

# TANDEMPARACHUTIST'S HEALTH STATEMENT

(Confidential, only to be checked by the training organisation)

Parachutists name and date of birth: \_\_\_\_\_ kg \_\_\_/\_\_\_/\_\_\_\_\_  
 (medical certificate needed from person over 60 years of age)

## ILNESSES, INJURIES AND LIMITATIONS THAT POSSIBLY PREVENT PARACHUTING

- 1 **Cardiological disorders** (E.g. arrythmia, high blood pressure, chest pain, angina pectoris)
2. **Respiratory disorders** (E.g. asthma, pneumothorax, chronical sinusitis, tuberculosis)
3. **Neurological disorders** (E.g.dizziness, cramps, epilepsy)
4. **Insulin-threatened diabetes**
5. **Less than 12 months old fractures, dislocations or functional limitations** (Except those that your doctor has stated as fully cured)
6. **Regular prescribed medication** (E.g. psychopharmaceutic drugs, "red triangle" drugs, etc., excluding birth control pills, antibiotics, analgesic drugs, allergy drugs and other medicine not deemed by your doctor to be an obstacle to parachuting, in which case a written statement from your doctor is needed.)

I assure that the information I give here concerning my health is truthful. In case my health status changes, I shall inform the training organization accordingly.

**Information regarding the General Data Protection Regulation (EU 2016/679, GDPR)**

Parachutist in training is obliged to provide a health statement or a medical certificate in order to substantiate adequate health for parachuting according to Finnis Aviation Association's Operational Instructions and Qualification Requirements for Parachutists. This personal data is processed according to the consent of the data subject (GDPR 9 art 2a paragraph: processing of special categories personal data based on the consent of the data subject). Information that is mandatory to provide to the data subject when collecting personal data are presented in the record of processing activities of Skydive Finland. The record is displayed at the dropzone when filling this statement. It can also be seen at website [www.skydivefinland.fi](http://www.skydivefinland.fi) or via the staff. By signing this statement the data subject states that he/she has been provided with this information and gives his/her consent.

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|---|--|
| <input type="checkbox"/><br>I assure that I do not have any illnesses, injuries or limitations stated above that could be an obstacle to parachuting. | <input type="checkbox"/><br>I state my health by a medical certificate (instructor fills):<br>Date of certificate: ___/___/_____<br>Doctor's name: _____<br>Doctor's SV-number _____ |
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|       |                    |   |
|-------|--------------------|---|
| Place | Date ___/___/_____ | Signature   |
| Place | Date ___/___/_____ | Guardian's signature (students under 18 years of age) |
|       |                    | Guardian's name and phone number                      |

In case of accident,  
 please inform: \_\_\_\_\_  
 (name and phone number)

Instructor's  
 signature: \_\_\_\_\_