

MEDICAL IN CONFIDENCE

APPLICATION FOR THE TRANSFER OF MEDICAL RECORDS BETWEEN MEDICAL SECTIONS OF LICENCING AUTHORITIES

SECTION A: TO BE COMPLETED BY APPLICANT

Note: The form should be completed in block capitals using black or blue ink.

CONSENT BY APPLICANT
<p>I, (Name of applicant)....., consent to my aeromedical records being transferred between the Authority Medical Sections of the Licensing Authorities stated below and accept responsibility for any fees incurred in translating or transferring my records.</p> <p>Signature..... Date.....</p>

Please note:

Only English Language accepted: (Any charges incurred for translations are the responsibility of the Applicant)

ITEM	DESCRIPTION	THIS PAGE TO BE COMPLETED BY APPLICANT
1	State of Transfer TO: Address: Telephone: Email:	
2	State of Transfer FROM: Address: Telephone: Email:	
3	Full name of holder	
4	Address of holder	
5	Date of birth (dd/mm/yyyy)	
6	Nationality of holder	
7	Reference Number	
8	Licence(s) Held (e.g. ATPL/CPL/PPL)	Restrictions or Limitations (if any)

SECTION B: TO BE COMPLETED BY MEDICAL ASSESSOR OF TRANSFERRING AUTHORITY

ITEM	MEDICAL HISTORY
9	<p>Any previous State(s) of Licence Issue prior to current State (or where medical records have been held) No <input type="checkbox"/> Yes <input type="checkbox"/>enclose details</p> <p>Period of Medical Records Held (Dates From/To):</p> <p>If there is insufficient space on this form for any information, please use additional pages.</p> <p>Copies of the applicant's Aeromedical records should be enclosed with this form. The minimum documents required for transfer:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of earliest available medical application and examination report forms <input type="checkbox"/> All SOLI forms (and supporting documents) from previous transfers. <input type="checkbox"/> Summary of medical history (see below) with supporting aeromedical assessments & clinical reports <input type="checkbox"/> Copy of latest electrocardiogram (class 1 only) <input type="checkbox"/> Copy of current medical certificate and supporting application and examination report forms. <p>Summary of medical history (with dates) to include relevant inactive conditions and active conditions requiring follow-up</p>

VERIFICATION		
<p>I (name)....., Medical Assessor of..... Authority certify that the details given above and on any additional pages included are true and correct.</p> <p>Further information/records are available on request</p>		
Signature	Date: (dd/mm/yyyy)	Medical Assessor stamp