



## Medical in Confidence

## Consent With the transfer of medical records (SOLI)

With this form you consent to the transfer of your medical records between the aeromedical sections of licensing authorities.

Send the form to [div.hoofddorp@ilent.nl](mailto:div.hoofddorp@ilent.nl) or send to  
Inspectie Leefomgeving en Transport / Luchtvaart  
P.O. Box 16191, 2500 BD Den Haag

Any charges incurred for translations are the responsibility of the applicant.

### Additional information

(0031) (0)88 489 00 00 | [www.ilent.nl](http://www.ilent.nl)

### 1 Details applicant

|  |                      |
|--|----------------------|
| 1.1 Full name applicant/holder           | <input type="text"/> |
| 1.2 Date of birth and Nationality        | <input type="text"/> |
| 1.3 Address                              | <input type="text"/> |
| 1.4 Postcode, place and country          | <input type="text"/> |
| 1.5 Telephone and e-mailaddress          | <input type="text"/> |
| 1.6 Licence number                       | <input type="text"/> |
| 1.7 Licences held (e.g. ATPL/CPL/PPL)    | <input type="text"/> |
| 1.8 Restrictions or limitations (if any) | <input type="text"/> |

### 2 State of transfer

|                                 |                      |
|---------------------------------|----------------------|
| 2.1 State of transfer from      | <input type="text"/> |
| 2.2 Address                     | <input type="text"/> |
| 2.3 Telephone and e-mailaddress | <input type="text"/> |
| 2.4 State of transfer to        | <input type="text"/> |
| 2.5 Address                     | <input type="text"/> |
| 2.6 Telephone and e-mailaddress | <input type="text"/> |

### 3 Signing

> I, the applicant, consent to my aeromedical records being transferred between the Aeromedical Sections of the Licensing Authorities stated under paragraph 2 of this form and accept responsibility for any fees incurred in translating or transferring my records.

|                     |                      |
|---------------------|----------------------|
| 3.1 Date of signing | <input type="text"/> |
| 3.2 Signature       | <input type="text"/> |

.....  
The following questions must be completed by a medical assessor of the transferring authority  
.....

## 4 Medical history

4.1 Any previous State(s) of Licence Issue prior to current State (or where medical records have been held)

Yes  No

Enclose details

4.2 Period of medical records held

From: \_\_\_\_\_ To: \_\_\_\_\_

4.3 Summary of medical history (with dates) to include relevant inactive conditions and active conditions requiring follow-up

## 5 Enclosures

5.1 Include the following enclosures with this form

- Copies of the applicant's Aeromedical records should be enclosed with this form.
- The minimum documents required for transfer:
  - Copy of earliest available medical application and examination report forms
  - All SOLI forms (and supporting documents) from previous transfers.
  - Summary of medical history (see question 4.3) with supporting aeromedical assessments & clinical reports
  - Copy of latest electrocardiogram (class 1 only)
  - Copy of current medical certificate and supporting application and examination report forms.

## 6 Verification

- > The medical assessor certifies that the details given above and on any additional pages are true and correct. Further information/records are available on request.

6.1 Name of the medical assessor

\_\_\_\_\_

6.2 Authority of medical assessor

\_\_\_\_\_

6.3 Date

\_\_\_\_\_ | \_\_\_\_\_

6.4 Signature

\_\_\_\_\_

6.5 Medical assessor stamp

\_\_\_\_\_