

TANDEMPARACHUTIST'S HEALTH STATEMENT

(Confidential; only to be checked by the training organization)

Name and age: _____ years old
(Note: Doctors note is required from everyone older than 65 years old)

Do you have any of the following illnesses, injuries or limitations? (yes / no)?

1. Cardiological disorders (e.g. arrhythmia, high blood pressure, chest pain, Angina pectoris)

yes no

2. Respiratory disorders (e.g. asthma, pneumothorax, chronic sinusitis, tuberculosis)

yes no

3. Loss of consciousness (e.g. inexplicable or repetitive fainting, spasms or epilepsy, hypoglycaemic episodes etc.)

yes no

4. Neurological disorders (e.g. epilepsy, MS, Parkinson, dementia, cerebral circulation, hemiplegic migrane etc.)

yes no

5. Insulin-treated diabetes

yes no

6. Broken or fractured bones within the last 12 months, dislocated joints (ever) or joint replacement (ever) (except those that has been cleared by the doctor)

yes no

7. Psychiatric illness (e.g. past or current psychosis, depression within 5 years, insomnia, ADHD or other illness requiring psychiatric or psychiatrist treatment)

yes no

8. Limitations in body movement or body abnormality (e.g. caused by a serious injury, birth defects or even partial paralysis)

yes no

9. Abnormal operation of senses (e.g. visual problems (glasses are not limitation), hearing impairment, abnormal sense of feel or balance, glasses are not visual problem)

yes no

Am I under the influence of alcohol or any other intoxicating substance? (Including but not limited to: medication with red warning triangle, for example strong pain killers or sedatives)

yes no **[this is checked on the day of the jump]**

I assure that the information I've given above concerning my health is truthful. In case my medical situation changes, I shall inform the training organization accordingly.

Place

_____._____._____
Date

Signature

Place

_____._____._____
Date

Guardian signature (under 18 years old)

Guardian name and phone number

HEALTH STATEMENT CHECK

ABLE TO JUMP: Yes No Doctors note required

Organization

_____._____._____
Date

Instructor