

# 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
<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	Fax	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (dd/mm/yyyy)	Nationality	Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Restrictions or Limitations (if any) licence and/or medical

## 3 State of Transfer TO

Name of State/Authority

Street	Place	Postal	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	Fax	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4 State of Transfer FROM

Name of State/Authority

Street	Place	Postal	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Telephone	Fax	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 5 Signature

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

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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 details given above and on any additional pages included are true and correct.

Further information/records are available on request.

Name of Medical Assessor

Name of Authority

Place

Date

Signature of Medical Assessor

Stamp