



State Pilot License Annual Medical Fitness Attestation

Applicant Information

Name: _____

Address: _____ City: _____

State _____ Zip Code: _____

Background

The Coast Guard issued a final rule in November 2022 to extend the maximum validity period of merchant mariner medical certificates issued to first-class pilots from 2 years to 5 years. The rule reduced the frequency of medical certificate application submissions to the Coast Guard. **The rule maintains the requirement for pilots to complete annual physicals** and provides the Coast Guard an opportunity to review the medical examinations of pilots who may become medically unqualified between medical certificate applications.

Each pilot **MUST** annually complete a physical examination, including a hearing and visual assessment by a licensed Medical Doctor. The physical examination must be documented on Form CG-719K or must document all of the fields covered on Form CG-719K. While the pilot need only submit Form CG-719K to the Coast Guard every 5 years, an annual documented examination must be completed and provided to the Coast Guard on request.

The Maine Pilotage Commission does not require to review the annual physical examination but requires an attestation of its completion and fitness for service each year.

A Federal pilot's license becomes invalid if a physical examination is not completed within 1 year of the previous examination. A Federal pilot license is a prerequisite to maintaining a Maine State pilot license, therefore, the Maine Pilotage Commission requires an annual attestation (in lieu of a full Form CG-719K) that physical examinations are completed by a licensed Medical Doctor and each pilot's health and physical capacity is suitable for continued service as a pilot. If the pilot knowingly has become medically unqualified, he/she must notify the Pilotage Commission immediately.

Attestation

I attest that I completed a physical examination on _____ including a hearing and visual evaluation, by a licensed **medical doctor**. The scope of my physical examination met or exceeded the evaluation elements captured on Form CG-719K. The results of my physical resulted in the doctor certifying my condition to be FIT FOR SERVICE as a pilot.

I hereby certify, swear, and/or affirm that this attestation contains no willful misrepresentation or falsification and that the information provided by me is true and complete to the best of my knowledge and belief. I understand that the information provided might be verified and that I may be declared ineligible for a license if the information contained herein, and provided by me, upon investigation, is found to be misrepresented or falsified.

Pilot Signature _____ Date of Attestation: _____

Printed Name _____