



## AVIATION MEDICINE EXAMINATION REFFERAL APPLICATION

1. Last name, first name: .....  
**and fathers 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. Company and post: .....  
.....
9. **Possessed licences (type, number, issue year), (limitations, exceptions):**  
.....  
.....
10. Flight specialty / specialties for the aviation medicine examination:  
.....  
.....
11. I kindly apply for the aviation medicine examination according to:  
    a. PART –MED (EASA) requirements
12. I testify, that I was warned about criminal responsibility for untruth authentication  
    resulting from art. 271 § 3 kk.

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

.....  
(signature)