

**WAC 363-116-120 Job description—Physical examination—Health requirements.** (1) A Washington state licensed marine pilot, under the authority of the master, directs ships into and out of harbors, estuaries, straits, sounds, rivers, lakes, and bays using a specialized knowledge of local conditions including winds, weather, tides, and current: Orders officers and helmsman by giving course and speed changes and navigates ship to avoid conflicting marine traffic, congested fishing fleets, reefs, outlying shoals and other hazards to shipping; utilizes aids to navigation, such as lighthouses and buoys. Utilizes ship's bridge equipment, including radar, fathometer, speed log, gyro, magnetic compass, whistle or horn and other navigational equipment as needed. Required to use ship's radio equipment in contacting United States Coast Guard vessel traffic system and other ships while ship is in transit. Directs ship's officers, crewmen, and tug boat captains as necessary, when ships are transiting bridges, narrow waterways, anchoring, docking, and undocking. Must perform duties day or night in all weather conditions, including high winds, fog, mist, rainfall, falling snow and other adverse conditions, as encountered. In order to safely perform the foregoing duties, a Washington state licensed marine pilot shall:

- (a) Be physically qualified to possess a U.S. Coast Guard master's license, as required by the state of Washington.
- (b) Be capable of boarding a vessel from and leaving a vessel into a pilot boat via a Jacob's ladder and a gangway. A Jacob's ladder involves a vertical climb or descent of up to nine meters and requires both physical energy and mental judgment.
- (c) Be capable of moving to a more desirable vantage point in a timely manner, so as to avoid a close quarters situation when the physical characteristics of the ship or cargo obstruct the pilot's field of vision.
- (d) Be able to meet the necessary eyesight and hearing requirements to carry out marine pilotage duties.
- (e) Have mental reflexes capable of allowing decisions to be made without delay. This is imperative in all aspects of ship handling.
- (f) Be capable of withstanding mental stresses which may occur with a vessel in lowered visibility, in a close quarters situation or when docking or undocking.
- (g) Be capable of working efficiently and effectively at any time of the day or night, including irregular and unscheduled hours, after sufficient rest.
- (h) Possess mental maturity and show mental responsibility.

(2) In order to determine the physical fitness of persons to serve as licensed pilots under the provisions of the pilotage act, all licensed pilots and pilot applicants shall be required to pass a general physical examination annually within ninety days prior to the date their annual state pilot license fee is due. As used in this section pilot refers to licensed pilots, including pilots seeking to renew their state licenses, and pilot applicant refers to both pilot license applicants who have completed the board training program but do not yet have a pilot license and to training license applicants. The physical examination required of all pilots and initial pilot applicants shall demonstrate that he/she is fully able to carry out the duties of a pilot. The examination shall assure that one's abilities as a pilot will not be impaired by eyesight, hearing or other bodily function. As part of this examination pilots and pilot applicants shall have completed on a form provided by the board a detailed report

of physical examination. Each pilot is required to report on the form any convictions of offenses involving drugs or the personal consumption of alcohol which occurred while on duty within the prior twelve months. Pilot applicants for a license must report on the form any and all convictions of offenses involving drugs or the personal consumption of alcohol which occurred within the twelve months prior to the date of their application. This form shall be prepared by the examining physician and shall be submitted to the board along with a letter stating his/her findings/recommendations as to the ability of the pilot or pilot applicant to safely perform the pilotage duties based on the job description for a Washington state licensed marine pilot and the standards set forth below. The examining physician should review these standards and review the job description in subsection (1) of this section before making findings/recommendations as to the medical fitness of the pilot applicant. A medical/occupational history form will be completed and signed by the initial pilot applicant for review by the physician prior to the initial examination. The board may in its discretion check with the appropriate authorities for any convictions of offenses involving drugs or the personal consumption of alcohol in the prior twelve months. The detailed report of physical examination is a confidential record and will not be available for public inspection. Such examination shall be obtained at the expense of the licensed pilot or pilot applicant from a physician or physicians designated in advance by the board. The secretary of the board shall give each pilot or pilot applicant reasonable written notice of the date when any such physical examination becomes due and shall specify the name of the physicians then approved by the board to conduct such physical examination.

(3) Based upon the findings/recommendations of the examining physician and review by the board, the board will make the determination as to the pilot applicant's or pilot's fitness to perform the duties of a pilot. This determination will be made within ninety days after each annual physical examination.

(4) The purpose of the history and physical examination is to detect the presence of physical, mental, or organic defects of such character and extent as to affect an individual's ability to pilot a vessel safely. The examination will be made carefully and at least as complete as indicated by the form provided by the board. History of certain defects may be cause for rejection of the initial pilot applicant or indicate the need for making certain laboratory tests or a further and more stringent examination. Defects may be recorded which do not, because of their character or degree, indicate that certification of physical fitness should be denied. However, these defects should be discussed with the pilot applicant or pilot who should be advised to take the necessary steps to ensure correction, particularly of those which, if neglected, might lead to a condition likely to affect the ability to perform the duties of a pilot.

(5) The board has determined which physical conditions may be permanently disqualifying for initial pilot applicants as well as which conditions may be permanently disqualifying for renewal of a pilot license. Certain conditions are not necessarily disqualifying, for renewal of a pilot license only, when, based on the knowledge and experience of the examining physician these conditions can be managed medically and without threat to the pilot's ability to perform the duties of a pilot. An individual may be disqualified when, in the opinion of the examining physician, there is reasonable probability that a condition can occur suddenly and without warning which would render

the pilot applicant incapable of promptly responding, both mentally and physically to emergency situations. When certain conditions exist the medical examiner may recommend either:

(a) A permanent disqualification; or

(b) A temporary disqualification until which time the condition is either corrected or medically managed.

(6) Initial pilot applicants will be required to take a test indicating they are free of illegal substance abuse. Testing will be for the presence of cocaine, opiates, marijuana (THC), amphetamines and PCP (phencyclidine). Testing will be in accordance with the Department of Transportation (Coast Guard) guidelines outlined in the Federal Register 46 C.F.R. 4, 5, and 16. Urine specimens are to be analyzed by a laboratory that meets DHHS regulations set forth by the National Institute of Drug Abuse (NIDA).

Chain of custody forms and instructions for collection and transport to a NIDA approved laboratory can be obtained from:

Laboratory of Pathology  
Nordstrom Medical Tower  
P.O. Box 14950  
Seattle, WA 98114-0950  
206-386-2872

(7) The conditions in these standards are listed according to the International Classification of Diseases (ICD). Some categories may not apply to the standards set forth and therefore may be absent in some listings. However, all categories should be taken into consideration by the examining physician.

(a) Infectious and parasitic diseases.

(b) Neoplasms.

(c) Endocrine, nutritional, metabolic, and immunity disorders.

(d) Diseases of the blood and blood forming organs.

(e) Mental disorders.

(f) Diseases of the nervous system and sense organs.

(g) Diseases of the respiratory system.

(h) Diseases of the digestive system.

(i) Diseases of the genitourinary system.

(j) Complications of pregnancy, childbirth, and the puerperium.

(k) Diseases of the skin and subcutaneous tissues.

(l) Diseases of the musculoskeletal system and connective tissues.

(m) Congenital anomalies.

(n) Certain conditions originating in the perinatal period.

(o) Symptoms, signs, and other ill defined conditions.

(p) Injury and poisonings.

(8) The guidelines for recommended visual standards are based on the necessity of a pilot to be able to safely perform the duties of a pilot, including functioning under all emergency conditions aboard the vessel. Consideration must be given to the pilot's previously demonstrated ability to perform his/her pilotage duties.

(a) The visual acuity of a pilot applicant shall be at least 20/200 in each eye uncorrected and correctable to at least 20/40 in each eye as determined by Snellen test or its equivalent unless the pilot applicant qualifies for a waiver from the Officer in Charge, Marine Inspection, or the Commandant, U.S. Coast Guard.

(b) The initial pilot applicant should have normal color vision per pseudo isochromatic plates, Ishihara or Keystone test. If the initial pilot applicant fails this test, the Farnsworth or Williams Lan-

tern tests or their equivalent may be used to determine the initial pilot applicant's ability to distinguish primary colors.

(c) Loss of vision in one eye may not be disqualifying if one eye passes the test required for the better eye of the pilot applicant with binocular vision and the pilot applicant has had sufficient time to develop and demonstrate adequate judgment of distances.

(d) Pilot applicants who wear corrective lenses and meet the qualifications in (a) of this subsection are medically fit to carry out pilotage duties only while wearing their corrective lenses and if they have with them, while on duty, a spare pair of correcting lenses that provide at least the same visual acuity.

(9) Baseline audiograms shall be performed on all entry level pilot applicants. All licensed pilots will be tested annually, with the first audiogram considered baseline. Each ear will be tested separately using properly calibrated equipment which meets ANSI (American National Standards Institute) standards criteria for background noise in audiometric rooms. Testing should not be performed unless the pilot applicant has been free of work noise or intense noise for a period of at least fourteen hours prior to testing. Should the pilot applicant have a current condition which can cause a temporary hearing loss, such as a cold, the pilot applicant should be rescheduled for testing in two weeks, or until such condition is resolved. Testing will be performed by a licensed audiologist, otolaryngologist, physician with sufficient training in conducting and interpreting audiograms, or a technician who is currently certified by the Council for Accreditation in Occupational Hearing Conservation (CAOHC).

(a) A baseline audiogram is required on all initial pilot applicants. The first audiogram performed on a currently licensed pilot shall be considered the baseline audiogram.

(b) Pilot applicants having hearing threshold levels that do not exceed 40 dB at frequencies of 500, 1000, 2000, 3000 Hz in either ear are considered to have normal hearing for communication purposes.

(c) Annual audiograms will be performed thereafter for the purposes of comparison to baseline. A significant threshold shift is defined as a change averaging more than 10 dB from baseline in the frequencies of 500, 1000, 2000, and 3000 Hz and requires further evaluation by a physician, otolaryngologist, or audiologist and preventive action taken on the part of the pilot.

(d) Mechanical acoustical devices (hearing aids) are not disqualifying but should not be worn in areas of high background noise levels in order to prevent further deterioration of his/her hearing.

(e) A pilot applicant must minimally be able to hear an average conversational voice in a quiet room while standing with his/her back turned at a distance of eight feet.

(10) Below is a list of conditions which can be absolutely disqualifying for initial licensure as a maritime pilot. The list of causes for disqualification is not all inclusive or intended to be complete, but represents the types of conditions that would interfere with the safe performance of pilotage duties. This guide is not intended to replace the physician's professional judgment. Rather, it calls for the physician and the board to closely examine whether the pilot applicant can safely perform the tasks outlined in the job description of a Washington state licensed marine pilot. The examining physician should also be aware that a second opinion concerning the diagnosis may be sought in cases of unfavorable determinations. A condition should only be considered disqualifying while such condition persists.

Following corrective medical action the pilot applicant should be encouraged to apply for reentry.

#### Conditions Which Can Be Absolutely Disqualifying For Initial Licensure

1. Infectious and parasitic diseases - Any communicable disease in its communicable or carrier stage.
2. Neoplasms - Malignant diseases of all kinds in any location.
3. Endocrine, nutritional, metabolic, and immunity disorders - Diabetes requiring insulin or hypoglycemic drugs; cirrhosis of the liver; alcohol abuse (unless abstinence for two years).
4. Diseases of the blood and blood forming organs - Hemophilia; acute or chronic significant anemias.
5. Mental disorders - Severe personality disorders; use of illegal drugs; dementia of Alzheimer's type, senility, psychosis.
6. Diseases of the nervous system and sense organs - Epilepsy or any convulsive disorder resulting in an altered state of consciousness, regardless of control; disturbance of balance; multiple sclerosis; Meniere's syndrome.
7. Diseases of the circulatory system - Multiple myocardial infarctions or cardiac class II or IV (NYHA); hypotension with syncopal episodes; varicose veins if associated with edema, skin ulceration or residual scars. Recurrent thromboembolic conditions.
8. Diseases of the respiratory system - Active pulmonary tuberculosis Class IV respiratory impairment; permanent tracheostomy.
9. Diseases of the genitourinary system - Chronic renal failure; permanent ureterostomy.
10. Complications of pregnancy, childbirth, and the puerperium - Pregnancy is not in itself disqualifying, if, in the opinion of the examining physician and the pilot applicant's obstetrician determine that the pilotage duties can be safely carried out without risk to the mother or fetus and without risk to the safety of the vessel, crew, and property.
11. Diseases of the skin and subcutaneous tissues - There are no absolute exclusions listed for diseases of the skin unless, in the opinion of the examining physician, a condition exists that would interfere with the performance of pilotage duties.
12. Diseases of the musculoskeletal system and connective tissues - Lupus erythematosus, disseminated; amputation of any portion of a limb, resection of a joint, artificial joint or absence of the toes which would preclude the ability to run, walk, balance oneself, grasp and climb ladder rungs; chronic low back pain that is disabling to the degree of interfering with job requirements.
13. Congenital anomalies - Any existing condition that, in the opinion of the examining physician, would interfere with the safe performance of pilotage duties.
14. Symptoms, signs, and other ill defined conditions - Serious degree of stuttering or speech impediment sufficient to interfere with communication; alcoholism; drug addiction, other than tobacco or caffeine.
15. Injury or poisonings - May be temporarily disqualifying until condition resolved without disabling sequelae.

(11) Below is a list of conditions which can be absolutely disqualifying for relicensure as a maritime pilot. The list of causes for disqualification is not all inclusive or intended to be complete, but represent the types of conditions that would interfere with the safe

performance of pilotage duties. This guide is not intended to replace the physician's professional judgment. Rather, it calls for the physician and the board to closely examine whether the pilot applicant can continue to safely perform the tasks outlined in the job description of a Washington state licensed marine pilot. The examining physician should also be aware that a second opinion concerning diagnosis may be sought in cases of unfavorable determinations.

#### Conditions Which Can Be Absolutely Disqualifying For Relicensure

1. Neoplasms - Malignancies with metastases.
2. Endocrine, nutritional, metabolic, and immunity disorders - Cirrhosis of the liver with hepatic failure.
3. Diseases of the blood and blood forming organs - Hemophilia; acute leukemia.
4. Mental disorders - Severe personality disorders; senility; dementia of Alzheimer's type psychosis.
5. Diseases of the nervous system and sense organs - Disturbance of balance, permanent and untreatable Meniere's syndrome.
6. Diseases of the circulatory system - Multiple myocardial infarctions or cardiac Class III or IV (NYHA); hypotension with syncopal episodes; varicose veins if associated with edema, skin ulceration or residual scars. Recurrent thromboembolic conditions.
7. Diseases of the respiratory system - Active pulmonary tuberculosis; Class IV respiratory impairment.
8. Diseases of the genitourinary system - Chronic renal failure; permanent ureterostomy.
9. Complications of pregnancy, childbirth, and puerperium - Pregnancy is not in itself disqualifying, if, in the opinion of the examining physician and the pilot applicant's obstetrician determine that the pilotage duties can be safely carried out without risk to the mother or fetus and without risk to the safety of the vessel, crew and property.
10. Diseases of the skin and subcutaneous tissues - There are no absolute exclusions for diseases of the skin unless, in the opinion of the examining physician, a condition exists that would interfere with the performance of pilotage duties.
11. Diseases of the musculoskeletal and connective system - Lupus erythematosus, disseminated; amputation of any portion of a limb, resection of a joint, artificial joint or absence of the toes which would preclude the ability to run, walk, balance oneself, grasp, and climb ladder rungs. Chronic low back pain that is disabling to the degree of interfering with job requirements.
12. Symptoms, signs, and other ill defined conditions - Serious degree of stuttering or speech impediment sufficient to interfere with communication; alcoholism; drug addiction, other than tobacco or caffeine. Current need to use methadone, antabuse, antidepressants, anti-anxiety drugs.
13. Injury or poisonings - May be temporarily disqualifying until condition resolved without disabling sequelae.

(12) Some conditions may develop during the course of employment that would be absolutely disqualifying for initial licensure. In evaluating the impact of such a condition on an existing pilot, the examining physician and the board should take into consideration the pilot's past experience, effectiveness of performance and predictability of his/her performance. The board may waive certain duties of a pilot

as outlined in the job description contained in subsection (1) of this section. The list of conditions requiring in-depth evaluation is not all inclusive or intended to be complete, but represent the types of conditions that might interfere with the safe performance of pilotage duties. The examining physician should also be aware that a second opinion concerning the diagnosis may be sought in cases of unfavorable determinations.

#### Conditions Requiring In-depth Evaluation

1. Neoplasms - Malignancies of any kind.
2. Endocrine, nutritional, metabolic, and immunity disorders - Diabetes requiring hypoglycemic drugs; cirrhosis of the liver.
3. Diseases of the blood and blood forming organs - Chronic leukemia.
4. Mental disorders - Anxiety reactions; depression.
5. Diseases of the nervous system and sense organs - Disturbance of balance; multiple sclerosis; epilepsy or any convulsive disorder resulting in an altered state of consciousness.
6. Diseases of the circulatory system - Uncontrolled hypertension; varicose veins; pacemaker, demand.
7. Diseases of the respiratory system - Respiratory impairment; permanent tracheostomy.
8. Diseases of the digestive system - Permanent colostomy; permanent ileostomy.
9. Complications of pregnancy, childbirth, and the puerperium - Pregnancy.
10. Diseases of the skin and subcutaneous tissues - Any skin disorders that, in the opinion of the examining physician, may interfere with the performance of pilotage duties.
11. Diseases of the musculoskeletal system and connective tissues - Lupus erythematosus, disseminated; artificial joints; chronic low back pain.
12. Injury or poisonings - May be temporarily disqualifying until condition resolved without disabling sequelae.
- (13) A pilot may be temporarily relieved of pilotage duties until such time as a disqualifying condition is resolved or medically managed and with frequent evaluation by the examining physician or specialist. In this case, the board, after consulting with the physician, will determine the frequency of medical examinations. A condition should only be considered disqualifying while such a condition persists. Following corrective medical action, the individual may be removed from temporary disqualification. Provided that, if a temporary disqualifying condition continues for longer than two years from the time the pilot is initially relieved of pilotage duties, the board, in its discretion and after a full review of all relevant factors, may make a determination that the condition is permanently disqualifying.

[Statutory Authority: Chapter 88.16 RCW and 2008 c 128. WSR 08-15-119, § 363-116-120, filed 7/21/08, effective 8/21/08. WSR 97-08-042, redefined as § 363-116-120, filed 3/28/97, effective 3/28/97. Statutory Authority: RCW 88.16.090(6) and 88.16.100(4). WSR 90-24-019, § 296-116-120, filed 11/28/90, effective 12/29/90. Statutory Authority: RCW 88.16.090(6). WSR 90-13-065, § 296-116-120, filed 6/18/90, effective 7/19/90. Statutory Authority: RCW 88.16.090. WSR 88-09-027 (Order 88-5, Resolution No. 88-5), § 296-116-120, filed 4/14/88; WSR 85-15-033 (Order 85-2, Resolution No. 85-2), § 296-116-120, filed 7/12/85. Statutory Authority: RCW 88.16.035 and 88.16.090(6). WSR

80-16-005 (Resolution No. 79-5), § 296-116-120, filed 10/23/80. Statutory Authority: RCW 88.16.035. WSR 79-11-063 (Order 79-5, Resolution No. 79-5), § 296-116-120, filed 10/18/79; Order 73-6, § 296-116-120, filed 5/11/73; Order 2-68, § 296-116-120, filed 11/1/68; § 12, effective 11/25/58.]