

GUIDE OREGON

Motorized Passenger Boat Operator's Certification



Revised 2022

Manual & Study Guide

ATTENTION: OREGON OUTFITTER GUIDES

In 2013, Oregon legislators enacted statutes requiring the Oregon State Marine Board to develop rules and procedures for all Oregon Outfitter Guides and their employees who operate motorized boats in Oregon to pass a knowledge test, health screen and drug test. They required these rules to be in place by January 1, 2018. Since 2014, the Outfitter Guide Program at the Marine Board has drafted language, held workshops and public hearings, and enlisted input from sub-committees, the Guide Advisory Committee, and the public to develop these rules implementing the [Motorized Passenger Boat Operator's Certification \(MPBOC\)](#).

If ALL of the following statements are true, you are required to obtain the MPBOC:

- You are a registered Oregon Outfitter Guide or their employee.
- You operate a motorized boat while guiding.
- You carry paying passengers on waters deemed non-navigable by the USCG.
- You do not have a US Coast Guard Merchant Mariner Credential (OUPV or 6-pack license).

This certification consists of three separate units – a Knowledge test, Health Screening, and Drug Screening. Documentation of successful completion of each unit is required before the Motorized Passenger Boat Operator's Certification will be granted and processing of your Outfitter Guide registration can be completed. This manual has been designed to answer your questions, provide the study material, and provide sample forms to help you through the process.

Knowledge Test –

- Successful completion of the test is required every 5 years.
- Testing material is contained in this manual and the Boat Oregon – Classroom Course manual.
- Testing is online or at the OSMB offices in Salem. Call to request a online link or testing date/time.
- The Marine Board will record and keep on file proof of successful completion of the test.

Health Screening –

- A physical exam with a registered medical professional is required every 5 years, or sooner dependent upon your physician's determination.
- The exam must be performed according to DOT standards.
- A passing certificate must be issued.

Drug Screening –

- A pre-employment screening from an approved facility is required initially.
- Proof of participation in a drug consortium's random testing is required.

You may be exempted from this requirement if you:

- No longer operate a motorized boat in your guide business,
- Are issued a current US Coast Guard Merchant Mariner Credential (federal requirements will then apply),
or
- Do not renew your Outfitter Guide registration.

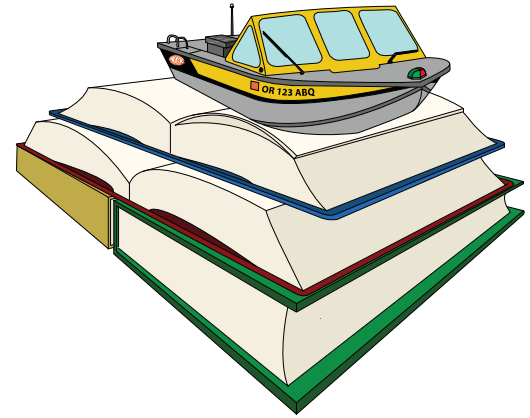
Please let us know if you have questions regarding this process. The Guide desk hopes to make the process as straight-forward as possible.

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KNOWLEDGE EXAMINATION

The Motorized Passenger Boat Operator's Certification (MPBOC) is now required for all Outfitters and Guides in Oregon who operate a motorized vessel carrying passengers for hire on non-navigable waterways, and who do not possess a valid US Coast Guard Merchant Mariner Credential. In order to apply for the MPBOC, you are required to pass a Knowledge Examination provided by the Marine Board (OSMB).



Step One – Study the Material

The Knowledge Examination is based on the following information:

- Current Oregon Outfitter and Guide Statutes (ORS 704) and Rules (OAR 250-016).
- Current Oregon Boating Rules and Regulations

The information regarding Outfitters and Guides can be found in this manual. The information regarding current Oregon boating rules and regulations can be found in "Boat Oregon - Classroom Course Manual" (Revised 2017) where test material will be limited to general boating safety rules and regulations, and inland motorized boat operation. Both manuals can be viewed on the Guides & Charters page at <https://www.oregon.gov/osmb/Pages/Guides-Charters.aspx>.

Step Two – Take the Test

Testing is done online through a SurveyMonkey link. The test can also be taken at the OSMB offices in Salem. The test will:

- Consist of 50 multiple choice questions.
- Require a passing score of 75 percent.
- Require a waiting period of at least 30 days after a failing grade before retaking the exam.

You will be notified of your score upon completion of the test. OSMB will record and keep on file proof of a successful completion, valid for 5 years.

Step Three – Submit the Application

Upon receipt of a passing score, you may apply for your MPBOC designation and/or Outfitter Guide registration or renewal. Note: You are responsible for retaking your knowledge examination before its expiration.

For complete versions of Oregon boating and guide statutes and rules, go to https://www.oregonlegislature.gov/bills_laws/ors/ for Chapter 704 and 830 and <https://secure.sos.state.or.us/oard/displayChapterRules.action?selectedChapter=154>

GENERAL DEFINITIONS

FOR FULL DEFINITIONS, PLEASE REFERENCE OREGON REVISED STATUTES AND OREGON ADMINISTRATIVE RULES

Board means the Oregon State Marine Board.

Boat means every description of watercraft, including a seaplane on the water and not in flight, used or capable of being used as a means of transportation on the water, but does not include boathouses, floating homes, air mattresses, beach and water toys or single inner tubes.

Boating offense means violation of any provision of law that is made a crime or violation under the provisions of this chapter.

Boat Livery or Boat Rental Business means a person, persons, or a business establishment engaged in renting or chartering out boats to another person for profit.

Charter boat means a motorized inspected boat used to carry seven or more passengers for hire for angling, sightseeing or other recreational purposes.

Decal is an identifying registration sticker or fabric tag visibly displayed on a vessel, vehicle, pack or other equipment.

Employee means an individual who, in exchange for compensation or monetary gain, provides outfitting and guiding services under the direction, supervision and control of an Outfitter and Guide.

Inland charter boat means a motorized vessel in the business of carrying 7 or more passengers for hire for angling, sightseeing or other recreational purposes solely on state or non-navigable waters.

Motorboat means any boat propelled in whole or in part by machinery, including boats temporarily equipped with detachable motors.

Navigable waters of the United States means those waters of the United States, including the adjacent ocean, that the US Coast Guard has determined to be navigable. See the Marine Board's Guides and Charters web page at <http://www.oregon.gov/OSMB/Pages/Guides-Charter.aspx> for a list.

Operate means to navigate or otherwise use a boat.



Apply one decal to each side of the vessel on the backward half of the boat. Do not apply decals to transom. Remove old decals. Do not apply new decals over old decals.

Outdoor recreational activities include, but are not limited to, boating, angling, hunting, jeep touring, backpacking, alpine mountain climbing, camping, trips utilizing pack animals, dog sled trips, whitewater float trips, rafting trips, drift boat trips, kayak trips, inflatable canoe trips and canoe trips, the duration of which may be for a few hours or for several days or weeks.

Outfitter and guide means any person:

A) Who, for compensation or monetary gain, provides, offers to provide or advertises the provision of:

- (i) Outfitting and guiding services in this state; or
- (ii) Outfitting and guiding services and either equipment, supplies, livestock or materials for use in this state; or

(B) Who holds one or more federal special use permits for commercial outfitting and guiding services for use in any forest or wilderness or on any waterway in this state.

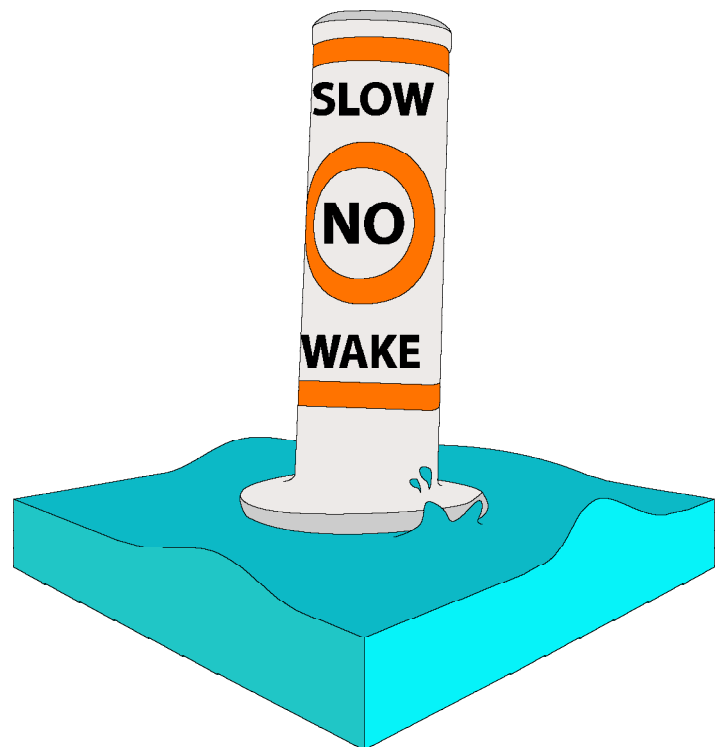
Outfitter and guide does not include:

(A) An individual who, for compensation or monetary gain, provides outfitting and guiding services for the conduct of outdoor recreational activities exclusively upon property owned or controlled by the individual; or

(B) An employee of an Outfitter and Guide, unless the employee conducts, leads or assists in angling activities or operates or assists in the operation of watercraft used for angling.

Outfitting and guiding services include, but are not limited to, leading, protecting, instructing, training, cooking, packing, guiding, transporting, supervising, interpreting or otherwise assisting any person in the conduct of outdoor recreational activities. Outfitting and guiding services do not include the rental of equipment alone.

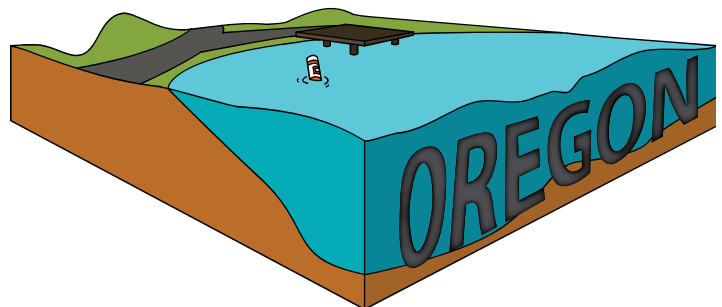
Passenger means every person on board a boat who is not the master, operator, crew member or other person engaged in any capacity in the business of the boat.



Slow-No Wake means operating a boat at the slowest speed necessary to maintain steerage and that reduces or eliminates waves that appear as white water behind the boat.

Sole or state waters means those waters entirely within the confines of this state that have not been declared navigable waters of the United States by the USCG.

Underway means when a boat is not at anchor, or moored, or made fast to the shore, or aground.



REGISTRATION REQUIREMENTS

ORS 704.020 Registration Requirement

Any person who acts or offers to act as an Outfitter and Guide must first register with the State Marine Board annually and submit an application including the following:

- Name, contact information, and all business names under which the guiding services will be provided,
- Proof the business names have been registered with the Secretary of State
- Proof of valid first aid/CPR certification
- List of all employees, agents and parties of interest along with an affidavit stating they are certified to provide first aid
- A US Coast Guard license if carrying passengers on federally navigable waterways, OR the MPBOC designation if operating only on non-navigable waterways.
- A description of the services they will provide and the area in which it is provided
- Proof of \$500,000 combined single limit per occurrence liability insurance coverage to be maintained in full force for the entire term of the registration
- An affidavit stating they and those that assist them have not been cited or convicted of certain violations, misdemeanors or felonies within the last 24 months.
- An affidavit stating they and those that assist them have not ever been convicted of a crime which prohibits the carrying of a firearm or requires registration as a sex offender
- A surety bond in the amount of \$5000 if deposits in excess of \$100 per person are accepted from

clients in anticipation of services to be received.

- An annual non-refundable fee of \$150 for Oregon residents. Non-residents will be charged not less than \$150 or the same fee that an Oregon resident would be charged to register as a guide in their state.

Upon submission of all required documents and fees, the board will issue a certificate of registration which includes proof of compliance with these requirements. The board will also issue an identifying decal.

OAR 250-016-0035 Registration Requirement

The completed and signed application, with all required attachments and the fee required by ORS 704.020 must be submitted to the Marine Board. The required fee is nonrefundable. The required attachments are:

- A copy of the certificate of first aid and CPR training (American Red Cross or equivalent); or
- A copy of training and certification as an Emergency Medical Technician I, II or III; or
- A copy of licensure as a registered nurse or medical doctor.
- Certificate of insurance;
- Proof of surety bond or letter of credit, if applicable; and
- Copy of US Coast Guard Operator's license, if applicable.
- The first aid and CPR training certificate or medical license as defined above in this rule shall remain current. If the first aid and CPR training certificate or medical license expires, the Outfitter and Guide's registration is automatically suspended.

The certificate of insurance shall:

- Be issued in the applicant's name;
- Reflect all insured business names; and
- Reflect the lawfully required insurance minimum amounts.
- Remain current. If the certificate of insurance expires, the Outfitter and Guide's registration is automatically suspended.

An incomplete application will not be processed. An incomplete application will be deemed inactive following twelve (12) months from date of receipt and lacking any action on the applicant's part to complete.

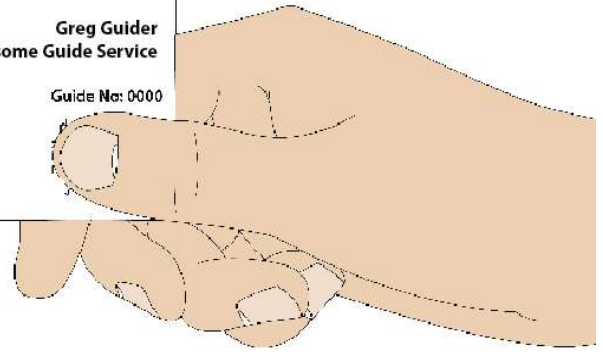
ORAR 250-016-0045 Registration Requirements

Registration Renewal:

- The Marine Board will notify a registered Outfitter and Guide, in writing, no later than thirty (30) days in advance of the impending registration expiration.
- The notification will include instructions for registration renewal and identify the required forms.

Registration Cancellation:

- An Outfitter and Guide registration will be cancelled upon notification from an insurance company that such Outfitter and Guide's required insurance has been suspended or cancelled.
- The affected Outfitter and Guide shall, within ten working days of receipt of such registration suspension or cancellation notice, return the previously issued Outfitter and Guide identification card to the Marine Board.



Registration Reinstatement:

- A previously cancelled Outfitter and Guide registration will be reinstated upon receipt of notification (certificate of insurance) from an insurance company.

ORS 704.030 False statements in registration application; special requirements for use of boat

No person shall make any false statement of material fact submitted pursuant to ORS 704.020 (Registration requirement).

No Outfitter Guide using a boat to carry passengers on waters of the state shall carry passengers in excess of the passenger capacity for which they are insured.

No Outfitter Guide shall use a boat to carry passengers on waterways determined to be navigable by the United States Coast Guard without a license, registration or decal required by ORS 704.020 (Registration requirement) and 704.065 (Decal to be affixed to boat).

ORS 704.065 Decal to be affixed to boat

An Outfitter and Guide using boats to carry passengers on the waters of this state shall affix to each boat used in providing Outfitter and Guide services an identifying decal issued by the State Marine Board showing the year of issuance, and the passenger-carrying capacity of the boat. The boat decals expire on December 31 of each calendar year.

EMPLOYEES & PROOF OF COMPLIANCE

ORS 704.021 Proof of compliance with registration requirements

An Outfitter and Guide who registers pursuant to ORS 704.020 shall, while the Outfitter and Guide and their employees are engaged in providing outfitting and guide services, hold proof of compliance with the requirements of ORS 704.020 and allow the examination of that proof of compliance by any person authorized to enforce this chapter.

OAR 250-016-0025 Employees, Agents or Parties in Interest

At the time of application, the Outfitter and Guide will supply the Marine Board a current record of

all employees, including agents and parties in interest, as outlined in ORS 704.020(1)(c), who physically provide, or directly assist in physically providing Outfitting and Guiding services in Oregon.

The Marine Board shall be notified of all changes to the record before any Outfitting and Guiding services are provided.

Written change notifications will be dated, include the Outfitter and Guide's name and address, and indicate the added or deleted employee's full name.

The change notification must be received by the Marine Board by email, facsimile or U.S. mail.

INCIDENTS & ACCIDENTS

OAR 250-010-0110 Investigation of Accidents

The operator of any boat involved in an accident resulting in an injury or death to any person shall within 48 hours forward a complete written report of such accident to the Board on a State Marine Board Accident Report form.

Accidents involving only property or equipment damage must be reported within ten days if the damage is in excess of \$2000. Forms may be obtained from the State Marine Board or the local sheriff.

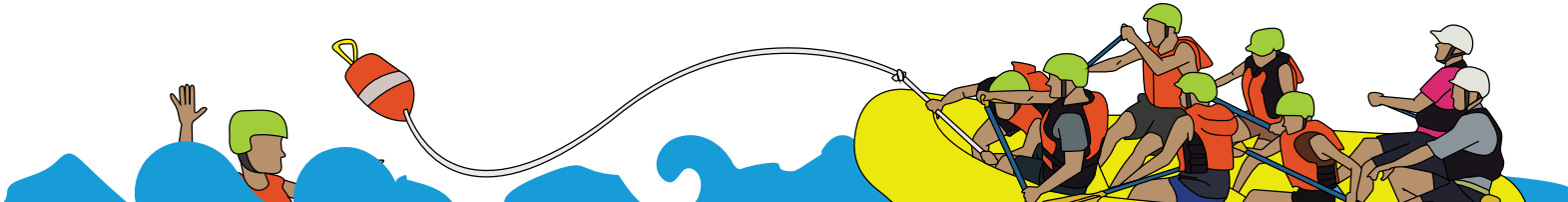
Upon receipt of an accident report indicating the death of any person as the result of the accident, the Director, or a person designated by him, may investigate the accident and prepare an accident report which will be for the confidential use of administrative and enforcement agencies only.

OAR 250-016-0031 Incident Report Requirements

Notwithstanding OAR 250-010-0110, Outfitters and Guides shall notify the Marine Board within 48 hours for each incident resulting in:

- Death or disappearance of any person;
- Injury or illness of any person requiring medical treatment beyond minor first aid;
- Damage exceeding \$500 to public, private, or guide property, excluding loss of or damage to personal-use items, or
- Emergency response from a local, state or federal agency.

The Marine Board will provide notification to the Guide if additional reporting is required.



REVOCATIONS, REPRIMANDS, & PENALTIES

ORS 704.040 Revocation of registration; restriction on registration application after revocation; reprimands; rules.

Except as provided below, the board may revoke, deny, or suspend for up to 60 months the registration of an Outfitter Guide for any of the following:

- Conviction of a felony or misdemeanor
- Any serious or repeated violation of ORS 477 (fire prevention laws), 496, 497, 498, 501, 506, 508, 509, 511 (fish and wildlife laws), 704 (Outfitter and Guide laws), and 830 (boating laws) and their pursuant rules.
- Any serious or repeated violation of fish & wildlife laws of the federal government or other state that would be a violation of this state's ethical standards.
- The suspension, revocation or denial of a guide license by the federal government or other state.
- The suspension, revocation or cancelation of a US Coast Guard operator's license.
- Engaging in fraudulent, untruthful or misleading advertising outfitting and guiding services.
- Conviction of a crime involving delivery, manufacture or possession of a controlled substance, except marijuana.
- Conviction of assault in any degree, criminal homicide or kidnapping.

The board shall revoke the registration of an Outfitter and Guide for the following:

- Conviction of a crime which prohibits possession of a firearm.
- Conviction of a crime which requires the person to be registered as a sex offender.

The board may deny, for any period, the registration of an Outfitter and Guide if the Outfitter and Guide or anyone assisting them has had their registration revoked by the court for conviction of fish & wildlife laws which involved unlawful taking or killing of wildlife with intent.

OAR 250-016-0050 Process to Reprimand an Outfitter and Guide or Suspend, Revoke, or Deny a Registration

The Marine Board, with input from the Guide Advisory Committee, will monitor application of statute and rule and modify, as recommended, to encourage high standards of ethical conduct, customer service, safety, and natural resource protection.

The Marine Board Director will notify the Outfitter and Guide by registered letter of the agency's decision to reprimand, suspend, revoke or deny for a period of up to 60 months the registration of an Outfitter and Guide for conduct noted in ORS 704.040.

The Marine Board may issue conditional registrations contingent on the Outfitter and Guide not having any violations or convictions as defined in this section for a period of 24 months from issue.

ORS 704.900 Civil penalties; procedure; rules.

In addition to any other penalty provided by law, the State Marine Board may impose a civil penalty for failure to comply with ORS 704.020, 704.021, 704.065 or 704.070 or for violation of ORS 704.030.

OAR 250-016-0100 Schedule of Civil Penalties

Penalties for first violations of ORS 704.020, 704.021, 704.030, or 704.065 are \$200 per violation. The penalty for the first violation of 704.070 is \$250. Subsequent penalties are \$400 and \$500 per violation.

AQUATIC INVASIVE SPECIES PREVENTION

ORS 830.560 Launching boat with aquatic invasive species prohibited, rules

As used in this section:

- Aquatic invasive species means any aquatic life or marine life determined by the State Fish and Wildlife Commission by rule to be invasive or any aquatic noxious weed determined by the State Department of Agriculture to be invasive.

- Launch means any act that places a boat into a waterway for recreational boating, for flushing or testing an engine or for any other purpose.

Except as provided in the following line, a person may not launch a boat into the waters of this state if:

- The boat has any visible aquatic species on its exterior hull or attached to any motor, propulsion

system or component, anchor or other attached apparatus outside of the hull, or on the trailer or other device used to transport the boat; or

- The boat has any aquatic invasive species within its bilge, livewell, motorwell or other interior location.

ORS 830.302 Draining water from boat

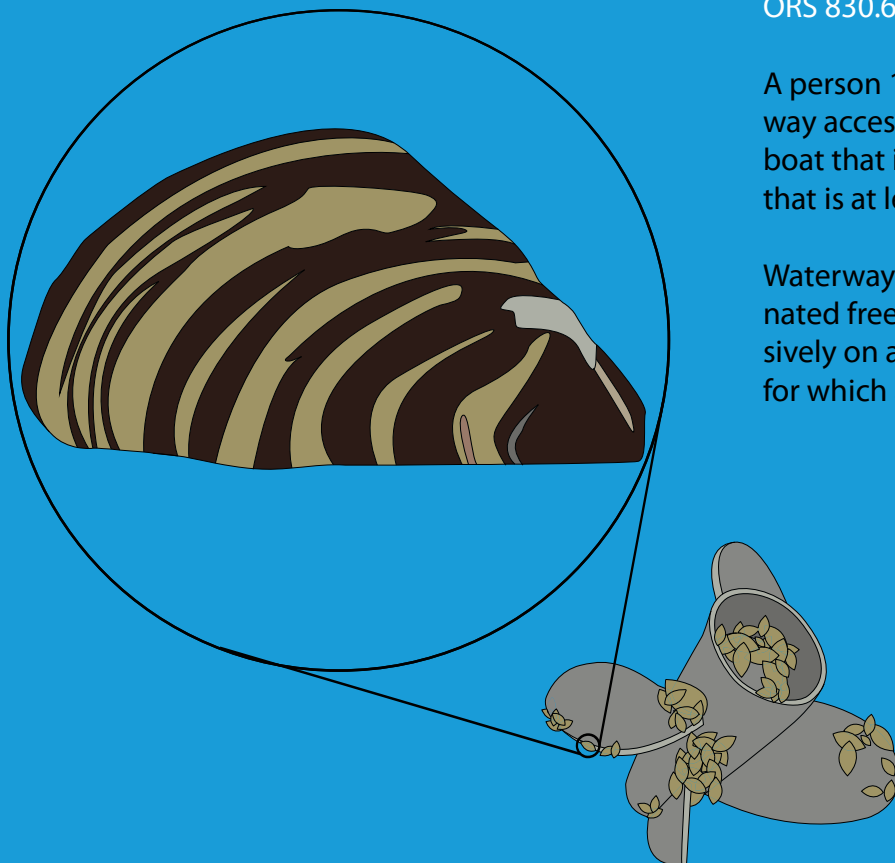
After leaving the waters of this state with a boat, a person shall remove or open all drain plugs, bailers, valves or other devices used to control the draining of water from ballast tanks, bilges, livewells and motorwells before transporting a boat within this state.

WATERWAY ACCESS

ORS 830.624 Waterway Access Permit required

A person 14 years of age or older shall carry a waterway access permit while operating a nonmotorized boat that is at least 10 feet in length or a sailboat that is at least 10 feet but less than 12 feet in length.

Waterway Access Permits are not required on designated free boating days, or when operating exclusively on a federally designated wild and scenic river for which a separate fee system is in place.



CLEAN
DRAIN
DRY

SAFETY REQUIREMENTS

ORS 704.070 Requirements for safety equipment, experience, and training

A person who acts or offers to act as an Outfitter and Guide using boats to carry passengers on the waters of this state shall:

Equip each non-motorized boat that is under the direct operation of an Outfitter and Guide or an employee of an Outfitter and Guide to carry passengers on waters rated as class III or higher on a commonly accepted scale of river difficulty with a rescue throw bag, complete with a length of artificial fiber rope and a buoyant bag;

On any section of waters rated as class III or higher on a commonly accepted scale of river difficulty, require that all persons physically providing outfitting and guiding services and all passengers wear a properly secured United States Coast Guard approved life jacket of a type prescribed by rules adopted by the State Marine Board;

On any section of water rated as Class III or higher, rent, sell or otherwise make available to all passengers helmets that meet the standards established by the board by rule.

250-016-0075 & 0077 Safety and Equipment Requirements for Inland Outfitter and Guide Boats

Boats operating on sole state waters shall not exceed designed seating capacity unless certified by a United States Coast Guard Certificate of Inspection, the National Association of Marine Surveyors (NAMS) or the Society of Marine Surveyors (SAMS). The seating capacity will include the total number of passengers and crew.

Each boat shall carry on board an approved first aid kit.

- First aid kits shall be in accordance with Title 29 Code of Federal Regulations (CFR)

1910.151, American National Standard (ANSI) Z308.1-2015, as established on 01/01/2016, or the National Outdoor Leadership (NOLS) Med Kit 2.0 as listed on 03/21/2017.

- First aid kits shall be based on the guide's training and shall be appropriate for the activity and environment.

- Kits must be stored in a waterproof contained and clearly marked as "First Aid Kit".

- Non-motorized boats traveling in a group, the above requirement may be met by possessing one first aid kit.

Each boat must possess and have readily available one life jacket of the appropriate type and size for each passenger and crew.

- Each boat carrying five or more passengers shall have one spare life jacket. Boats less than 17 feet in length are exempted from this requirement.

- On river sections rated as Class III or higher on a commonly accepted scale of river difficulty all employees and passengers are required to wear a properly secured life jacket. The life jackets used on those sections of river must:

- Be approved by the U.S. Coast Guard as a Type I, III, or V life jacket that is suitable for use on whitewater rivers.

- Not have a limitation or restriction on its approval that would prevent its use on whitewater rivers.

- Not be an inflatable life jacket, regardless of rating type.

- Each boat must possess a readily accessible Type IV flotation device, life ring or throw bag with 40 feet of line.

- To meet required standards, helmets must meet CE EN 1385. Helmets are considered to be available when the Outfitter Guide sells or rents, or causes them to be available at the rental location or provides notice to the customer and allows the customer to decline the offer verbally or in writing.

Each boat shall have an effective means of dewatering.

- Motorized boats shall have on board an adequate fixed power bilge pump, a bilge alarm, and a bailing bucket or manual bilge pump per Title 46 CFR 182.520 as established on 01/01/2016.
- Motorized boats of open construction where the bilge is readily visible, a fixed power bilge pump and bilge alarm are not required.
- Non-motorized boats not of self-bailing design shall have on board an adequate bailing bucket or manual bilge pump.
- Non-motorized boats of self-bailing design and boats with watertight closures are exempt from this requirement.

Each motorized boat shall have on board no less than one fire extinguisher in each operating station, machinery space, accommodation space and galley, pantry or concession per the table on Title 46 CFR 25.30-20 as established on 01/01/2016.

Each boat shall carry a communication device capable of sending an emergency distress signal and shall be appropriate for the area of operation.

Acceptable devices include but are not limited to:

- Personal Locator Beacon;
- Satellite Telephone;
- Marine VHF Radio or equivalent; or
- Cellular Telephone.

- For non-motorized boats traveling in a group, the above requirement may be met by possessing one communication device.

Each motorized boat shall be equipped with a suitable magnetic compass designed for marine use.

All boats are required to have one spare oar or paddle capable of maneuvering the boat on board.

- Non-motorized boats less than 17 feet in length are exempt from this requirement.
- For non-motorized boats 17 feet or longer traveling in a group, the above requirement may be met by the group possessing one spare oar or paddle per group.

All closed compartments containing life jackets, first aid kits and fire extinguishers shall be clearly labeled with their content, as follows:

- One inch high block letters indicating what the compartment contains;
- Be of a color that will contrast with the color of the background, and
- Be clearly visible and legible.

Each motorized boat shall be equipped with a sound signaling appliance. The appliance shall be a horn, bell or whistle capable of making an efficient sound.



ETHICS

250-016-0060 Outfitter and Guide Ethical and Professional Standards

All Outfitter and Guides shall:

- Make every effort to operate with respect for the rights of others, private and public property, and provide for the health, safety, and well-being of their clients, employees, and the general public;
- Provide services on public land in a manner such that they do not interfere with the general public access to public land or waterways or access to wildlife on public land;
- Leave clean camps, striving to maintain the environment in as good or better condition than before and dispose of all garbage, debris, and human waste in a proper, approved manner;
- Cooperate with Federal, State, and local fish and wildlife officials; advise clients of all applicable conservation standards, fish and game laws, license requirements, statutes and regulations and not condone their violation;
- Not use any illegal drug, or excessively use alcohol, or any other drug or substance, to the extent that the use impairs the user physically or mentally while engaged by a client;
- Not violate any law, rule, or policy of the Oregon Department of Fish and Wildlife concerning the certification of residents and nonresidents for procuring hunting and fishing licenses;
- Not engage in fraud, deceit, misrepresentation, or concealment of any material fact in advertising, soliciting, or providing professional services to members of the public;
- Provide any animal used in the conduct of business with proper food, water, and shelter and not subject any animal to needless abuse or cruel and inhuman treatment;
- Not solicit clients of another Outfitter and Guide while client is engaging in an outfitting activity;
- Promptly refund deposits paid by participants upon request if such deposits are due to the participant in accordance with the Outfitter and Guide's written deposit refund policy;
- Not substantially breach a contract with any person using guiding services of the Outfitter and Guide;
- Treat clients, employees, and the general public in a fair and professional manner.
- It is unprofessional and unethical to have an Outfitter and Guide registration, license, permit, or certificate suspended, revoked, canceled, or denied by another state or by an agency of the United States.



BOATING UNDER THE INFLUENCE

ORS 830.510 Chemical evidence of use of intoxicants

At the trial of any civil or criminal action, suit or proceeding arising out of the acts committed by a person operating a boat while under the influence of any intoxicants, if the amount of alcohol in the persons blood at the time alleged is less than 0.08 percent by weight of alcohol and shown by chemical analysis of the persons breath or blood, it is indirect evidence that may be used with other evidence, if any, to determine whether or not the person was then under the influence of intoxicants.

Not less than 0.08 percent by weight of alcohol in a persons blood constitutes being under the influence of intoxicating liquor.

Percent by weight of alcohol in the blood shall be based on grams of alcohol per 100 milliliters of blood or based on grams of alcohol per 210 liters of breath.

For purposes of ORS 830.505 (Implied consent to chemical tests for intoxicants) to 830.545 (Information about rights and consequences), boat means a motorboat or sailboat.

ORS 830.515 Evidence of refusal to submit to test in legal proceeding

If a person refuses or fails to submit to chemical tests of the breath, blood or urine as required by ORS 830.505 (Implied consent to chemical tests for intoxicants) and 830.520 (Circumstances under which chemical tests may be administered), evidence of the persons refusal or failure to submit is admissible in any criminal or civil action or proceeding arising out of acts alleged to have been committed while the person was operating a boat while under the influence of intoxicating liquor or controlled substances.



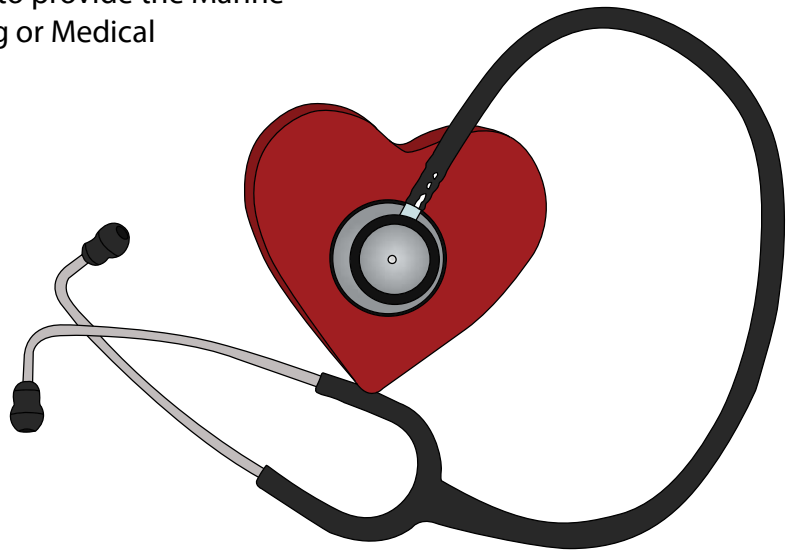
HEALTH SCREENING REQUIREMENTS

In order to apply for the MPBOC, you are required to provide the Marine Board with proof of a satisfactory Health Screening or Medical Examination.

Step One – Medical Examination Report

The Medical Exam MUST be the following:

- Conducted within the past 18 months (from the date of application).
- Be conducted by an examiner listed on the National Registry of Certified Medical Examiners.
- Be of such a scope to ensure that there are no conditions that pose a significant risk of sudden incapacitation or debilitating complication.
- Must consider any condition requiring medication that impairs cognitive ability, judgment, or reaction time.
- Be performed according to DOT form MCSA-5875 (see appendix) or its equivalent.
- Meet the standards in 49 CFR 391.41, and be valid for up to 5 years.
- Be accompanied by a Skill Performance Certificate, if applicable.



Step Two – Medical Certificate

Upon completion of your medical examination, your examiner must document proof of compliance. This is done by:

- The examiner filling out and signing the OSMB Medical Examiner's Certificate. (See copy of certificate in appendix.)
- The examiner giving you a copy of the certificate.
- Filling out the Operator section of the form and signing your copy of the certificate.

Step Three – Submit the Certificate

Upon receipt of the Medical Examiner's Certificate, you must submit a copy of the certificate to the Marine Board with your application for Outfitter Guide registration.

Note: You are responsible for keeping a copy of the completed certificate, renewing your medical certification before its expiration, and maintaining a valid copy with the Marine Board.

A sample copy of the Medical Examination Report Form (US DOT Form MCSA-5875) and the OSMB Medical Examiner's Certificate can be found in the appendix and on the Marine Board's Guides and Charters web page at <https://www.oregon.gov/osmb/Pages/Guides-Charters.aspx>.

DRUG TESTING REQUIREMENTS

In order to apply for the MPBOC, you are required to provide the Marine Board proof of a clean drug test and participation in a drug consortium.



Step One – Pre-Employment Drug Test

This test MUST:

- Conducted within the past 60 days (from the date of application)
- Sent to a laboratory certified by the US Department of Health and Human Services (DHHS)
- Show a panel which includes Cocaine, Opioids, Phencyclidine, and Amphetamines

A Negative Dilute result is not acceptable.

There are two types of tests that are acceptable.

- If you are not covered by the US Coast Guard drug testing regulations, a “non-DOT” or “non-Federal” test as described above meets the requirements
- If you are covered by the US Coast Guard drug testing regulations, a Federal/USCG drug test report from a qualified Medical Review Officer OR a USCG Periodic Drug Testing Form CG-719P (https://www.dco.uscg.mil/Portals/9/NMC/pdfs/forms/CG_719p.pdf) meets the requirements

See Pre-Employment Drug Screening Information page for more info.

Step Two – Consortium Participation

A consortium is an organization that coordinates one or more drug and alcohol testing services. This may include a group of employers who join together to administer the drug and alcohol testing programs of its members, for instance, by maintaining a combined random testing pool.

This step requires you to provide a letter attesting to participation in a random drug testing program.

- If you are not covered by the US Coast Guard drug testing regulations, the letter must be on consortium letterhead and signed by the appropriate personnel.
- If you are are covered by the US Coast Guard drug testing regulations¹, the letter can be from your employer (on company letterhead) or a US Coast Guard-compliant drug testing consortium (on consortium letterhead) and include the following language:
“NAME / DOB has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs.”

Note: We will NOT accept drug testing letters from a Union attesting to participation in a random drug testing program.

Step Three – Submit the Forms & Letters

Upon successful completion of the pre-employment drug screening and receipt of the letter of participation from the consortium, you must submit documentation of these to the Marine Board with your application for your Outfitter Guide registration.

¹ Engaged or employed on board a vessel owned in the United States that is required by law or regulation to engage, employ, or be operated by an individual holding a license, certificate of registry, or merchant mariner’s document

PRE-EMPLOYMENT DRUG SCREENING

Finding a Test Site

If you participate in a drug testing consortium, the consortium manager will provide information regarding urine specimen collection sites, the DHHS-certified laboratory or laboratories and the Medical Review Officer(s) used by the consortium.

If your employer manages a US Coast Guard-compliant random testing program, your employer will be able to tell you the names of its service agents (collection sites, lab, MRO).

For “standalone” pre-employment tests before you have joined a consortium, you may look for occupational medicine providers in your geographic area. Verify the following information with the facility in order to ensure that it will meet OSMB requirements:

- Can perform a Federal (for US Coast Guard tests) or a non-DOT/non-Federal test that includes Cocaine, Opioids, Phencyclidine, and Amphetamines
- Ensure the laboratory to which the specimen will be sent is certified by the US Department of Health & Human Services (DHHS)
- For Federal tests, will be signed by a qualified Medical Review Officer (MRO). You can obtain the Medical Review Officer’s name from the facility and visit <https://www.aamro.com/> or <http://www.mrocc.org> to ensure the MRO is qualified.

NOTE: The occupational medicine facility should be able to provide a one-stop service to include arranging for the collection of the specimen, laboratory analysis of the specimen at a DHHS-certified laboratory, and MRO services for possible review of the test results. When arranging for the drug test services, ensure that you will be able to get the results (original or copy) sent back to you.

After Taking the Test or Having the Specimen Collected:

1. You should be given the “Donor’s” copy of the drug testing custody & control form to take with you. That is your receipt that you have taken the drug test. NOTE: This copy does not have the test results on it.

2. The test results should be available approximately 1-4 business days after you had your specimen collected.

3. Documentation of these drug test results needs to be submitted with your completed application package to the Oregon State Marine Board.

4. Acceptable proof of a negative drug test result can be one of the following:

- If you are not covered by US Coast Guard regulations:
 - a. Copy of test result from DHHS-certified lab showing 4 classes of drugs OR
 - b. Documentation of negative test on consortium letterhead (for instance, a letter stating that you are enrolled in the consortium and have passed a qualifying drug test)
 - If you are are covered by US Coast Guard regulations:
 - a. A clear copy of the DOT/USCG Periodic Drug Testing Form (CG-719P) (https://www.dco.uscg.mil/Portals/9/NMC/pdfs/forms/CG_719p.pdf) which the Medical Review Officer has completed OR
 - b. A Federal/USCG drug test report produced and signed by a qualified Medical Review Officer
- OR
- c. A copy of the Federal Drug Testing Custody and Control Form signed by the Medical Review Officer. Make sure that the test result can be seen clearly.

Note: You are responsible for keeping a copy of these documents, submitting to new screenings when required, and maintaining participation in a consortium during the entire period of your Outfitter Guide registration.



FREQUENTLY ASKED QUESTIONS

For what drugs must I test negative?

Amphetamines, Cocaine, Opioids and Phencyclidine.

Marijuana or “THC” testing is not required except when there is reasonable suspicion of impairment by THC or after an accident.

When am I required to submit proof of a negative drug test result?

- Within the 60 days prior to the initial application for the Motorized Passenger Boat Operator’s Certification
- Upon renewal of your Outfitter Guide license if it has lapsed for a period longer than one year, or
- Any time you are selected in the random drug testing program.

What is a Medical Review Officer and what does s/he do?

Medical Review Officers (MROs) are licensed physicians (MDs or DOs) who receive and review laboratory drug test results and evaluate medical explanations for the results. Qualified MROs have undertaken a formal course and passed a national exam. If you take prescription medications that cause a “laboratory-positive” test result, the MRO will contact you and confirm that you have a valid prescription for the substance. MROs have the authority to call a laboratory-positive test a NEGATIVE test if you have a current prescription and take the medication according to your doctor’s instructions.

It is a violation of Federal law to take prescription drugs which were not prescribed for you. The MRO will report a POSITIVE test when this happens.

SECTION 3: DRUG TESTING REQUIREMENTS

Where can I get the DOT/USCG Periodic Drug Testing Form CG-719P or Federal Chain of Custody form?

The DOT/USCG Periodic Drug Testing Form CG-719P can be found at https://www.dco.uscg.mil/Portals/9/NMC/pdfs/forms/CG_719p.pdf. The Federal Chain of Custody form is stored by the facility approved to perform a DOT 5 Panel Screening. Some facilities can generate these forms electronically.

Am I able to go to the Marine Board (OSMB) to have the drug testing completed?

No. The OSMB is not an approved drug testing facility.

What do I need to do if my test results show "Negative Dilute?"

The OSMB does not accept Negative Dilute results. You will need to refrain from drinking excessive fluids and take another test.

I am a current Outfitter Guide and I tested positive on my recent drug test. Can I still renew my registration or will I be required to surrender it?

Per OAR 250-016-0038 following a positive drug test result, you must take the following steps:

- a) Stop providing all guiding services immediately.
- b) Notify the Marine Board of the results within 48 hours.
- c) Successfully complete the return-to-duty process described in OAR 250-016-0038.
- d) Provide proof of compliance with the required return-to-duty process from a consortium.

Based on the results of the steps above, the Marine Board will determine if any further actions need to be taken. A positive drug test can result in an assessment period that may result in the Marine Board not issuing your renewal.

Why does it have to be a 4- or 5-panel drug test? Why can't I submit a 7- or 10-panel drug test?

The US Coast Guard follows the Procedures of the US Department of Transportation (49 CFR Part 40) for drug testing. These procedures only allow 5-panel drug tests. A non-DOT test can have a panel with 4 or more classes of drugs (including a 7- or 10-panel) as long as these classes include Cocaine, Opioids, Phencyclidine, and Amphetamines and as long as the testing is conducted at a DHHS-certified laboratory.

Does the drug testing facility have to submit the results or can I?

The OSMB will accept documentation of the test results from you, your consortium, or the facility where the testing took place, but you are ultimately responsible for ensuring that documentation of your drug test results is received by the OSMB. If the results are being submitted as part of an application, the drug test documentation should be sent with all other documentation.

I tested positive for marijuana, but I am in a state where the use of marijuana for "recreational" purposes is permitted. Will I still be able to obtain a credential?

Yes, positive results for marijuana will not be considered when issuing a Motorized Passenger Boat Operator Certification. However, boat operators in Oregon are not allowed to operate while impaired and recreational use of marijuana is not permissible in public, including on any watercraft.



Medical Examiner's Certificate

I certify that I have examined Last Name _____ First Name _____
 in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and OAR 250-016-0038,
 I find this person is qualified, and, if applicable, only when *(check all that apply)*:

- wearing corrective lenses
- wearing a hearing aid
- accompanied by a _____ waiver/exemption
- accompanied by a Skill Performance Evaluation Certificate (SPE).

Certification may be valid for up to five years.

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Signature of Medical Examiner			
Medical Examiner's Name <i>(please print)</i>			
<input type="checkbox"/> MD	<input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Advanced Practice Nurse	
<input type="checkbox"/> DO	<input type="checkbox"/> Chiropractor	<input type="checkbox"/> Other _____	
Date:	Telephone:	Nat'l Registry #:	
Operator's Medical Certification Expiration Date (max 5 years from exam):			
Section below to be filled out by Motorized Passenger Boat Operator			
Signature of Operator			
Operator's Name (Print)			
Operator's Address:			
Operator's Driver's License # or State ID #:		Issuing State:	

A signed copy of this form must be on file with the Oregon State Marine Board before any Motorized Passenger Boat Operator's Certification can be issued.



Oregon State Marine Board/ Outfitter Guide Program

250-016-0038

Knowledge Examination, Health Screen and Drug Testing

- (1) Guide Boat Operator's Knowledge Examination:
 - (a) An examination must be completed every five years.
 - (b) The passing score is 75 percent.
 - (c) If the applicant fails the examination, they may retake it after a thirty (30) day waiting period.
- (2) **Health Screenings shall:**
 - (a) **Be of such scope to ensure that there are no conditions that pose significant risk of a sudden incapacitation or debilitating complication. This screening must also consider any condition requiring medication that impairs cognitive ability, judgment, or reaction time,**
 - (b) **Be based on Title 49 Code of Federal Regulations (CFR) part 391.41-391.49 as stated on 01/01/2016 (US Department of Transportation (DOT) requirements)) as the recommended guideline for health screening requirements and limitations, and**
 - (c) **Include documented proof of compliance from a medical practitioner certifying that the applicant's health poses no significant risk as described in the Health Screening.**
- (3) **If at any time there is any medical condition that could impair one's ability to operate a boat, the individual must:**
 - (a) **Stop providing all Outfitter and Guide motorboat operations;**
 - (b) **Notify the Marine Board within 48 hours; and**
 - (c) **Submit documentation from a medical practitioner certifying that the applicant's health poses no significant risk as described in the Health Screening prior to providing Outfitter and Guide boat operations.**
- (4) Drug testing program shall include:
 - (a) Pre-employment drug testing. Drug testing must be completed within 60 days prior to initial application for a Motorized Passenger Boat Operator's Certification or prior to a renewal as an Outfitter and Guide or employee after a lapse in registration of one year or greater.
 - (b) Participation in a drug consortium. The consortium is defined as a service agent that provides or coordinates a variety of drug and alcohol testing programs including random testing.
 - (c) Testing for drug presence including cocaine, amphetamines, phencyclidine (PCP), and opiates. Title 49 CFR part 40 as established 01/01/2016 sets the predetermined levels which determine a test to be positive or negative for the presence of dangerous drugs.
 - (d) Testing procedures in accordance with Title 49 CFR part 40 as established on 01/01/2016. The analysis will be performed at laboratories certified and monitored by the Department of Health and Human Services (DHHS).
- (5) Individuals receiving a verified positive, adulterated, or substituted drug test result must:
 - (a) Stop providing all Outfitter and Guide services.
 - (b) Notify the Marine Board within 48 hours.
 - (c) Successfully complete the following return-to-duty process:
 - (A) Submit to evaluation and treatment from a Substance Abuse Professional (SAP). SAP professional shall be as defined in Title 49 CFR part 40 as established on 01/01/2016.
 - (B) Provide documentation of compliance with the SAP recommendations to the Marine Board.
 - (C) Upon successful completion, submit proof of drug testing once a month for the next 12 months. The results of this screening shall be submitted to the Marine Board by the 15th day of each month.
 - (D) Desist from providing any Outfitter and Guide services until return to work approval is obtained from the Marine Board.
 - (d) Provide proof of compliance in the form of a letter from the service provider attesting to participation in a drug consortium.
- (6) A violation of any of the provisions of this section shall result in a suspension, revocation or denial of an Outfitter and Guide registration and Motorized Passenger Boat Operator Certification.
 - (a) A violation of drug testing provisions shall include civil penalties not to exceed \$500.
 - (b) Refusal to take a drug test, refusing to comply with SAP recommendations, or tampering with or attempting to alter a test shall result in an immediate revocation of an Outfitter and Guide registration and motorized passenger boat operator certification for up to 24 months.
- (7) All associated costs of health and drug screening relating to the provisions of this section shall be the responsibility of the Outfitter and Guide or the Outfitter and Guide employee.

Stat. Auth.: ORS 704.500

Stats. Implemented: ORS 704.020

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
DOT/USCG PERIODIC DRUG TESTING FORM (OPTIONAL CG-719P)

OMB No. 1625-0040
Exp. Date: 03/31/2021

Who must submit this form?

INSTRUCTIONS: This form MAY be used to satisfy the requirements for "Periodic Testing Requirements" in accordance with Title 46 CFR 16.220. If you participate in a USCG "random or pre-employment drug test program," this form may not be necessary. (See page 2 for details.)

NOTE: The cost of the drug test is the sole responsibility of the applicant, not the Coast Guard.

Section I: Applicant Consent

I certify that I am the described applicant and that I have provided the specimen(s) described below in accordance with Department of Transportation procedures given in 49 CFR 40. I also understand that making in any way, a false or fraudulent statement, entry, or evidence is a violation of the U.S. Criminal Code at Title 18 U.S.C. 1001 which subjects the violator to federal prosecution and possible incarceration, fine, or both.

Name Last	First	Middle	Reference Number (if applicable)	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of Applicant (Required)

Date (MM/DD/YYYY)

X _____

Section II: Name of SAMHSA Accredited Laboratory

Name	Street Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION III: Medical Review Officer

Date Specimen Collected (MM/DD/YYYY)

The laboratory report has been reviewed in accordance with procedures given in 49 CFR Part 40, Subpart G, and the verified test results are: (CHECK ONE)

Specimen Analyzed For (Drugs Identified by 49 CFR 40.85), including:

- Marijuana metabolite
- Cocaine metabolites
- Amphetamines
- Opiate metabolites
- Phencyclidine (PCP)

NEGATIVE

CANCELLED or

Positive, and/or refusal to test because of adulteration or substitution.

(Please complete the next block for all non-negative results)

FOR POSITIVE/ADULTERATED/CANCELLED DRUG TESTS ONLY: (To be reported to the nearest USCG Sector or Unit). (Please print)

This specimen is verified POSITIVE for

This specimen was identified as being SUBSTITUTED or containing an ADULTERANT

The test was CANCELLED because (insert reason)

I certify that I meet qualifications for a Medical Review Officer as outlined in Title 49 CFR 40.121. I have reviewed the results and determined that the applicant's verified test result is in accordance with Title 49 CFR 40 Subpart G.

MEDICAL REVIEW OFFICER CONTACT INFORMATION

MEDICAL REVIEW OFFICER AUTHORITY

Name Last	First	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name Last	First	Middle
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address

Signature (MRO signature stamp is authorized for negative results only)

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of MRO Qualifying Organization

Phone:

Registration Number Issued by Qualifying Organization:

DOT/USCG PERIODIC DRUG TESTING FORM (OPTIONAL CG-719P)

REQUIREMENTS

- A drug test is required for all transactions EXCEPT endorsements, documents of continuity, duplicates, and STCW certificates.
- Only a chemical test meeting the requirements of 49 CFR Part 40 will be accepted.

OPTION I PERIODIC TESTING PROGRAM

- A DOT Chemical test conducted within the past 185 days by a laboratory accredited by Substance Abuse and Mental Health Services Administration (SAMHSA), Department of Health and Human Services.
- **COLLECTION** of a sample may be conducted by an independent medical facility, private physician or at an employer-designated site as long as the collection agent meets the qualification requirements to be a collection agent given in Title 49 CFR Part 40 Subpart C. It is **CRITICAL** that the sample is sent to an accredited SAMHSA laboratory for ANALYSIS or the drug test is invalid.
- The ORIGINAL results are required. A FACSIMILE is acceptable, if it is originated from the Medical Review Officer (MRO) or the Service Agent assisting the mariner, and sent directly from the office. The drug test result must be signed and dated by the MRO.

OPTION II RANDOM TESTING

EXAMPLE (From Mariner Employers): APPLICANT'S NAME/SSN has been subject to a random testing program meeting the criteria of Title 46 CFR 16.230 for at least 60 days during the previous 185 days and has not failed nor refused to participate in a chemical test for dangerous drugs.

EXAMPLE (Active Duty Military/Military Sealift Command/N.O.A./Army Corps of Engineers): APPLICANT'S NAME/SSN has been subject to a random testing program with no subsequent positive drug test results during the remainder of the six month period.

OPTION III PRE-EMPLOYMENT TESTING

- An ORIGINAL DATED letter on mariner employer stationery signed by a company official, stating that they hold evidence that mariner either passed a chemical test for dangerous drugs within the past 185 days or has been subject to a random testing program.

EXAMPLE: APPLICANT'S NAME/SSN passed a chemical test for dangerous drugs, required under Title 46 CFR 16.210 within the previous six months of the date of this letter with no subsequent positive drug test results during the remainder of the six month period.

PRIVACY NOTICE

Authority: 14 U.S.C. 632; 46 U.S.C. 2103, 7101, 7302, 7502, 46 C.F.R. 10.301

Purpose: The information is collected by the Coast Guard to determine whether an applicant meets the regulatory standards for issuance of a U.S. Merchant Mariner Credential (MMC). The Coast Guard evaluates an applicant's qualifications to determine compliance with the national and international requirements for issuance of the MMC, any endorsement within the MMC, and medical certificate.

Routine Uses: The information is used by authorized Coast Guard personnel who have a need for the record to determine whether an applicant is a safe and suitable person and qualifies for the MMC, any endorsement within the MMC, and medical certificate. In addition, the Coast Guard uses this information to maintain and update records of merchant mariner documentation transactions. The information will not be shared outside of DHS except in accordance with the provisions of DHS/USCG-030 Merchant Seamen's Records System of Records, 74 FR 30308 (June 25, 2009).

Disclosure: Furnishing this information (including your SSN) is voluntary; however, failure to furnish the requested information may result in the non-issuance of the MMC, any endorsement within the MMC, and medical certificate.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The United States Coast Guard estimates that the average burden for this report is 5 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Chief, Office of Merchant Mariner Credentialing, 2703 Martin Luther King, Jr. Ave, S.E., STOP 7509, Washington, D.C., 20593-7509 or Office of Management and Budget, Paperwork Reduction Project (1625-0040), Washington, DC 20503.

Public Release Statement

A Federal agency that receives or sponsors (and a person who is required to respond to) that a person is subject to secondary collection of information is subject to the requirements of the Department of Transportation's (DOT) Confidential Collection of Information (CPI) program. The CPI program requires that DOT receive information from the agency, and that the agency provide information to DOT. The information collected by DOT is used for the purpose of secondary collection of information. The information collected by DOT is used for the purpose of secondary collection of information. The information collected by DOT is used for the purpose of secondary collection of information. The information collected by DOT is used for the purpose of secondary collection of information.



U.S. Department of Transportation
Federal Motor Carrier Safety Administration

Medical Examination Report Form
(For Commercial Driver Medical Certification)

PRIVACY ACT STATEMENT: This statement is provided pursuant to the Privacy Act of 1974, 5 U.S.C. § 552a.

AUTHORITY: Title 49, United States Code (49 USC), §§ 31131, 31132, and 31133(a)(1)(B).

PURPOSE: To conduct medical examinations of a driver's physical condition, to determine qualification to operate a commercial motor vehicle (CMV) and to provide driver health in interstate commerce according to the requirements in 49 CFR 390.41-49. Providing this information is mandatory. If this information is not provided, the medical examiner will not be able to determine qualification to operate a CMV in interstate commerce according to the requirements in 49 CFR 390.41-49. To record results of a driver's physical examination and to determine qualification to operate a CMV in interstate commerce when the driver is required by a State to be examined by a medical examiner listed on the National Registry of Certified Medical Examiners in accordance with the provisions of 49 CFR 390.41-49 and any variations from the physical qualification standards adopted by such State.

Medical examiners are required to complete this Medical Examination Report Form for every driver physical examination performed in accordance with 49 CFR 390.41. Each original paper or electronic completed Medical Examination Report Form must be retained on file at the office of the medical examiner for at least 3 years from the date of examination. The medical examiner must make all records and information in these files available to an authorized representative of FMCSA or an authorized Federal, State, or local enforcement agency representative, within 48 hours after the request is made (49 CFR 390.430).

ROUTINE USES: The information used for the purposes set forth above and may be forwarded to Federal, State, or local law enforcement agencies for their use. Medical Examination Report Forms collected by FMCSA will be stored in FMCSA's automated National Registry of Certified Medical Examiners System and will be used to monitor the performance of medical examiners listed on the National Registry.

In addition to those disclosures permitted under 5 U.S.C. § 552(a)(6) of the Privacy Act of 1974, additional disclosures may be made in accordance with the U.S. Department of Transportation (DOT) Regulatory Statement of General Routine Uses published in the Federal Register on December 29, 2010 (25 FR 82133), under "Regulatory Statement of General Routine Uses" (available at <http://www.usdoj.gov/privacy/foia/2010/12/29/20101229.htm>).

ACKNOWLEDGMENT: I understand the provisions of the Privacy Act of 1974 as related to me through the above-mentioned statement.

Driver's Signature: _____ Date: _____

MEDICAL RECORD #

(optional)

SECTION 1. Driver Information (to be filled out by the driver)

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ State/Province: _____ Zip Code: _____

Driver's License Number: _____ Issuing State/Province: _____ Phone: _____ Gender: M F

Email (optional): _____ CLP/CDL Applicant/Holder?: Yes No

Driver ID Verified By**:

Has your USDOT/FMCSA medical certificate ever been denied or issued for less than 2 years? Yes No Not Sure

U.S. DOT, Department of Transportation, 400 7th Street, NW, Washington, DC 20590

Form provided by: www.fmcsa.gov (for more information, please contact the U.S. DOT, 400 7th Street, NW, Washington, DC 20590)

DRIVER HEALTH HISTORY

Have you ever had surgery? If "yes," please list and explain below. Yes No Not Sure

Are you currently taking medications (prescription, over-the-counter, herbal/medicines, diet supplements)? If "yes," please describe below. Yes No Not Sure

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

DRIVER HEALTH HISTORY *(continued)*

Do you have or have you ever had:	Not				Not		
	Yes	No	Sure		Yes	No	Sure
1. Head/brain injuries or illnesses (e.g., concussion)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	16. Dizziness, headaches, numbness, tingling, or memory loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Seizures, epilepsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	17. Unexplained weight loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Eye problems (except glasses or contacts)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	18. Stroke, mini-stroke (TIA), paralysis, or weakness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Ear and/or hearing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	19. Missing or limited use of arm, hand, finger, leg, foot, toe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Heart disease, heart attack, bypass, or other heart problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	20. Neck or back problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Pacemaker, stents, implantable devices, or other heart procedures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	21. Bone, muscle, joint, or nerve problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. High blood pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	22. Blood clots or bleeding problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. High cholesterol	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	23. Cancer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Chronic (long-term) cough, shortness of breath, or other breathing problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	24. Chronic (long-term) infection or other chronic diseases	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Lung disease (e.g., asthma)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	25. Sleep disorders, pauses in breathing while asleep, daytime sleepiness, loud snoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Kidney problems, kidney stones, or pain/problems with urination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26. Have you ever had a sleep test (e.g., sleep apnea)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Stomach, liver, or digestive problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	27. Have you ever spent a night in the hospital?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Diabetes or blood sugar problems Insulin used	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	28. Have you ever had a broken bone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Anxiety, depression, nervousness, other mental health problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	29. Have you ever used or do you now use tobacco?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Fainting or passing out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	30. Do you currently drink alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				31. Have you used an illegal substance within the past two years?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
				32. Have you ever failed a drug test or been dependent on an illegal substance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other health condition(s) not described above: Yes No Not Sure

Did you answer "yes" to any of questions 1-32? If so, please comment further on those health conditions below. Yes No Not Sure

(Attach additional sheets if necessary)

CMV DRIVER'S SIGNATURE

I certify that the above information is accurate and complete. I understand that inaccurate, false or missing information may invalidate the examination and my Medical Examiner's Certificate, that submission of fraudulent or intentionally false information is a violation of [49 CFR 390.35](#), and that submission of fraudulent or intentionally false information may subject me to civil or criminal penalties under [49 CFR 390.37](#) and [49 CFR 386](#) Appendices A and B.

Driver's Signature: _____ Date: _____

SECTION 2. Examination Report *(to be filled out by the medical examiner)*

DRIVER HEALTH HISTORY REVIEW

Review and discuss pertinent driver answers and any available medical records. Comment on the driver's responses to the "health history" questions that may affect the driver's safe operation of a commercial motor vehicle (CMV).

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

TESTING

Pulse rate: _____ Pulse rhythm regular: Yes No Height: ___ feet ___ inches Weight: ___ pounds

Blood Pressure	Systolic	Diastolic	Urinalysis	Sp. Gr.	Protein	Blood	Sugar
Sitting			Urinalysis is required. Numerical readings must be recorded.				
Second reading (optional)							
Other testing if indicated			<i>Protein, blood, or sugar in the urine may be an indication for further testing to rule out any underlying medical problem.</i>				
<div style="border: 1px solid black; height: 30px;"></div>							

Vision
Standard is at least 20/40 acuity (Snellen) in each eye with or without correction. At least 70° field of vision in horizontal meridian measured in each eye. The use of corrective lenses should be noted on the Medical Examiner's Certificate.

Acuity	Uncorrected	Corrected	Horizontal Field of Vision
Right Eye:	20/___	20/___	Right Eye: ___ degrees
Left Eye:	20/___	20/___	Left Eye: ___ degrees
Both Eyes:	20/___	20/___	

Hearing
Standard: Must first perceive whispered voice at not less than 5 feet OR average hearing loss of less than or equal to 40 dB, in better ear (with or without hearing aid).

Check if hearing aid used for test: Right Ear Left Ear Neither
Whisper Test Results
 Record distance (in feet) from driver at which a forced whispered voice can first be heard
 Right Ear _____ Left Ear _____

Applicant can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors Yes No
 Monocular vision Yes No
 Referred to ophthalmologist or optometrist? Yes No
 Received documentation from ophthalmologist or optometrist? Yes No

Audiometric Test Results

Right Ear			Left Ear		
500 Hz	1000 Hz	2000 Hz	500 Hz	1000 Hz	2000 Hz
_____	_____	_____	_____	_____	_____
Average (right): _____			Average (left): _____		

PHYSICAL EXAMINATION

The presence of a certain condition may not necessarily disqualify a driver, particularly if the condition is controlled adequately, is not likely to worsen, or is readily amenable to treatment. Even if a condition does not disqualify a driver, the Medical Examiner may consider deferring the driver temporarily. Also, the driver should be advised to take the necessary steps to correct the condition as soon as possible, particularly if neglecting the condition could result in a more serious illness that might affect driving.

Check the body systems for abnormalities.

Body System	Normal	Abnormal	Body System	Normal	Abnormal
1. General	<input type="radio"/>	<input type="radio"/>	8. Abdomen	<input type="radio"/>	<input type="radio"/>
2. Skin	<input type="radio"/>	<input type="radio"/>	9. Genito-urinary system including hernias	<input type="radio"/>	<input type="radio"/>
3. Eyes	<input type="radio"/>	<input type="radio"/>	10. Back/Spine	<input type="radio"/>	<input type="radio"/>
4. Ears	<input type="radio"/>	<input type="radio"/>	11. Extremities/joints	<input type="radio"/>	<input type="radio"/>
5. Mouth/throat	<input type="radio"/>	<input type="radio"/>	12. Neurological system including reflexes	<input type="radio"/>	<input type="radio"/>
6. Cardiovascular	<input type="radio"/>	<input type="radio"/>	13. Gait	<input type="radio"/>	<input type="radio"/>
7. Lungs/chest	<input type="radio"/>	<input type="radio"/>	14. Vascular system	<input type="radio"/>	<input type="radio"/>

Discuss any abnormal answers in detail in the space below and indicate whether it would affect the driver's ability to operate a CMV. Enter applicable item number before each comment.

(Attach additional sheets if necessary)

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

Please complete only one of the following (Federal or State) Medical Examiner Determination sections:

MEDICAL EXAMINER DETERMINATION (Federal)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)):

- Does not meet standards (specify reason): _____
- Meets standards in [49 CFR 391.41](#); qualifies for 2-year certificate
- Meets standards, but periodic monitoring required (specify reason): _____
 - Driver qualified for: 3 months 6 months 1 year other (specify): _____
 - Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____
 - Accompanied by a Skill Performance Evaluation (SPE) Certificate Qualified by operation of [49 CFR 391.64](#) (Federal)
 - Driving within an exempt intracity zone (see [49 CFR 391.62](#)) (Federal)
 - Determination pending (specify reason): _____
 - Return to medical exam office for follow-up on (must be 45 days or less): _____
 - Medical Examination Report amended (specify reason): _____
- Incomplete examination (specify reason): _____

If the driver meets the standards outlined in [49 CFR 391.41](#), then complete a Medical Examiner's Certificate as stated in [49 CFR 391.43\(h\)](#), as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: _____

MD DO Physician Assistant Chiropractor Advanced Practice Nurse

Other Practitioner (specify): _____

National Registry Number: _____ Medical Examiner's Certificate Expiration Date: _____

Last Name: _____ First Name: _____ DOB: _____ Exam Date: _____

MEDICAL EXAMINER DETERMINATION (State)

Use this section for examinations performed in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations):

- Does not meet standards in [49 CFR 391.41](#) with any applicable State variances (specify reason): _____
- Meets standards in [49 CFR 391.41](#) with any applicable State variances
- Meets standards, but periodic monitoring required (specify reason): _____
 Driver qualified for: 3 months 6 months 1 year other (specify): _____
- Wearing corrective lenses Wearing hearing aid Accompanied by a waiver/exemption (specify type): _____
- Accompanied by a Skill Performance Evaluation (SPE) Certificate Grandfathered from State requirements (State)

If the driver meets the standards outlined in [49 CFR 391.41](#), with applicable State variances, then complete a Medical Examiner's Certificate, as appropriate.

I have performed this evaluation for certification. I have personally reviewed all available records and recorded information pertaining to this evaluation, and attest that to the best of my knowledge, I believe it to be true and correct.

Medical Examiner's Signature: _____

Medical Examiner's Name (please print or type): _____

Medical Examiner's Address: _____ City: _____ State: _____ Zip Code: _____

Medical Examiner's Telephone Number: _____ Date Certificate Signed: _____

Medical Examiner's State License, Certificate, or Registration Number: _____ Issuing State: _____

- MD DO Physician Assistant Chiropractor Advanced Practice Nurse
- Other Practitioner (specify): _____

National Registry Number:

Medical Examiner's Certificate Expiration Date:

Instructions for Completing the Medical Examination Report Form (MCSA-5875)

I. Step-By-Step Instructions

Driver:

Privacy Act Statement - Please read, sign and date the Statement acknowledging that you understand the provisions of the Privacy Act of 1974 as written.

Section 1: Driver information

- **Personal Information:** Please complete this section using your name as written on your driver's license, your current address and phone number, your date of birth, age, gender, driver's license number and issuing state.
 - **CLP/CDL Applicant/Holder:** Check "yes" if you are a commercial learner's permit (CLP) or commercial driver's license (CDL) holder, or are applying for a CLP or CDL. CDL means a license issued by a State or the District of Columbia which authorizes the individual to operate a class of a commercial motor vehicle (CMV). A CMV that requires a CDL is one that: (1) has a gross combination weight rating or gross combination weight of 26,001 pounds or more inclusive of a towed unit with a gross vehicle weight rating (GVWR) or gross vehicle weight (GVW) of more than 10,000 pounds; or (2) has a GVWR or GVW of 26,001 pounds or more; or (3) is designed to transport 16 or more passengers, including the driver; or (4) is used to transport either hazardous materials requiring hazardous materials placards on the vehicle or any quantity of a select agent or toxin.
 - **Driver ID Verified By:** The Medical Examiner/staff completes this item and notes the type of photo ID used to verify the driver's identity such as, commercial driver's license, driver's license, or passport, etc.
 - **Question: Has your USDOT/FMCSA medical certificate ever been denied or issued for less than two years?** Please check the correct box "yes" or "no" and if you aren't sure check the "not sure" box.
- **Driver Health History:**
 - **Have you ever had surgery:** Please check "yes" if you have ever had surgery and provide a written explanation of the details (type of surgery, date of surgery, etc.)
 - **Are you currently taking medications (prescription, over-the-counter, herbal remedies, diet supplements):** Please check "yes" if you are taking any diet supplements, herbal remedies, or prescription or over the counter medications. In the box below the question, indicate the name of the medication and the dosage.
 - **#1-32:** Please complete this section by checking the "yes" box to indicate that you have, or have ever had, the health condition listed or the "No" box if you have not. Check the "not sure" box if you are unsure.
 - **Other Health Conditions not described above:** If you have, or have had, any other health conditions not listed in the section above, check "Yes" and in the box provided and list those condition(s).
 - **Any yes answers to questions #1-32 above:** If you have answered "yes" to any of the questions in the Driver Health History section above, please explain your answers further in the box below the question. For example, if you answered "yes" to question #5 regarding heart disease, heart attack, bypass, or other heart problem, indicate which type of heart condition. If you checked "yes" to question #23 regarding cancer, indicate the type of cancer. Please add any information that will be helpful to the Medical Examiner.
- **CMV Driver Signature and Date:** Please read the certification statement, sign and date it, indicating that the information you provided in Section 1 is accurate and complete.

Medical Examiner:

Section 2: Examination Report

- **Driver Health History Review:** Review answers provided by the driver in the driver health history section and discuss any “yes” and “not sure” responses. In addition, be sure to compare the medication list to the health history responses ensuring that the medication list matches the medical conditions noted. Explore with the driver any answers that seem unclear. Record any information that the driver omitted. As the Medical Examiner conducting the driver's physical examination you are required to complete the entire medical examination even if you detect a medical condition that you consider disqualifying, such as deafness. Medical Examiners are expected to determine the driver's physical qualification for operating a commercial vehicle safely. Thus, if you find a disqualifying condition for which a driver may receive a Federal Motor Carrier Safety Administration medical exemption, please record that on the driver's Medical Examiner's Certificate, Form MCSA-5876, as well as on the Medical Examination Report Form, MCSA-5875.
- **Testing:**
 - **Pulse rate and rhythm, height, and weight:** record these as indicated on the form.
 - **Blood Pressure:** record the blood pressure (systolic and diastolic) of the driver being examined. A second reading is optional and should be recorded if found to be necessary.
 - **Urinalysis:** record the numerical readings for the specific gravity, protein, blood and sugar.
 - **Vision:** The current vision standard is provided on the form. When other than the Snellen chart is used, give test results in Snellen-comparable values. When recording distance vision, use 20 feet as normal. Record the vision acuity results and indicate if the driver can recognize and distinguish among traffic control signals and devices showing red, green, and amber colors; has monocular vision; has been referred to an ophthalmologist or optometrist; and if documentation has been received from an ophthalmologist or optometrist.
 - **Hearing:** The current hearing standard is provided on the form. Hearing can be tested using either a whisper test or audiometric test. Record the test results in the corresponding section for the test used.
- **Physical Examination:** Check the body systems for abnormalities and indicate normal or abnormal for each body system listed. Discuss any abnormal answers in detail in the space provided and indicate whether it would affect the driver's ability to safely operate a commercial motor vehicle.

In this next section, you will be completing either the Federal or State determination, not both.

- **Medical Examiner Determination (Federal):** Use this section for examinations performed in accordance with the FMCSRs ([49 CFR 391.41-391.49](#)). Complete the medical examiner determination section completely. When determining a driver's physical qualification, please note that English language proficiency ([49 CFR part 391.11](#): General qualifications of drivers) is not factored into that determination.
 - **Does not meet standards:** Select this option when a driver is determined to be not qualified and provide an explanation of why the driver does not meet the standards in 49 CFR 391.41.
 - **Meets standards in 49 CFR 391.41; qualifies for 2-year certification:** Select this option when a driver is determined to be qualified and will be issued a 2-year Medical Examiner's Certificate.

- **Meets standards, but periodic monitoring is required:** Select this option when a driver is determined to be qualified but needs periodic monitoring and provide an explanation of why periodic monitoring is required. Select the corresponding time frame that the driver is qualified and if selecting other, specify the time frame.
 - **Determination that driver meets standards:** Select all categories that apply to the driver's certification (e.g., wearing corrective lenses, accompanied by a waiver/exemption, driving within an exempt intracity zone, etc.).
- **Determination pending:** Select this option when more information is needed to make a qualification decision and specify a date, on or before the 45 day expiration date, for the driver to return to the medical exam office for follow-up. This will allow for a delay of the qualification decision for as many as 45 days. If the disposition of the pending examination is not updated via the National Registry on or before the 45 day expiration date, FMCSA will notify the examining medical examiner and the driver in writing that the examination is no longer valid and that the driver is required to be re-examined.
 - **MER amended:** A Medical Examination Report Form (MER), MCSA-5875, may only be amended while in determination pending status for situations where new information (e.g., test results, etc.) has been received or there has been a change in the driver's medical status since the initial examination, but prior to a final qualification determination. Select this option when a Medical Examination Report Form, MCSA-5875, is being amended; provide the reason for the amendment, sign and date. In addition, initial and date any changes made on the Medical Examination Report Form, MCSA-5875. A Medical Examination Report Form, MCSA-5875, cannot be amended after an examination has been in determination pending status for more than 45 days or after a final qualification determination has been made. The driver is required to obtain a new physical examination and a new Medical Examination Report Form, MCSA-5875, should be completed.
- **Incomplete examination:** Select this when the physical examination is not completed for any reason (e.g., driver decides they do not want to continue with the examination and leaves) other than situations outlined under determination pending.
- **Medical Examiner information, signature and date:** Provide your name, address, phone number, occupation, license, certificate, or registration number and issuing state, national registry number, Medical Examiner's Certificate expiration date, signature and date.
- **Medical Examiner Determination (State):** Use this section for examinations performed in accordance with the FMCSRs ([49 CFR 391.41-391.49](#)) with any applicable State variances (which will only be valid for intrastate operations). Complete the medical examiner determination section completely.
 - **Does not meet standards in 49 CFR 391.41 with any applicable State variances:** Select this option when a driver is determined to be not qualified and provide an explanation of why the driver does not meet the standards in 49 CFR 391.41 with any applicable State variances.
 - **Meets standards in 49 CFR 391.41 with any applicable State variances:** Select this option when a driver is determined to be qualified and will be issued a 2-year Medical Examiner's Certificate.
 - **Meets standards, but periodic monitoring is required:** Select this option when a driver is determined to be qualified but needs periodic monitoring and provide an explanation of why periodic monitoring is required. Select the corresponding time frame that the driver is qualified and if selecting other, specify the time frame.
 - **Determination that driver meets standards:** Select all categories that apply to the driver's certification (e.g., wearing corrective lenses, accompanied by a waiver/exemption, etc.).

- **Medical Examiner information, signature and date:** Provide your name, address, phone number, occupation, license, certificate, or registration number and issuing state, national registry number, Medical Examiner's Certificate expiration date, signature and date.
- II. If updating an existing exam, you must resubmit the new exam results, via the Medical Examination Results Form, MCSA-5850, to the National Registry, and the most recent dated exam will take precedence.**
- III. To obtain additional information regarding this form go to the Medical Program's page on the Federal Motor Carrier Safety Administration's website at <http://www.fmcsa.dot.gov/regulations/medical>.**



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