



DAC-NSA104-2
APPLICATION FORM FOR AN ATFM EXEMPTION
MEDICAL CERTIFICATE FORM

To be transmitted to:

Direction de l'Aviation Civile
National Supervisory Authority

Email: atfm@av.etat.lu

Medical Certificate

By this document, the Doctor certifies that,

Patient rated NACA V / VI

is on board of flight performed by
(Aircraft Operator).

Date of the flight:

Signature of the doctor in charge: