



# SEYCHELLES CIVIL AVIATION AUTHORITY

## TRANSFER OF MEDICAL DETAILS TO THE SEYCHELLES CIVIL AVIATION AUTHORITY FOR A CHANGE OF STATE OF LICENCE ISSUE

Please fill in the form electronically in block capitals or print and fill in using black or blue ink then sign and send to PEL Office

Please ensure you submit copies of applicant's last application form, examination form, ophthalmology if indicated and copy of last ECG and Audiogram.

Medical in confidence

ITEM	DESCRIPTION	
1	State of licence issue	
2	Title of licence	
3	Serial number of any licence held (or national medical reference number)	
4	Full name of holder	
5	Address of holder	
6	Date of Birth (dd/mm/yyyy)	
7	Nationality of holder	
8	Issuing Authority	
9	Initial medical certificate:	
	Date of medical examination (dd/mm/yyyy)	
	Type (EASA L63, PART ATCO.MED or other)	
10	Dates of last three revalidation/renewal examinations (if any)	
11	Limitations (if any)	
12	Comments on any relevant aspect of the applicant's medical history or examination (copies of applicant's last application form, examination form, ophthalmology if indicated and copy of last ECG and Audiogram)	

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

CERTIFICATION	
I, ..... (name), a Medical Examiner of ..... (licensing authority), certify that the details given above and on any additional pages included are true and correct.	
Date: (dd/mm/yyyy).....	
Signature and Licensing Authority stamp	When completed, submit to: PEL Office Safety & Security Regulation Department Seychelles Civil Aviation Authority P. O. Box 181  Email: PEL@scaa.sc Telephone Enquiries: +248 4384271