



## PRIVACY NOTICE AND DECLARATION FOR AVIATION MEDICAL EXAMINATIONS

### Privacy Notice

The personal information you provide to Transport Canada (TC) will be collected by the Civil Aviation Medicine Branch under the legal authority of section 404.04 of the *Canadian Aviation Regulations* and handled in accordance with the *Privacy Act*.

#### Why are we collecting your personal information?

Your personal information is collected for the purpose of establishing medical fitness for the issuance or renewal of medical certificates that validate aviation licenses.

#### Will we use or share your personal information for any other reason?

Your personal information may be used for aviation safety purposes and program administration including invoicing, audit, and evaluation. Your personal information may be disclosed to the Transportation Appeals Tribunal of Canada as part of its review of licensing decisions and to the Transportation Safety Board for the purpose of safety investigations. Personal information may also be disclosed pursuant to subsection 8(2) of the *Privacy Act*. Aggregate data may be disclosed to TC senior management for reporting purposes.

#### What happens if you don't want to provide your personal information?

If you do not provide your personal information, the Civil Aviation Medicine Branch may suspend assessment of your medical certificate and/or application, with no entitlement for a refund.

#### What are your rights?

You have the right to request access to, and correction of, your personal information. You also have a right to file a complaint with the [Office of the Privacy Commissioner of Canada](#) if you feel your personal information has been handled improperly. For more information about these rights, or about how we handle your personal information, please contact the [Civil Aviation Medical Branch](#).

For more information:

The collection of your personal information is described on the [TC Info Source webpage](#). Refer to the personal information bank (PIB) [TC PPU 020 - Medical Assessments](#).

### Declaration

**I declare** that I have read and understood the Privacy Notice Statement (PNS) and how Transport Canada (TC) will collect, use, and disclose my personal information for the purposes outlined therein.

Additionally, **I hereby** authorize TC to collect and review any additional medical information about me from third parties that may be deemed necessary to establish that I meet the requirements for the medical certification of licensed aviation personnel, as specified in the *Canadian Aviation Regulations*. This includes, but is not limited to, information contained in healthcare provider records, laboratory reports, medical test results, medical record systems, and pharmacy databases.

I acknowledge that it is an offence under section 7.3 of the *Aeronautics Act* to knowingly make any false representation(s), including providing false information or omitting information, that may be important for TC's assessment of my application, for the purpose of obtaining a TC medical certificate or its privileges.

Applicant Full Name (print)

Licence Number (if assigned)

\_\_\_\_\_  
Date (yyyy-mm-dd)

Applicant signature

\_\_\_\_\_  
Date (yyyy-mm-dd)

Witness signature