



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 Telephone 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
8*	Past or pending enforcement action	No <input type="checkbox"/> Yes <input type="checkbox"/> (If yes, please give details on a separate page.)	
* Item 8: specify if there is a current investigation into the medical certificate and license, or suspension or revocation thereof.			



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

Last name(s)	First name(s)
9	Any previous State(s) of Licence Issue prior to current State (or where medical records have been held) <p style="text-align: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></p>
10	Period of medical records held by FOCA (Dates from/to) Copies of the following applicant's Aeromedical records are enclosed as far as available. The minimum documents required for transfer: <ul style="list-style-type: none"> • Copy of earliest available medical application and examination report forms. • All SOLI forms (and supporting documents) from previous transfers. • Copy of latest electrocardiogram • Copy of current medical certificate and supporting application and examination report forms. <p>Relevant medical history No <input type="checkbox"/> Yes <input type="checkbox"/></p> <p>Summary of medical history (with dates) to include relevant inactive conditions and active conditions requiring follow-up.</p>
11	Pending enforcement action <p style="text-align: right;">No <input type="checkbox"/> Yes <input type="checkbox"/></p>

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 <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="border: 1px solid black; width: 30%; height: 25px;"></div> <div style="border: 1px solid black; width: 20%; padding: 2px 5px;">FOCA Switzerland</div> </div>		
Signature	Date (dd/mm/yyyy)	Medical Assessor stamp