附件5

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| **游艇操作人员身体条件证明** | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请 人 填 报 事 项** | **申 请 人 信 息** | **姓 名** |  | **性别** |  | | **出生日期** | | | |  | | | | | | | **国 籍** | | |  | | | | |
| **身份证明名称** |  | | **号 码** | |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **申 告 事 项** | **本人如实申告 具有 √ 下列疾病或者情况，如有隐瞒，责任自负** | | | | | | | | | | | | | | | | | | **照片** | | | | | |
| □器质性心脏病 □癫 痫 □美尼尔氏症 □眩 晕 □癔 病 □震颤麻痹 □精神病 □痴 呆 □影响肢体活动的神经系统疾病等妨碍安全驾驶疾病 □吸食、注射毒品、长期服用依赖性精神药品成瘾尚未戒除  签名： | | | | | | | | | | | | | | | | | |
|
| **医**  **疗**  **机**  **构**  **填**  **写**  **事**  **项** | | **辨色力** |  | | | | | | | | | | | | | | | | | **（医疗机**  **构盖章）** | | | | | |
| **视 力** | 左眼: | | | **是否矫正** | | | | **□是 □否** | | | | | | | | | |
| 右眼: | | | **□是 □否** | | | | | | | | | | **年 月 日** | | | | | |
| **听 力** | 左耳: | | | **上 肢** | | | | 左上肢: | | | | | | | | | | | | | | | |
| 右耳: | | | 右上肢: | | | | | | | | | | | | | | | |
| **口头表**  **达能力** |  | | | **下 肢** | | | | 左下肢: | | | | | | | | | | | | | | | |
| 右下肢: | | | | | | | | | | | | | | | |
| **医师结论** | |  | | | | **医师签名** | | | |  | | | | | | | | | | | | | | | |

备注：游艇操作人员身体条件要求：

1.两眼矫正视力达到对数视力表4.9以上；

2.无色盲、色弱；

3.两耳分别距音叉50厘米能辨别声源方向；

4.口头表达无障碍；

5.四肢无运动功能性障碍。