Department for Planning and Infrastructure
Government of Western Australia

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

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) *(address)*

_____

Work Telephone _____ , being a registered Optometrist or Medical Practitioner 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 or Medical Practitioner, 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)

Department for Planning and Infrastructure

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 for the Western Australian Recreational Skipper's Ticket

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 physical or mental disability that could affect your ability to operate a motor vessel safely. ☐ Yes ☐ No

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 *(if applicable)*

I _____ being a registered

Medical Practitioner, declare that as a result of my examination and statements made by the above named patient,

I am of the opinion that _____ is mentally and physically

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

Name of Medical Practitioner:_____

Contact Number:_____ Signature: _____Date: _____