



Notification of Alternative Means of Compliance

Regulation Reference: COMMISSION REGULATION (EU) No 1178/2011; Annex 1 Part FCL and COMMISSION REGULATION (EU) No 290/2012 ARA MED.

Subject: Form for the Transfer of Medical Records between Authority Medical Sections of Licensing Authorities

Summary:

Part FCL requires a licence holder's licensing and medical records to be held in one State. The holder of a Part-FCL licence issued by one EU State who wishes to transfer to another EU State (so that all their licences are issued by that State) must have their medical and licensing records transferred to the new State, including translation into the language accepted by the new State where applicable.

No AMC has been included in the Aircrew Regulation to enable a harmonised approach to the transfer of aeromedical records. The UK CAA, in conjunction with the European CMOs' Forum, has developed a form for the purposes of aeromedical records transfer.

Implementing Rule:

Part-FCL FCL.015(d) refers:

FCL.015 Application and issue of licences, ratings and certificates

- (a) An application for the issue, revalidation or renewal of pilot licences and associated ratings and certificates shall be submitted to the competent authority in a form and manner established by this authority. The application shall be accompanied by evidence that the applicant complies with the requirements for the issue, revalidation or renewal of the licence or certificate as well as associated ratings or endorsements, established in this Part and Part-Medical.
- (b) Any limitation or extension of the privileges granted by a licence, rating or certificate shall be endorsed in the licence or certificate by the competent authority.
- (c) A person shall not hold at any time more than one licence per category of aircraft issued in accordance with this Part.
- (d) An application for the issue of a licence for another category of aircraft, or for the issue of further ratings or certificates, as well as an amendment, revalidation or renewal of those licences, ratings or certificates shall be submitted to the competent authority which initially issued the pilot licence, **except when the pilot has requested a change of competent authority and a transfer of his licensing and medical records to that authority**

Part MED ARA does not contain any reference to aeromedical records transfer between competent authorities for the purposes of change of State of Licence Issue.

It is suggested

1) that an addition be made to ARA.MED.150(c)4 as highlighted below in bold:

ARA.MED.150 Record-keeping

- (a) In addition to the records required in ARA.GEN.220, the competent authority shall include in its system of record-keeping

	Email:		medicalweb@caa.co.uk
3	Licences held:	Type:	
		Reference No.:	
4	Full name of holder		
5	Address of holder		
6	Date of Birth (dd/mm/yyyy)		
7	Nationality of holder		
8	Limitations (if any)		

expiry of their last medical
available after written
orderline cases;
f State of Licence Issue

regarding



UK CAA Form for
aeromed records trans

The template discussed and agreed by the CMOs' Forum is also attached for information as this may assist EASA in developing an AMC:



EASA_SOLI_UK201
2 version 1.doc...

Assessment:

The attached form is assessed as meeting the Implementing Rule Part-FCL FCL.015(d)

Approved for submission to the Agency by: *Sally Evans, Chief Medical Officer and Cliff Whittaker, Head of Licensing and Training Policy, UK CAA*

Signatures:

Sally Evans
Cliff Whittaker

Date: 28 January 2013



FORM FOR THE TRANSFER OF MEDICAL RECORDS BETWEEN AUTHORITY MEDICAL SECTIONS OF LICENCING AUTHORITIES AND UK CAA

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

Please ensure you submit copies of the applicant's Aeromedical records with this form

Minimum documents required for transfer :

- Copy of initial medical application and examination report forms.
- Summary of medical history with supporting aeromedical assessment clinical reports
- Copy of current medical application and examination report forms
- Copy of latest electrocardiogram and audiogram
- Copy of current medical certificate

Please note: Language accepted: English Only

(Any charges incurred for translations are the responsibility of the Applicant)

ITEM	DESCRIPTION	
1	State of Transfer FROM: Address: Telephone; Email:	
2	State of Transfer TO: Address: Telephone: Email:	
	UK CAA Medical Department Aviation House Gatwick Airport South RH6 0YR	
	00 44 1293 573700 medicalweb@caa.co.uk	
3	Licences held :	Type:
		Reference No:
4	Full name of holder	
5	Address of holder	
6	Date of birth (dd/mm/yyyy)	
7	Nationality of holder	
8	Limitations (if any)	

ITEM	DESCRIPTION
9	Summary of Medical History (with dates) (Please confirm Initial Examination Date)

If there is insufficient space on this form for any information, please use additional pages.

VERIFICATION	
<p>I (name).....of..... Authority certify that the details given above and on any additional pages included are true and correct.</p> <p>Date: (dd/mm/yyyy)</p>	
<p>Signature and Medical Assessor stamp</p>	
CONSENT	
<p>I, (Name of applicant)..... consent to my aeromedical records being transferred to the Authority Medical Section of the Licensing Authority of UK CAA and accept responsibility for any fees incurred in translating or transferring my records.</p> <p>Signature.....</p> <p>Date.....</p>	

MEDICAL IN CONFIDENCE*INSERT LOGO OF LICENSING AUTHORITY***FORM FOR THE TRANSFER OF MEDICAL RECORDS BETWEEN AUTHORITY MEDICAL SECTIONS OF LICENSING AUTHORITIES AND *INSERT NAME OF LICENSING AUTHORITY***

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

Please ensure you submit copies of the applicant's aeromedical records with this form

Minimum documents required for transfer :

- Copy of initial medical application and examination report forms.
- Summary of medical history with supporting aeromedical assessment clinical reports
- Copy of current medical application and examination report forms
- Copy of latest electrocardiogram and audiogram
- Copy of current medical certificate

Please note: Language (s) accepted: *Insert languages accepted*
(Any charges incurred for translations are the responsibility of the Applicant)

ITEM	DESCRIPTION	
1	State of Transfer FROM: Address: Telephone; Email:	
2	State of Transfer TO: Address: Telephone: Email:	<i>Insert details of licensing authority</i> <i>Insert details of licensing authority</i> <i>Insert details of licensing authority</i>
3	Licence (s) held :	Type:
		Reference No:
4	Full name of holder	
5	Address of holder	
6	Date of birth (dd/mm/yyyy)	

7	Nationality of holder	
8	Limitations (if any)	
9	Summary of Medical History (with dates)	

If there is insufficient space on this form for any information, please use additional pages.

VERIFICATION	
<p>I (name).....of..... Authority Medical Section verify that the details given above and on any additional pages included are true and correct.</p> <p>Date: (dd/mm/yyyy)</p>	
Signature and Medical Assessor stamp	

CONSENT	
<p>I, (Name of applicant).....consent to my aeromedical records being transferred to the Authority Medical Section of the Licensing Authority of <i>Insert details of licensing authority</i> and accept responsibility for any fees incurred in translating or transferring my records.</p> <p>Signature.....</p> <p>Date.....</p>	