

TANDEMPARACHUTIST'S HEALTH STATEMENT

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

Parachutists name and date of birth:	kg//
(medic	cal certificate needed from person over 65 years of age)
ILNESSES, INJURIES AND LIMITATIONS THAT	POSSIBLY PREVENT PARACHUTING
, -	
etc.) 4. Neurological disorders (E.g. epilepsy, MS, Par 5. Insulin-treated diabetes	kinson, dementia, cerebral circulation, hemiplegic migrane etc.)
6. Broken or fractured bones within the last 12 in (Except those that have been cleared by the doctor 7. Psychiatric illness (e.g. past or current psychost requiring psychiatric or psychiatrist treatment)	months, dislocated joints (ever) or joint replacement (ever) r) sis, depression within 5 years, insomnia, ADHD or other illness rmity (e.g. caused by a serious injury, birth defects or even
	olems (glasses are not limitation), hearing impairment, abnorma oblem)
medication with red warning triangle, for example s	r intoxicating substance? (Including but not limited to: strong painkillers or sedatives) my health is truthful. In case my health status changes, I shall
inform the training organization accordingly.	Thy health is truthul. In case my health status changes, i shall
I assure that I do not have any illnesses, injuries or limitations, including medications, stated above tha could be an obstacle to parachuting.	
according to Finnis Aviation Association's Operational Instruction processed according to the consent of the data subject (GDPR consent of the data subject). Information that is mandatory to precord of processing activities of Skydive Finland. The record is	fon (EU 2016/679, GDPR) or a medical certificate in order to substantiate adequate health for parachuting ons and Qualification Requirements for Parachutists. This personal data is 9 art 2a paragraph: processing of special categories personal data based on the rovide to the data subject when collecting personal data are presented in the displayed at the dropzone when filling this statement. It can also be seen at a terment the data subject states that he/she has been provided with this
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:	_ Instuctor's signature: