

Secondary Review of the aeromedical fitness

Secondary Review of the aeromedical fitness according to MED.A.025 (b) (3) of Commission Regulation (EU) No 1178/2011 respectively ATCO.MED.A.025 (b) (3) of Commission Regulation (EU) 2015/340 in conjunction with ARA.MED.325 leg. cit.

Please fill in the framed fields of the form, sign it and send it together with attachments to:

AUSTRO CONTROL GmbH, Aviation Agency, Schnirchgasse 17, 1030 Vienna, Austria

1 Request type

I apply for the Secondary Review of my aeromedical fitness by the competent authority in accordance with Annex IV MED.A.025 (b) (3) of Commission Regulation (EU) No 1178/2011 and Annex IV ATCO.MED.A.025 (b) (3) of Commission Regulation (EU) 2015/340 in conjunction with ARA.MED.325.

2 Applicant (Aircrew)

Title	First Name	Last Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street	Place	Postal	Country	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone	E-Mail			
<input type="text"/>	<input type="text"/>			
Date of birth	Number of Licence/Attestation	Class		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

3 Attachments

- Notification of denial of medical certificate or cabin crew medical report
- Justification for the application for a secondary review of the aeromedical fitness

- all relevant medical reports

4 Signature

With my signature I confirm the accuracy of the above information and acknowledge that for the official act in accordance with the Austro Control regulation on fees (ACGV) and the Austrian act on fees 1957 (GebG) corresponding fees are incurred, which will be charged to me.

I agree that all results from Austro Control GmbH consulted specialists/experts may be forwarded for specific assessment and, if applicable, that medical reports may be returned directly to the authority (medical assessor of Austro Control GmbH).

I agree to the electronic transmission of documents (this will allow easier communication and faster processing time).

Place	Date	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>