

# Transfer of Medical Records

Form for the Transfer of Medical Records between  
Aeromedical Sections of Licencing Authorities

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

## Page 1 to be filled by the applicant.

### 1 Consent

The applicant consents to the transfer of his or her aeromedical records between the Aeromedical Sections of the Licencing Authorities as specified below.

Please note: Only English and German documents will be accepted. Any costs incurred through the certified translation of documents remain the applicant's responsibility.

### 2 Applicant

Title  First Name  Last Name

Street  Place  Postal  Country

Telephone  E-Mail

Date of Birth (dd/mm/yyyy)  Nationality  Reference Number

Licence(s) held (e.g. ATPL/CPL/PPL)

Restrictions or Limitations (if any) Licence and/or Medical

### 3 State transferring TO

Name of State/Authority

Street  Place  Postal  Country

Telephone  Fax  E-Mail

### 4 State transferring FROM

Name of State/Authority

Street  Place  Postal  Country

Telephone  Fax  E-Mail

### 5 Signature

Place  Date  Signature of Applicant

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**Page 2 to be filled by the Medical Assessor of the current Authority (transfer from).**

## 6 Medical History to be completed by Medical Assessor of Transferring Authority

If there is insufficient space on this form for any information, please attach additional pages.

Name of Applicant

Any previous State(s) of Licence Issue prior to current state (or where medical records have been held)?

No

Yes

Enclose details:

Period of Medical Records held (Dates From/To)

Copies of the applicant's aeromedical records should be enclosed with this form.

The minimum documents required for transfer:

- Copy of earliest medical application and examination report forms
- All SOLI forms (and supporting documents) from previous transfers
- Summary of medical history (see below) with supporting aeromedical assessments and clinical reports
- Copy of current medical application and examination report forms
- Copy of latest electrocardiogram (if available)
- Copy of current medical certificate

Detailed summary of medical history (especially surgery, clinical treatments, medication, ...) with dates, including relevant inactive conditions and active conditions requiring follow-up, referencing relevant documentation.

## 7 Verification

I certify that the details given above and on any additional pages included are true and correct.

Further information/records available on request.

Name of Medical Assessor

Name of Authority

Place

Date

Signature of Medical Assessor

Stamp