

**MEDICAL IN CONFIDENCE**

**FORM FOR THE TRANSFER OF MEDICAL RECORDS BETWEEN AERO-MEDICAL SECTIONS OF EASA MEMBER STATE LICENSING AUTHORITIES.**

Please complete this form online.

ITEM	DESCRIPTION		TO BE COMPLETED BY APPLICANT
1	State of transfer FROM: (State name)		
2	State of transfer TO: (State name)		
3	Licence(s) held	Type (e.g. ATPL/CPL/PPL)	
		Reference No.	
4	Full name of holder:		
5	Date of birth: (dd/mm/yyyy)		
6	Nationality of holder:		
7	Address of holder:		
8	Email of holder:		

**CONSENT BY APPLICANT**

I (name of applicant), ..... consent to the transfer of my aeromedical records between the Authority Medical Sections (AMS) of the Civil Aviation Authorities stated above.  
 I hereby declare that the statements made above are complete and correct and that I have not made any misleading statement.

Date:.....

Signature:.....

