Transfer of Medical Records

Form for the Transfer of Medical Records between Medical 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, Department LSA, Wagramer Straße 19, 1220 Vienna, Austria

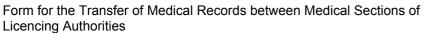
1 Consent by Applicant

I consent to my aeromedical records being transferred between the Authority Medical Sections of the Licensing Authorities stated below and accept responsibility for any fees incurring in translating or transferring my records.

Please note: Only English Language accepted. Any charges incurred for translations are the responsibility of the applicant.

2 Applicant	= Holder							
Title First Name				Last Name				
Street				Place		Postal	Country	
Telephone		Fax		E-Mail				
Date of Birth (dd/mm/yyyy)		Nationality Re		Reference Number				
Licence(s) Held (e	.g. ATPL/CPL/F	PL)						
Restrictions or Limitations (if any) licence and/or medical								
Restrictions of Lin	ilitations (ii a	rry) liceric	e and/or medical					
3 State of T	ransfer TO							
Name of State/Au								
Street				Place		Postal	Country	
Telephone		Fax		E-Mail				
4 State of T	ransfer FRO	M						
Name of State/Au								
Street				Place		Postal	Country	
Telephone Fax				E-Mail				
·								
5 Signature								
	Date	C:	anature of Applicant					
Place	Date	SIÇ	gnature of Applicant					

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6 Medical history to be completed by medical assessor of transferring authority									
If there is insufficient space on this form for any information, please use additional pages.									
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									
Summary of medical history (especially surgery, clinical treatments, medication,) with dates, to include relevant inactive conditions and active conditions requiring follow-up									
7 Verification									
I certify that the deta	ils given above and o	n any additional page	es included are true a	and correct.					
Further information/records are available on request.									
Name of Medical Assessor Name of Authority									
	5 /	0		0.					
Place	Date	Signature of Medica	l Assessor	Stamp					