



## MEDICAL IN CONFIDENCE

### APPLICATION FOR THE TRANSFER OF MEDICAL RECORDS BETWEEN MEDICAL SECTIONS OF LICENSING AUTHORITIES

**SECTION A: TO BE COMPLETED BY APPLICANT** (illegible forms will not be processed)

CONSENT BY APPLICANT
<p>I, (Name of applicant)....., consent to the transfer of my aeromedical records between the Authority Medical Sections of the Licensing Authorities stated below being in paper or electronic format and accept responsibility for any fees incurred in translating or transferring my records.</p> <p>Signature..... Date (dd/mm/yyyy).....</p>

**Please note, Languages accepted: English, French, German, Italian (any charges incurred for translations are the responsibility of the applicant)**

ITEM	DESCRIPTION	THIS PAGE TO BE COMPLETED BY APPLICANT	
1	State of Transfer TO Address  Email		
2	State of Transfer FROM Address  Telephone  Email	Switzerland Federal Office of Civil Aviation (FOCA) Aeromedical Section (AMS) CH-3003 Bern  +41 (0)58 465 91 65  ams.bazl@hin.ch	
3	Full name of holder	Last name(s)	First name(s)
4	Date of birth (dd/mm/yyyy)		
5	Address of holder  Telephone  Email		
6	Nationality of holder		
7	Licence(s) Held	Type (e.g. ATPL/CPL/PPL)	Number



**SECTION B: TO BE COMPLETED BY MEDICAL ASSESSOR OF TRANSFERRING AUTHORITY**

8	<p>Any previous State(s) of Licence Issue prior to current State (or where medical records have been held) <span style="float: right;">No <input type="checkbox"/> Yes <input type="checkbox"/> .....enclose details</span></p> <p>Period of Medical Records Held (Dates From/To .....</p> <p><b>If there is insufficient space on this form for any information, please use additional pages.</b></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"> <li>• <b>Copy of earliest available medical application and examination report forms</b></li> <li>• <b>All SOLI forms (and supporting documents) from previous transfers</b></li> <li>• <b>Copy of latest electrocardiogram</b></li> <li>• <b>Copy of current medical certificate and supporting application and examination report forms</b></li> </ul> <p><b>Summary of medical history</b> (with dates) to include relevant inactive conditions and active conditions requiring follow-up.</p>
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VERIFICATION		
<p>I certify that the details given above and on any additional pages included are true and correct. Further information/records are available on request.</p>		
<p>Name of Medical Assessor</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p>Name of Authority</p> <div style="border: 1px solid black; padding: 2px;">FOCA Switzerland</div>	
<p>Signature</p>	<p>Date (dd/mm/yyyy)</p>	<p>Medical Assessor stamp</p>