

PARACHUTIST'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. Insulin-treated diabetes

yes no

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

yes no

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

yes no

7. 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

8. Hernia or fistulas (for example but not limited to: groin, belly button, scar, intestinal fistula, urine fistula)

yes no

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

yes no

10. Regular or temporary medication effecting on central nervous system (Any medication with a red warning triangle. for example but not limited to sleeping pills, strong painkillers, any opiate related medicine, cannabis regardless of intended use, stimulants)

yes no

11. 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

12. Sight

Should be 0.8 or better. Both eyes need to have normal peripheral vision. Jumper should be able to read normal text from a 30 cm distance. If jumper needs a glasses or contact lenses to achieve these requirements, jumper has to use them while skydiving.

I meet previously mentioned requirements

yes no

I need to use glasses or contact lenses in order to achieve previously mentioned requirements

yes no

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 CHECKED

ABLE TO JUMP: yes no Doctors note required

Organization

Date

Instructor