



民航局

AUTORIDADE DE AVIAÇÃO CIVIL
CIVIL AVIATION AUTHORITY

Release of Personal Medical Information

Name: _____ (in block)

License number: _____ (if applicable)

License type: _____ (if applicable)

I hereby agree to release my medical information to the following entity for licensing purpose:

- Kiang Wu Hospital Health Care Centre
- Centro Hospitalar Conde de São Januário
- Others: (please specify) _____

Details of medical information to be released:

Signature: _____

Date: _____