

## AUTHORIZATION FORM FOR RELEASE OF MEDICAL INFORMATION AND CORRESPONDENCE WITH TRANSPORT CANADA

\_\_\_\_\_, 2021

I, the undersigned, hereby allow results of my medical examinations to be sent to the Centre québécois de formation aéronautique (CQFA) as well as the medical bureau of Transport Canada in order to complete my file.

I consent to consultation of my Quebec Health Record (QHR) by the CQFA and its authorized representatives. I understand that I must and will provide any medical document demanded by the CQFA so that doctors who examine me can complete my file.

**No follow-up on these requests will lead to my exclusion from the process.** Furthermore, I also agree that any documentation by Transport Canada be sent to the CQFA address for the duration of my training; the CQFA will have the privilege of keeping a copy for my academic record.

I understand that the CQFA will consider **any misrepresentation of my medical history as** a serious error that will lead to **exclusion from the selection process or program and possible denunciation to Transport Canada.**

I confirm that I have read, understood and do accept all contents in the medical information fact sheets distributed by the CQFA and that I cannot contest elements that appear in it at any time or request an accommodative measure on content elements.

\_\_\_\_\_  
NAME (in block letters)

\_\_\_\_\_  
CANDIDATE'S SIGNATURE

**NOTE : A candidate who refuses to provide this authorization will see his/her candidacy automatically excluded from the selection process.**