three (3) years from the date of submission. Applications that have expired may be renewed by contacting the Commissioners of pilotage, obtaining certain new application forms, and resubmitting same to the Commissioners. The forms necessary for resubmittal are the physical examination forms, the affidavit of good character, and the release of medical information form. The applicant may submit updated maritime experience information and such other forms as the applicant may deem outdated at any time. The application fee of $25.00 is waived for resubmitted applications.

Section 54-15-100, 1976 South Carolina Code, as amended

"Section 54-15-100. Apprentices for the port of Charleston are taken only by pilots licensed under Sections 54-15-120 and 54-15-130 for the port and must be approved and certified by the commissioners of pilotage for the port. They must not be under eighteen years of age, must be a graduate of an accredited four-year college or shall hold an unlimited ocean third mate's license, must have 20-20 visual acuity uncorrected or corrected by contact lens, must have good color vision evidenced by ability to distinguish colors by means of a test accepted by the United States Coast Guard, must have good natural hearing, and must have other physical and mental qualifications required by the commissioners of pilotage for the port. Satisfactory certificates of the requirements of this section must be filed with the commissioners of pilotage for the port before the applicant may be accepted as an apprentice."

EXCERPTS FROM PART 136, CODE OF STATE REGULATIONS

136-007 Policies and Procedures Manual

The Commissioners shall publish and maintain a current Policies and Procedures Manual (PPM). The PPM shall provide guidance regarding the administration of matters coming before the Commissioners.

135-010 Requirement for Licensure

No person may be licensed as a pilot without first having successfully completed the required three-year program of apprentice training and qualification. This is applicable to temporary and emergency licenses as well as to regular full branch and short branch licenses.

136-011 Apprentice Training and Qualification Program

A. The apprentice training and qualification program shall include the satisfactory completion of an apprentice training course approved by the Commissioners.

B. In addition to satisfactory completion of the apprentice training course, every apprentice shall become qualified to perform boat crew duties on board every class of pilot vessel and to stand communications watches at the pilot office. The apprentice training and qualification program shall consist of both the approved Apprentice Training Course and the three-year term of apprentice training.

136-012 Apprentice Selection Process

A. Applicants for apprenticeship shall submit applications to the Commissioners on application forms provided by the Commissioners. A non-refundable application fee shall be submitted with each application.

B. Upon a determination of eligibility by the Commissioners, copies of the complete applications of eligible applicants will be forwarded to the pilots.

C. At such times as vacancies may be forecast or occur within the register of pilots, the Commissioners shall certificate from among the eligible applicants the best qualified individual or individuals for apprenticeship. Selection shall be in accordance with selection criteria procedures, based upon numerical ranking, promulgated by the Commissioners. No agency shall require the selection of more apprentices than needed to fill projected vacancies.

D. Numerical ranking shall be based upon a 100 point system, with 25 points for each of the following categories:

(1) Academic. Each High School Graduate shall receive 5 points. In addition, each applicant's cumulative grade point average, on a 4.0 scale, shall be multiplied by a factor of 5 for persons with a baccalaureate or higher degree and by a factor of 2.5 for persons with an associate or equivalent, two-year degree.

(2) Previous maritime experience. The Commissioners shall award points to applicants pursuant to subpart 136-015.

(3) Interview. Every applicant shall be interviewed by the Commissioners. Each person interviewed shall be assigned from 0 to 25 points based upon objective scoring guidelines published by the Commissioners.

(4) Pilot potential. The Commissioners shall forward the application files of every eligible applicant to the pilots who shall consider the documentary evidence submitted with the application, any letters of recommendation received, and other information in the applicant's file. The pilots shall assign from 0 to 25 points to those applicants whose applications indicate that they have the greatest potential and who they believe are the best qualified to become pilots and future business partners, in accordance with the criteria contained in the Policies and Procedures Manual.

D. The names and rankings of the applicant(s) recommended by the pilots for certification as apprentice pilots will be submitted to the Commissioners along with the names and rankings of the next five highest-ranked applicants not recommended.

E. The Commissioners may approve the name(s) recommended by the pilots or they may return the name(s) for reconsideration.

F. The Commissioners shall award a Certificate of Apprenticeship to every apprentice they have approved. Said certificate shall terminate upon satisfactory completion of the apprentice training program or upon the termination of the apprentice for cause or resignation.

136-013 Pilot and Apprentice Age Limitations

The required physical rigors and necessary stamina render service as a pilot at Charleston to be such that no pilot sixty-five years or older will be registered.

136-014 Apprentice Citizenship and Physical Requirements

A. Every apprentice applicant must meet the requirements of Section 54-15-100 of the 1976 Code and the Coast Guard requirements for citizenship, physical health, and general federal licensure as contained in 46 CFR 10.201-10.223.

B. All apprentice applicants must certify and be prepared to demonstrate that they can swim unassisted for a distance of not less than 100 meters and can remain afloat unassisted for a period of not less than fifteen minutes immediately thereafter.

C. Every applicant for apprenticeship must be a resident of the state of South Carolina.

136-015 Previous Maritime Experience, Apprentice Applicants

A. The Commission shall ensure that eligible applicants for apprenticeship be assured that any previous maritime experience is considered in the selection process.

B. The Commissioners shall assign up to 25 points to any applicant who has demonstrated previous maritime knowledge or experience. Consideration will be given to the following federal license and experience factors:

	KIND OF MARINE EXPERIENCE DOCUMENTED	POINTS
1.	Master, oceans, any gross tons	21
2.	Chief Mate, oceans, any gross tons	19
3.	Second Mate oceans, any gross tons	17
4.	Third Mate, oceans, any gross tons	15
5.	Master, near coastal less than 100 GT	10
6.	Operator, uninspected towing vessel or Inland Master	10
7.	Federal first class pilot license or endorsement	1
8.	Motorboat operator license	5
9.	Small craft and sailing experience	
	(a) Collegiate sailing team member, years on team	1 to 4
	(b) Local sailing and offshore regatta crew	1 to 5
	(c) Small craft operation in Charleston Harbor and approaches, 1 point per year, but experience must equal or exceed 100 days per year, up to a maximum of (Note: The points awarded for small craft experience can not total more than five points.)	5
10.	The Commissioners may award up to 5 points for maritime-related credentials not listed above.	5

Points awarded to the above 1-10 may be accumulated to a maximum of 25.

136-016 Apprentice Training Course Curriculum

A. Satisfactory completion of the Apprentice Training Course at Charleston as approved by the Commissioners and the Commandant of the U.S. Coast Guard, requires that the apprentice must have satisfactorily completed 360 round trips encompassing a minimum of 360 days of training aboard vessels over 1600 gross tons. This course of instruction is approved by the Commandant of the U.S. Coast Guard pursuant to 46 CFR 10.307.

B. General Curriculum Requirements:

(1) In order to satisfactorily complete this training course, every apprentice must solo to the satisfaction of the majority of the supervising pilots on every route, day and night, ebb and flood tides, and on every size category of vessel calling at the port. The curriculum of the approved course requires that apprentices learn to direct the movement of vessels, apply the proper rules of the nautical road and other maritime procedures, interface and coordinate with other affected vessels and facilities, and record certain information. During each vessel movement to which the apprentice is assigned, the apprentice shall accompany the licensed pilot assigned to the vessel. The licensed pilot serves as the expert-master and interacts with the apprentice in observational and mastery learning processes. The ultimate result of the training is marked by the apprentice's satisfactory piloting of vessels under the supervision of the various pilots assigned to those movements without the need for those assigned pilots to offer coaching or verbal guidance. This accomplishment is termed a "solo".

(2) In addition to the above, the progress of every apprentice must be marked semi-annually during his or her term of apprentice training by the pilots with whom he or she has received instruction in the areas of:

(a) Procedures
(b) Skillfulness
(c) Communications
(d) Attitude

(3) Every apprentice must receive satisfactory grades from the majority of the pilots during each semi-annual progress report period. A 3.2 grade point average on a 4.0 scale in every area of grading is required as the minimal satisfactory grade. This minimal grade shall be obtained during the final progress report period in order for an apprentice to receive a certificate that he or she has satisfactorily completed this training course. The Course Monitor shall semiannually advise each apprentice regarding his or her progress and shall also advise the Commissioners.

(4) Failure to receive satisfactory grades during the apprentice training course can result in the termination of the apprentice training program for any apprentice at any point in the program by the Commissioners.

(5) The discovery that any apprentice fails to satisfy the physical requirements for federal licensure shall be just cause for the termination of any such apprentice without regard to the grades received in the apprentice training course.

C. Upon satisfactory completion of the approved apprentice training course, the apprentice will be awarded a Certificate of Completion by the designated monitor.

D. Any federal licensure as a federal, first-class pilot obtained by any apprentice before the completion of the apprenticeship training and qualification program shall not terminate nor shorten the three-year term of apprentice training.

E. No person shall represent himself or herself as an apprentice unless he or she has been approved and certified as an apprentice by the Commissioners. No pilot shall be required to train any uncertified person on board any vessel subject to the jurisdiction of the Commissioners. Any uncertified person posing as an apprentice aboard any vessel subject to the jurisdiction of the Commissioners shall be considered in violation of 1976 Code Section 54-15-280.

136-017 Completion of Apprenticeship

A. Upon the successful completion of the three-year apprenticeship training and qualification program, including certification by the course monitor of satisfactory completion of the apprentice training course, the pilots shall provide the Commissioners with the name of every successful apprentice along with their recommendations regarding his or her prospective licensure by the Commission.

B. The complete training record of every apprentice so recommended shall be brought before the Commissioners at the time such apprentice's name is presented.

C. Nothing shall prohibit the Commissioners from periodically reviewing the progress of any apprentice undergoing training, and reviewing the progress reports on every apprentice that have been submitted by the pilots.

COMMISSIONERS OF PILOTAGE
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Pilot Apprenticeship Application

A. PERSONAL INFORMATION

1. Name: (First, Middle, Last): _____

2. Address: _____

3. Telephone: (___)_____ 4. Social Security No._____

5. Date of Birth: _____ 6. Place of Birth:_____

7. Sex:_____ 8. Marital Status:_____

9. Citizenship: (If naturalized, give court and date)_____

_____

B. EDUCATION

1. Graduate Degree:_____

2. Baccalaureate Degree:_____

3. USCG License Held: (Include route, tonnage, any limitations): _____

_____

C. EXPERIENCE (attach resume if available)

1. Number of Days Operating Vessels
   a) Charleston Harbor, below bridges _____
   b) Cooper River, above bridges _____
   c) Wando River _____
   d) Offshore, beyond jetties _____

2. Vessel Size: (Include only those with over 10 trips)

Name/State No.	LOA (ft)	Gross Tons	Route

3. Other Employment

Name of Firm	Type of Work	Months Employed

D. NEXT OF KIN

Name	Address	Telephone	Relationship

E. CHARACTER REFERENCES

Name	Address	Telephone	Occupation

I have read and understand the applicable State Regulations (Parts 136-010 through 136-016) provided to me relating to apprentice selection, training and qualification. I do hereby certify that the information provided above and within this application is true and correct to the best of my knowledge and belief. Further, I do authorize the release of this information to the Charleston Branch Pilots' Association.

Signature of Applicant _____ Date _____

****

F. CERTIFICATIONS

The following forms and documents shall be submitted by the applicant as a part of this application in order for this application to be considered complete:

1. Copy of valid South Carolina drivers license
2. Complete report of physical examination
3. Notarized affidavit of good character
4. Copy of birth certificate or other approved citizenship document (see attached list).
5. Notarized copy of marine license (if appropriate).
6. Notarized copy of college or other appropriate academic transcript.
7. Affidavit of ability to swim
8. Two (2) standard passport photographs.

Letters of recommendation are not required, but may be submitted directly to the Commissioners if desired by the applicant. Applicant may submit additional documentation relating to maritime experience.

COMMISSIONERS OF PILOTAGE
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DOCUMENTS ACCEPTABLE FOR PROOF OF U.S. CITIZENSHIP

1. A Birth Certificate indicating that the individual was born in the United States

2. A U.S. Passport

3 A Certificate of Naturalization if the individual claims citizenship by naturalization

4. Forms FS-240, FS-545 or DS-1350, "Report of Birth Abroad of a Citizen of the United States of America"

5. A Certificate of Citizenship if U.S. citizenship was acquired by birth to U.S. citizens while abroad

6. Secondary evidence

   A. If primary evidence of U.S. citizenship is not obtainable, then the best available secondary evidence showing that the individual was born in the United States is required.
   B. Such evidence may include a combination of at least two of the following:

      1) A baptismal certificate
      2) A hospital birth record
      3) Evidence from persons having personal knowledge of the facts of birth
      4) U.S. Military records
      5) Early census
      6) School records
      7) Family Bible
      8) Insurance papers
      9) Newspaper files

   C. Secondary evidence must be adequate to support a "good faith" determination that the individual is in fact a U.S. citizen.

   D. Secondary evidence submitted as proof of birth in the U.S. Shall be original or certified documents. Non-certified copies are not acceptable.

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PILOT APPRENTICESHIP
AFFIDAVIT OF GOOD CHARACTER

I do solemnly swear (or affirm) that I have not been convicted by any court, including military court, for any offense or violation of law other than minor traffic violations, except as stated below. Minor traffic violations are listed separately.

Further, I do solemnly swear (or affirm) that I am not now, nor have I ever been physiologically or psychologically addicted to the use of alcohol, narcotics, or other controlled substances, and that I have never used nor been treated for halucinogenic drugs or non-medically controlled narcotics, except as stated below.

Exceptions to court convictions (other than minor traffic violations) and drug use and/or addictions:

Traffic convictions; include approximate date, violation, and points awarded:

_____ _____ _____
Type/Print Name Signature of Applicant Date

Type/Print Name and Address of Witness: Notary Seal:

_____

_____

_____

_____
Signature of Witness

COMMISSIONERS OF PILOTAGE
FOR THE PORT OF CHARLESTON
CHARLESTON, SOUTH CAROLINA

SWIMMING QUALIFICATIONS

I hereby certify that I am prepared to demonstrate my ability to swim unassisted for a distance of not less than 100 meters and to stay afloat unassisted for a period of not less than 10 minutes.

_____ _____

Signature of Applicant Date

COMMISSIONERS OF PILOTAGE
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CHARLESTON, SOUTH CAROLINA

Report of Physical Examination

INFORMATION AND INSTRUCTIONS

All apprenticeship applicants must satisfy the applicable Federal Regulations in 46 CFR 10.201 through 46 CFR 10.233, and must also meet the Entry Level Physical Examination Standards of the Seafarers' Health Improvement Program (SHIP).

Apprentice bar pilots at Charleston, SC, must be in such physical condition that they can safely and nimbly embark or disembark merchant ships to or from the pilot vessels, by ascending or descending vertical rope "Jacob's ladders" located on the sides of the merchant ships, while both the ships and pilot vessels maneuver in a seaway. This activity also requires jumping between these ladders and the decks of the pilot vessels. The pilot station at Charleston is about twelve miles seaward of the headlands in the open waters of the Atlantic Ocean. Pilot operations are conducted in an all-weather, 24 hour-a-day environment. Good physical conditioning, high levels of stamina, excellent vision, sound cardio-vascular and musculoskeletal systems, and good general health are prerequisites for such a physically demanding career. Thus, the Commissioners have adopted SHIP as a proper standard for physical qualification, per Section 54-15-100 of the 1976 South Carolina Code, as amended.

Every applicant shall complete the Report of Medical History form and present it to a licensed physician of his or her choice and, then, undergo a complete physical examination. This Report of Physical Examination form shall then be completed and signed by a licensed physician. Both Reports shall be submitted to the Commissioners along with the application for apprenticeship. Failure to meet SHIP standards will result in a determination of ineligibility and a denial of the apprentice application. All expenses incident to this physical qualification will be borne by the applicant.

The Commissioners thank each examining physician for his or her assistance and cooperation.

Examining Physician's Identification Information
(Please type or print)

Physician's Name: _____

Physician's Address: _____

_____

Physician's Medical License No.: _____

Report of Physical Examination

Name: _____ DOB: _____

Height: _____ Weight: _____ Color Hair: _____

Color Eyes: _____ BP: _____ PR: _____

Identifying Marks: _____

Clinical Evaluation

Normal	ITEM	Abnormal (You may use add'l sheet)
	Eyes	
	Ears	
	Nose	
	Throat	
	Teeth	
	Neck	
	Thyroid	
	Breasts	
	Heart	
	Lungs	
	Abdomen	
	Genitals	
	Rectal	
	Arms	
	Legs	
	Skin	
	Neuro	
	Pulses	
	Joints	
	Gait	
	Psychiatric	

(continued on Page 3)

Name: _____

Clinical Evaluation (Continued)

VARICOSITIES: None

1° 2° 3° 4°

HERNIA: ☐ No ☐ Yes _____

BACK: ☐ Normal ☐ Abnormal _____

HEMOCCULT OF STOOL:

☐ Positive ☐ Negative

SPIROMETRY: (or attach results)

FEV: _____ FVC: _____

DEFECTS: Correctable _____

Uncorrectable _____

POSITIVE FINDINGS: _____

PHYSICAL STATUS:

☐ Excellent

☐ Good

☐ Fair

☐ Unacceptable

☐ Pending Further Study

_____ _____

Signature of Examining Physician Date

Report of Physical Examination

Name: _____

Urinalysis

ROUTINE		MICROSCOPIC	
Specific Gravity	_____	WBC's	_____
pH	_____	RBC's	_____
Albumin	_____	EPI	_____
Glucose	_____	Crystals	_____
Heme-	_____	Bacteria	_____
		Mucus	_____
		Miscellaneous	_____

ADDITIONAL: (Insert results here or attach lab reports)

CBC with diff. _____

RPR with titer
(if positive) _____

MULTICHEMICAL PROFILE (fasting)

Name: _____

ELECTROCARDIOGRAM

Attach copy if any abnormality is present that might indicate NEED for exercise stress testing to evaluate cardiac fitness.

( ) WITHIN NORMAL LIMITS

( ) Normal Sinus Rhythm
( ) Sinus Arrhythmia
( ) Sinus Tachycardia
( ) Sinus Bradycardia
( ) Sinus Arrest
( ) Sino - Atrial Block

( ) Supraventricular Tachycardia

( ) Atrial Premature Systoles
( ) Multiple Atrial Premature Systoles
( ) Multifocal Atrial Premature Systoles
( ) Atrial Fibrillation
( ) Atrial Flutter

( ) Junctional Escape
( ) Junctional Premature Systoles
( ) Junctional Rhythm

( ) Ventricular Premature Systoles
( ) Multiple Vent. Prem. Systoles
( ) Multifocal Vent. Prem. Systoles
( ) Ventricular Parasystole
( ) Ventricular Tachycardia
( ) Ventricular Arrhythmia

( ) Qrs 0.10 Sec.
( ) Qrs 0.12 Sec.

( ) Pr < 0.10 Sec.
( ) Pr > 0.20 Sec.
( ) A-V Dissociation
( ) 1° A-V Block
( ) 2° A-V Block
( ) Mobitz I
( ) Mobitz II
( ) Advanced A-V Block
( ) 3° A-V Block

( ) Unusual Rhythm

( ) Accelerated Conduction
( ) Left Anterior Fascicle Block
( ) Left Posterior Fascicle Block
( ) Left Bundle Branch Block
( ) Focal Right Sided Block
( ) Right Bundle Branch Block
( ) Bifascicular Block
( ) Tri-Fascicular Block
( ) Peri-Infarction Block

( ) Left Ventricular Hypertrophy
( ) " " Strain
( ) " " Hyp & Strain
( ) Right " Hypertrophy
( ) " " Strain
( ) " " Hyp & Strain
( ) Combined Heart Strain
( ) Acute Cor Pulmonale
( ) Chronic Cor Pulmonale

( ) Acute Infarction
( ) Infarction ? Recent

( ) Antero-Septal Infarction New
( ) " " " Old
( ) Anterior " New
( ) " " Old
( ) Antero-Lateral " New
( ) " " " Old
( ) Inferior " New
( ) " " Old
( ) Infero-Lateral " New
( ) " " " Old
( ) Infero-Dorsal " New
( ) " " " Old
( ) Dorsal " New
( ) " " Old
( ) Subendocardial "
( ) Non-Transmural "
( ) Multiple "

( ) ? Ischemic T Abnormality
( ) Non-Specific T Abnormality
( ) " " ST "
( ) " " ST-T "
( ) " " QRS "
( ) Drug Effect Digitalis
( ) " " Non-Specific
( ) " " _____
( ) Electrolyte Effect

( ) Abnormal P Wave

( ) Dextrocardia
( ) Congenital Heart Disease
( ) Ventricular Aneurysm
( ) Unusual Lesion

( ) Record: Stable
( ) Significant Change

( ) Repeat: Technically Unsat.
Lead Misplacement
? Standardization
Base Line Poor
Artefact
( ) Repeat: With Deep Insp. III/F
3 Min Rhythm Strip
5 Min " "
10 Min " "
With V_3R

( ) Repeat: ASAP
1 - 3 Weeks

Interpreted By _____

Name: _____

CHEST X-RAY: PA (back to front). (Attach copy of report or check appropriate statements below.)

( ) NO SIGNIFICANT ABNORMALITIES NOTED

DESCRIPTIVE STATEMENTS

RIBS/CLAVICLES	VERTEBRAE	LUNG FIELDS	PLEURA/DIAPHRAGMS	MEDIASTINUM
( ) Destructive Lesion	( ) Destructive Lesion	( ) Capping	( ) Surgical Lesion	( ) Widened
( ) Productive Lesion	( ) Productive Lesion	( ) Calcification	( ) Thickened	( ) Mass Lesion
( ) Mixed Lesion	( ) Mixed Lesion	( ) Infiltrate	( ) Calcified	( ) Distorted
( ) Anomalous	( ) Anomalous	( ) Bleb Information	( ) Air/Fluid	( ) Hilus Abnormal
( ) Old Fracture(s)	( ) Collapse	( ) Hyperaeration	( ) Obscured/Obliterated	( ) Hilus Calcified
( ) Recent Fracture(s)	( ) Hypertrophic Change	( ) Cavitation	( ) Tented	( ) Aorta Calcified
( ) Demineralization	( ) Demineralization	( ) Atelectasis	( ) Elevated	( ) Aorta Narrow
( ) Surgical Lesion	( ) Surgical Lesion	( ) Fleischer's Lines	( ) Depressed	( ) Aorta Wide
				( ) Aorta Uncoiled
				( ) Aorta Aneurysmal
				( ) Pulmonary Artery Abn.
				( ) Free Air Present

DIAGNOSTIC STATEMENTS

HEART	BONY STRUCTURES	LUNG FIELDS	TUBERCULOSIS	
( ) Small	( ) Scoliosis	( ) Emphysema	( ) Ghon Complex	( ) Film - Unchanged
( ) Borderline	( ) Kyphosis	( ) Fibrosis	( ) Minimal	Significant Change
( ) Enlarged	( ) Osteoarthritis	( ) Emphysema/Fibrosis	( ) Moderate	Technically Unsat.
( ) Grossly Enlarged	( ) Bridging	( ) Fibronodular Disease	( ) Advanced	( ) Repeat: P - A
( ) Enlarged Left Atrium	( ) Bamboo Spine	( ) Pneumonitis	( ) Cavitation	A - P
( ) Enlarged Left Ventricle	( ) Spondylitis	( ) Bronchiectasis	( ) Miliary	Rt Lt Lateral
( ) Concentric Hypertrophy	( ) Osteoporosis	( ) Bullous Disease	( ) Stable	Rt Lt Oblique
( ) Mitral Configuration	( ) Osteomalacia	( ) Coin Lesion	( ) Unstable _____	Apical Lordotic
( ) Congenital Configuration	( ) Pagets Disease	( ) Mass Lesion	( ) Eventration Diaphragm	Hard/Soft Tech.
( ) Ventricular Aneurysm	( ) Primary Neoplasm	( ) Abcess/Empyema	( ) Diaphragmatic Hernia	Deep Insp.
( ) Pericardial Fluid	( ) Metastatic Disease	( ) Boecks Sarcoid	( ) Pleural Effusion	Rib Films
( ) Dextrocardia	( ) Unusual Lesion	( ) Foreign Bodies	( ) Pneumothorax	# Films _____

Interpreted By _____

Name: _____

EYE SCREENING

ACUITY	DISTANCE UNCORR	DISTANCE CORR	NEAR UNCORR	NEAR CORR
O.D.	/	/	J-	J-
O.S.	/	/	J-	J-
O.U.	/	/	J-	J-

BVE _____ %

TONOMETRY: NCT

O.D.

O.S.

COLOR SENSE: Normal ☐

Test Given: Deficient ___

_____ Absent ☐

COLOR SENSE: Color sense must be determined to be satisfactory when tested by any one of the following methods, without the use of color sensing lenses:

1. Pseudoisochromatic Plates (Dvorine, 2nd Edition; AOC, revised edition or AOC-HRR; Ishihara 16-, 24-, or 38 plate editions).
2. Eldridge - Green Color Perception Lantern.
3. Farnsworth Lantern.
4. Keystone Orthoscope.
5. Keystone Telebinocular.
6. SAMCTT (School of Aviation Medicine Color Threshold Tester).
7. Titmus Optical Vision Tester.
8. Williams Lantern.

HEARING SCREENING

Normal ☐

Not Normal ☐*

* Over 30 Db loss in either ear requires special evaluation.

Audiometer (Impaired Hearing)

Hz	500	1000	2000	3000	4000
L					
R					

Auditory Canals: Normal ☐

Not Normal ☐

COMMISSIONERS OF PILOTAGE
FOR THE PORT OF CHARLESTON
CHARLESTON, SOUTH CAROLINA

PILOTAGE APPRENTICESHIP

RELEASE OF MEDICAL INFORMATION

Name of Applicant:_____

I hereby authorize the release of any medical information pertaining to my general health, as well as the results of any ophthalmologist's examination to the Charleston Branch Pilots' Association and to the Commissioners of Pilotage for the Port of Charleston.

_____ _____

Signature Date

STANDARD FORM 93
REV. OCTOBER 1974
PRESCRIBED BY GSA/ICMR
FIRMR (41 CFR) 201-45.505

APPROVED
OFFICE OF MANAGEMENT AND BUDGET No. 29-R0191

REPORT OF MEDICAL HISTORY

(THIS INFORMATION IS FOR OFFICIAL AND MEDICALLY-CONFIDENTIAL USE ONLY AND WILL NOT BE RELEASED TO UNAUTHORIZED PERSONS)

1. LAST NAME—FIRST NAME—MIDDLE NAME		2. SOCIAL SECURITY OR IDENTIFICATION NO.
3. HOME ADDRESS *(No. street or RFD, city or town, State, and ZIP CODE)*		4. POSITION *(title, grade, component)*
5. PURPOSE OF EXAMINATION	6. DATE OF EXAMINATION	7. EXAMINING FACILITY OR EXAMINER, AND ADDRESS *(Include ZIP Code)*

8. STATEMENT OF EXAMINEE'S PRESENT HEALTH AND MEDICATIONS CURRENTLY USED *(Follow by description of past history, if complaint exists)*

9. HAVE YOU EVER *(Please check each item)*

YES	NO	*(Check each item)*
		Lived with anyone who had tuberculosis
		Coughed up blood
		Bled excessively after injury or tooth extraction
		Attempted suicide
		Been a sleepwalker

10. DO YOU *(Please check each item)*

YES	NO	*(Check each item)*
		Wear glasses or contact lenses
		Have vision in both eyes
		Wear a hearing aid
		Stutter or stammer habitually
		Wear a brace or back support

11. HAVE YOU EVER HAD OR HAVE YOU NOW *(Please check at left of each item)*

YES	NO	DON'T KNOW	*(Check each item)*	YES	NO	DON'T KNOW	*(Check each item)*	YES	NO	DON'T KNOW	*(Check each item)*
			Scarlet fever, erysipelas				Cramps in your legs				"Trick" or locked knee
			Rheumatic fever				Frequent indigestion				Foot trouble
			Swollen or painful joints				Stomach, liver, or intestinal trouble				Neuritis
			Frequent or severe headache				Gall bladder trouble or gallstones				Paralysis (include infantile)
			Dizziness or fainting spells				Jaundice or hepatitis				Epilepsy or fits
			Eye trouble				Adverse reaction to serum, drug, or medicine				Car, train, sea or air sickness
			Ear, nose, or throat trouble								Frequent trouble sleeping
			Hearing loss				Broken bones				Depression or excessive worry
			Chronic or frequent colds				Tumor, growth, cyst, cancer				Loss of memory or amnesia
			Severe tooth or gum trouble				Rupture/hernia				Nervous trouble of any sort
			Sinusitis				Piles or rectal disease				Periods of unconsciousness
			Hay Fever				Frequent or painful urination				
			Head injury				Bed wetting since age 12				
			Skin diseases				Kidney stone or blood in urine				
			Thyroid trouble				Sugar or albumin in urine				
			Tuberculosis				VD—Syphilis, gonorrhea, etc.				
			Asthma				Recent gain or loss of weight				
			Shortness of breath				Arthritis, Rheumatism, or Bursitis				
			Pain or pressure in chest				Bone, joint or other deformity				
			Chronic cough				Lameness				
			Palpitation or pounding heart				Loss of finger or toe				
			Heart trouble				Painful or "trick" shoulder or elbow				
			High or low blood pressure				Recurrent back pain				

12. FEMALES ONLY: HAVE YOU EVER

			Been treated for a female disorder
			Had a change in menstrual pattern

13. WHAT IS YOUR USUAL OCCUPATION?

14. ARE YOU *(Check one)*

☐ Right handed ☐ Left handed

93-103

DO YOU SMOKE? HOW MANY?

YES	NO	CHECK EACH ITEM YES OR NO. EVERY ITEM CHECKED YES MUST BE FULLY EXPLAINED IN BLANK SPACE ON RIGHT	
		15. Have you been refused employment or been unable to hold a job or stay in school because of: A. Sensitivity to chemicals, dust, sunlight, etc.	
		B. Inability to perform certain motions.	
		C. Inability to assume certain positions.	
		D. Other medical reasons *(If yes, give reasons.)*	
		16. Have you ever been treated for a mental condition? *(If yes, specify when, where, and give details).*	
		17. Have you ever been denied life insurance? *(If yes, state reason and give details.)*	
		18. Have you had, or have you been advised to have, any operations? *(If yes, describe and give age at which occurred.)*	
		19. Have you ever been a patient in any type of hospitals? *(If yes, specify when, where, why, and name of doctor and complete address of hospital.)*	
		20. Have you ever had any illness or injury other than those already noted? *(If yes, specify when, where, and give details.)*	
		21. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? *(If yes, give complete address of doctor, hospital, clinic, and details.)*	
		22. Have you ever been rejected for military service because of physical, mental, or other reasons? *(If yes, give date and reason for rejection.)*	
		23. Have you ever been discharged from military service because of physical, mental, or other reasons? *(If yes, give date, reason, and type of discharge: whether honorable, other than honorable, for unfitness or unsuitability.)*	
		24. Have you ever received, is there pending, or have you applied for pension or compensation for existing disability? *(If yes, specify what kind, granted by whom, and what amount, when, why.)*	

I certify that I have reviewed the foregoing information supplied by me and that it is true and complete to the best of my knowledge.
I authorize any of the doctors, hospitals, or clinics mentioned above to furnish the Government a complete transcript of my medical record for purposes of processing my application for this employment or service.

TYPED OR PRINTED NAME OF EXAMINEE	SIGNATURE

NOTE: HAND TO THE DOCTOR OR NURSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL OFFICER ONLY."

25. Physician's summary and elaboration of all pertinent data *(Physician shall comment on all positive answers in items 9 through 24. Physician may develop by interview any additional medical history he deems important, and record any significant findings here.)*

TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER	DATE	SIGNATURE	NUMBER OF ATTACHED SHEETS