PARACHUTIST'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 LIMITATION	IS THAT POSSIBLY PREVENT PARACHUTING
1 Cardiological disorders (E.g. arrythmi	nigh blood pressure, chest pain, angina pectoris)
2. Respitatory disorders (E.g. asthma, p	umothorax, chronical sinusitis, tuberculosis)
3. Neurological disorders (E.g.unexplain	repetitive dizziness, cramps, epilepsy)
4. Insulin-threated diabetes	
5. Less than 12 months old fractures doctor has stated as fully cured)	dislocations or functional limitations (Except those that your
	osychopharmaceutic drugs, "red triangle" drugs, etc., excluding birth control other medicine not deemed by your doctor to be an obstacle to parachutir is needed.)
have a normal field of view. A parachutist must	er. Non-student parachutist's eyesight must be 0,8 or better. Both eyes mu able to read normal sized text from a 30 cm distance. If meeting these ses or contact lenses, these must be worn also while parachuting.
I assure that the information I give here concern training organization accordingly.	my health is truthful. In case my health status changes, I shall inform the
according to Finnis Aviation Association's Operationa processed according to the consent of the data subject consent of the data subject). Information that is mand record of processing activities of Skydive Finland. The	regulation (EU 2016/679, GDPR) ment or a medical certificate in order to substantiate adequate health for parachuting structions and Qualification Requirements for Parachutists. This personal data is GDPR 9 art 2a paragraph: processing of special categories personal data based on my to provide to the data subject when collecting personal data are presented in the cord is displayed at the dropzone when filling this statement. It can also be seen at this statement the data subject states that he/she has been provided with this
I assure that I do not have any illnesses, injurior limitations stated above that could be an obstated parachuting.	
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)	_ Instuctor's signature: