



State of Alaska  
Department of Transportation  
and Public Facilities

ALASKA MARINE HIGHWAY SYSTEM

**Physical Form**

*Revised: December 12, 2003*

As per 46 CFR 10.709 (a) (b), all individuals operating on a pilot license or endorsement aboard vessels of 1600 tons or more are required to obtain annual physicals. AMHS policy requires all licensed deck officers to hold unlimited licenses. Therefore, all AMHS licensed deck officers must fulfill the physical requirements for vessels greater than 1600 tons.

As per 46 CFR 10.709 (c), each physical must be conducted in accordance with 46 CFR 10.205 (d). Licensed Deck Officers will obtain an annual physical on form CG 719K. This form will be maintained by the employee.

As per 46 CFR 10.709 (d), a pilot license or endorsement becomes invalid if a physical is not obtained by the first of the month of the anniversary date of the previous physical.

At the time of the physical, the Licensed Deck Officer will submit this "Physical Form" to the licensed physician. The physician will verify that CG 719K was utilized for the physical and that the Licensed Deck Officer is in good health as per form CG 719K.

For reimbursement purposes, all AMHS Licensed Deck Officers must send receipted expenses as per IOMM&P Collective Bargaining Agreement rule 8.06 along with this completed form to the Port Captain's Office.

**Section 1. Employee Information**

- 1) Your name: \_\_\_\_\_  
2) Signature: \_\_\_\_\_

**Section 2: Required Physician Information**

**This is to certify that I have examined this Alaska Marine Highway Employee utilizing form CG – 719K. Considering the findings in this examination, and noting the physical demands that may be placed upon the applicant, I consider the applicant:**

**Competent**                       **Not Competent**                       **Needing further review**

**Employee Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Date of Physical:** \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yy)

**PLHCP INFORMATION:**

Signature: \_\_\_\_\_

Name: *(print/type)* \_\_\_\_\_

**PLHCP License Number:** \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_