



AVIATION MEDICINE EXAMINATION REFFERAL APPLICATION

1. Last name, first name:
and father's name:
2. Date of birth:
3. Place of birth:
4. Nationality
5. **Address (registration):**
.....
6. Address and phone number (contact):
.....
7. Social Security Number:
8. **ID card / Passport number: (applies to Class 1 only)**
9. Company and post:
.....
10. **Possessed licences (country, type, number, issue year), (limitations, exceptions):**
.....
.....
11. Flight specialty / specialties for the aviation medicine examination:
.....
.....
12. I kindly apply for the aviation medicine examination according to:
a. PART –MED (EASA) requirements
13. I testify, that I was warned about criminal responsibility for untruth authentication
resulting from art. 271 § 3 kk.

.....
(stamp of the referring unit)**

.....
(signature)