



STUDENT TANDEM PARACHUTIST DECLARATION OF FITNESS

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions, which I understand may lead to a dangerous situation with regard to myself or other persons during parachuting*/I have had one of the following conditions and have declared full details to the certifying doctor*:

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, heart or lung disease, dislocated shoulder, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction.

I further declare that in the event of contracting or suspecting any of the above conditions, or in the event of sickness absence over twenty consecutive days, incapacitating injury or confirmation of pregnancy, I will cease to parachute until I have obtained medical approval. I have read the notes overleaf.

(May be issued on day of Jump)

(All parachutists require their Declaration Witnessed)

IF YOU HAVE HAD ANY OF THE ABOVE CONDITIONS, OR IF YOU ARE AGED 60 OR MORE, YOU ARE REQUIRED TO OBTAIN PERMISSION FROM A MEDICAL PROFESSIONAL AND PRESENT THE DOCTOR'S CERTIFICATE BELOW BEFORE PARACHUTING.

DOCTOR'S CERTIFICATE

The preferred level of skill of the certifying doctor is usually that of a GP without specialist knowledge of parachuting but usually with access to the candidate's records or a specialist responsible for the patient's care. Other doctors completing the certificate should remain aware that lack of access to the medical record could result in important conditions being overlooked. In cases of doubt, or where further information is required, the Medical Adviser to the Safety & Training Officer will be pleased to help, and may be contacted.

A certifying doctor is not stating that a candidate will remain free of injury during parachuting, but that records, history or appropriate clinical examination have not suggested unacceptable medical risk factors.

I understand that the applicant wishes to make a Student Tandem parachute descent but has a listed condition or/and is aged 60 or over. I have read the notes overleaf. In my opinion as a doctor without specialist knowledge of parachuting, the applicant is physically and mentally capable of parachuting as a tandem student and is medically safe to do so.

Name in CAPITALS:.....

Date of Birth: .../.../...

Age:.....

Weight:.....KG/LBS

Height:.....M/FT

BMI:.....

Signature:.....

Date:.../.../...

Signature of Witness:.....

Name of Witness in CAPITALS:.....

(Doctors Stamp)



Name of Doctor in CAPITALS:

..... Signature

...../...../..... Date of Signature

...../...../..... Date of Expiry (see – Validity, over)

NOTES FOR PARACHUTISTS No persons under the age of 18 are permitted to Tandem parachute. Tandem Student parachutists do not have to be particularly fit but there are some medical conditions that can cause problems. As well as the conditions listed overleaf, the following may cause problems to parachutists. If you have ever suffered from any of them you must have your doctor's approval before parachuting:

Previous fractures, back strain, arthritis and severe joint sprains, chronic bronchitis, asthma, rheumatic fever, pneumothorax, liver or kidney disease, anemia, thyroid, adrenal or other glandular disorder, chronic ear or sinus disease. Any condition which requires the regular use of drugs. Regular or recent blood donation

Blindness is no barrier to Tandem parachuting. However, if you do wear spectacles they should be securely attached while parachuting. Protective goggles should be worn.

NOTES FOR DOCTORS

Cardio respiratory fitness is important. Tandem parachutists make descents from unpressurised aircraft at heights of 7,500 to 15,000 feet above sea level without supplementary oxygen. At 15,000 feet there is a 40% reduction in available oxygen. A tachycardia of 120 - 160 bpm is common in experienced parachutists and 200 bpm is not unusual in novices. The tachycardia may be present at the same time as relative hypoxia. Ischaemic heart disease, uncontrolled hypertension and cerebrovascular disease are absolute contraindications. Candidates with traumatic tetraplegia may have reduced ventilatory capacity. The examining doctor should be satisfied that any impairment will not cause respiratory embarrassment at altitude. A history of autonomic dysreflexia should be excluded in candidates with spinal injuries above mid-dorsal level. Specialist advice should be sought in cases of doubt.

Tandem parachutists are strapped to an experienced instructor throughout the aircraft ride and parachute descent. The instructor and student share a common large parachute but only the instructor can open it or initiate any emergency procedures. Musculoskeletal fitness is not required and even paralysis or partial amputation of limbs is acceptable provided the instructor secures flaccid limbs before the jump. Unstable or dislocatable shoulders are particularly likely to dislocate again while parachuting. This is painful and risks further injury to the joint. During the parachute deployment there is a brisk deceleration, usually about 4g but occasionally up to 15g. Unstable spinal injuries or subluxation may be exacerbated by such deceleration. The landing impact typically involves a variable descent rate equivalent to jumping from a wall 0 - 4 feet high, with a horizontal speed of 0 - 15 mph. Occasionally the landing impact may be considerably greater than this. Pre-existing spinal problems, joint injuries and arthritis can be exacerbated but are far less likely to be aggravated by a tandem jump than by any other form of parachuting, due to the descent and landing being controlled by a very experienced instructor.

Middle ear or sinus disease may cause problems due to the rapid changes in ambient air pressure. The rate of descent in freefall may exceed 10,000 ft/min and under an open canopy 1,000 ft/min.

Neither blindness or deafness constitutes a barrier to Student Tandem parachuting, but the candidate must be capable of appreciating what is happening and of giving informed consent. Stable diabetes with no tendency to hypoglycaemia is acceptable. Epilepsy is not a contraindication provided that control is good and there have been no fits or changes in medication in the last two years. Most neurodegenerative disorders are acceptable unless respiratory impairment or marked postural hypotensions are present.

Normal mental development and a stable mental state are important. The candidate must be able to understand what he/she is about to do and be capable of giving fully informed consent. The candidate's behavior must not pose a risk to the Tandem Instructor. Current neurosis requiring

active treatment, history of psychosis, sub normality, pathological euphoria, drug addition and alcohol dependence all constitute a contraindication.

Provided that the examining doctor can specify a shorter period of validity if he/she feels it appropriate.