

**MEDICAL IN CONFIDENCE**

**APPLICATION FORM FOR THE TRANSFER OF MEDICAL RECORDS  
BETWEEN MEDICAL SECTIONS OF LICENSING AUTHORITIES**

**APPLICATION AND CONSENT BY APPLICANT**

I, (Name of applicant) .....  
 apply for and 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.

Signature..... Date.....

**INFORMATION TO BE COMPLETED BY THE APPLICANT**

ITEM	DESCRIPTION	
1	<b>State of Transfer TO: Licensing Authority</b> Name: Address: Telephone: Email:	
2	<b>State of Transfer FROM: Licensing Authority</b> Name: Address: Telephone: Email:	
3	Full name of applicant	
4	Address of applicant	
5	Date of birth (dd/mm/yyyy)	
6	Nationality of applicant	
7	Reference Number/ Medical Certificate Number/Licence number (as appropriate)	
8	Licence(s) Held (ATPL/CPL/MPL/PPL/ SPL/ BPL/LAPL/ATCO)	
9	Issuing authority	

ITEM	MEDICAL HISTORY TO BE COMPLETED BY MEDICAL ASSESSOR OF TRANSFERRING AUTHORITY
10	<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: <input style="width: 500px; height: 40px;" type="text"/></p> <p>Period of Medical Records held by current Authority (Dates from/To):  <input style="width: 500px; height: 40px;" type="text"/></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"> <li><input type="checkbox"/> <b>Copy of earliest medical application and examination report forms</b></li> <li><input type="checkbox"/> <b>All SOLI forms (and supporting documents) from previous transfers.</b></li> <li><input type="checkbox"/> <b>Summary of medical history (see below) with supporting aeromedical assessments &amp; clinical reports</b></li> <li><input type="checkbox"/> <b>Copy of current medical application and examination report forms</b></li> <li><input type="checkbox"/> <b>Copy of latest electrocardiogram (when applicable)</b></li> <li><input type="checkbox"/> <b>Copy of current medical certificate</b></li> </ul> <p><b>Summary of medical history</b> (with dates) to include relevant inactive conditions and active conditions requiring follow-up</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>

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