

Transfer of Medical Records to the UK Aeromedical Section (AMS)



Document Checklist

Please use this page to check you have fulfilled all the requirements before posting

Please ensure that the consent section on the top of the SRG1202 (SOLI) form has been completed and signed by the applicant.

The following documentation has been provided:

Last application form for a medical certificate (official JAR or EASA form)

Last medical examination report (official JAR or EASA form)

Last medical certificate (copy of front and back) (official JAR or EASA form)

Last ECG

Last ophthalmological examination report (if applicable) (JAR or EASA)

Supporting aeromedical assessments and clinical reports relevant to the applicant's medical history.

Please note:

Reports must be translated into English and authenticated by a certified translator. Any documentation not in English will be rejected and any costs incurred for translations are the responsibility of the applicant.

There are a number of common errors when requesting a *Transfer of Medical Records*. In order to complete a smooth application please ensure:

- Summary of relevant medical history has been completed on the SOLI form;
- Supporting aeromedical assessment and clinical reports are enclosed;
- Aeromedical assessment/clinical reports have been translated into English;
- The SOLI form has been signed, stamped and dated by a **Medical Assessor**;
- Full contact details for the applicant are stated on the SOLI form, i.e. email address, current telephone number and postal address;
- Confirmation of initial Class 1/2 examination date has been entered;
- On the Payment Form (SRG1201) the address of the **card holder** is completed **if different** from the applicant.

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

Please complete the form in block capitals using black or blue ink.

CONSENT BY APPLICANT	
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.	
Signature.....	Date:

Please note:

Only English Language accepted, 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:		
3	Full name of holder		
4	Address of holder Telephone: Email:		
5	Date of Birth (dd/mm/yyyy)		
6	Nationality of holder		
7	Reference Number		
8	Licences held: (e.g. ATPL/CPL/PPL)		Restrictions or limitations (if any)

