

Application for Release of Medical Records - Dual Licencing or State of Licence Transfers (SOLI)



Name

Title First Name Middle Name Last Name

Address

Street Address

Street Address Line 2

City County

Post Code

Email

Pilots Licence Number

example@example.com

eg. IE.FCL.123456G

I wish to apply for my medical records to be sent to the above email address. I understand this will include all Medical Application Forms (MED160), all tests including ECGs and Audiograms and all Medical Certificates issued by Aviation Medicals Wessex.

Please fill below a request of any extra medical documentation that is required

Please email this form along with a copy of your Passport and Current medical certificate to amwld@outlook.com and title your email "Request for medical records."

Signature and Date:
