

AMERICAN POWER BOAT ASSOCIATION
2701 Lake Myrtle Park Rd., Auburndale, FL 33823
Ph: 586-773-9700
INBOARD MEDICAL FORM Rev. 5/2020

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

Applicant: complete page 1 as applicable and sign; Medical Examiner: complete page 2, sign, and return to applicant. Applicant: when complete, make copy for reference, send original to APBA office.

ALLERGIES: _____

MEDICINES (current): _____

HOSPITALIZATIONS/SURGURIES: _____

SPECIAL CONDITIONS: check if applicable, add appropriate information

Corrective lenses: [] _____

Blood Pressure: [] _____

Heart trouble: [] _____

Fainting / Dizziness: [] _____

Headaches: [] _____

Diabetic: [] _____

Asthma: [] _____

Insect Sting: [] _____

Other (describe): [] _____

APPLICANT SIGNATURE: _____ **DATE:** _____

APPLICANT'S DECLARATION: I hereby certify all statements and answers provided by me in this examination form are true to the best of my knowledge, and I agree that they are considered part of the basis for issuance of any APBA certificate to me.

PHYSICAL EXAM

Medical Examiner: please fill out page 2 as applicable, sign and date, return to applicant.

Blood Pressure: ____/____ Comment: _____

Temperature: _____ Comment: _____

Heart: _____ Comment: _____

Breathing: _____ Comment: _____

Ear:
Canals: _____ Comment: _____

Drum perforation: ____ Comment: _____

Vision:
Corrective lenses: _____ Comment: _____

Pupil equality / reaction: ____ Comment: _____

Ocular mobility: _____ Comment: _____

Extremities
Range of motion: ____ Comment: _____

Reflex: _____ Comment: _____

General: _____ Comment: _____

Medical Examiner Signature: _____ Date: _____

Medical Examiner name / title (print): _____