

MEDICAL IN CONFIDENCE

FORM FOR THE TRANSFER OF MEDICAL RECORDS BETWEEN MEDICAL SECTIONS OF LICENSING AUTHORITIES

The form should be completed in block capitals using black or blue ink

CONSENT BY APPLICANT
<p>I, (Name of applicant).....consent to my aeromedical records being transferred between the Authority Medical Sections of the Licensing Authorities states below and accept responsibility for any fees incurred in translating or transferring my records. I consent to transfer my medical files electronically.</p> <p>Signature..... Date</p>

Please note:

Only English accepted: (Any charges incurred for translations are the responsibility of the Applicant)

ITEM	DESCRIPTION	
1	State of Transfer TO : Address : Telephone: Email	
2	State of Transfer From: Adress: Telephone: Email:	BCAA SPF Mobilité et transports DGTA Aeromedical section Rue du Progrès 56, 6MED 1210 Bruxelles +32 2 277 43 70 (option 5) Info.ams@mobilit.fgov.be
3	Full name of holder	
4	Adress of holder	
5	Date of birth (dd/mm/YYYY)	
6	Nationality of holder	
7	Reference Number	
8	Licence(s) Held (e.g. ATPL/CPL/PPL)	Restrictions or Limitations (if any)

MEDICAL HISTORY TO BE COMPLETED BY MEDICAL ASSESSOR OF TRANSFERRING AUTHORITY	
9	<p>Any previous State(s) of License Issue prior to current State (or where medical records have been held) No <input type="checkbox"/> Yes <input type="checkbox"/> enclose details</p> <p>Period of Medical Records Held (Dates From/To):</p> <p>If there insufficient space on this form for any information , please use additional pages.</p> <p>Copies of the applicant's Aeromedical records should be enclosed with this form. The minimum documents required for transfer:</p> <ul style="list-style-type: none"> ○ Copy of earliest medical application and examination reports forms ○ All SOLI forms (and supporting documents) from previous transfers ○ Summary of medical history (see below) with supporting aeromedical assessments 1 clinicals reports ○ Copy of current medical application and examination report forms ○ Copy of latest electrocardiogram (class 1 only) ○ Copy of current medical certificate <p>Summary of medical history (with dates) to include relevant inactive conditions and active conditions requiring follow-up</p>

VERIFICATION		
<p>I (name), Medical Assessor of Belgian Civil Aviation Authority certify that the details given above and on any additional pages included are true and correct.</p> <p>Further information/records are available on request</p>		
Signature	Date: (dd/mm/yyyy)	Medical Assessor stamp