SKYDIVE FINLAND

Tandem-TTV 1.1.2026 English

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 65 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. Respitatory disorders (E.g. asthma, pneumothorax, chronical sinusitis, tuberculosis)

3. Loss of consciousness (E.g. inexplicable or repetitive fainting, spasms or epilepsy, hypoglycaemic episodes etc.)

4. Neurological disorders (E.g. epilepsy, MS, Parkinson, dementia, cerebral circulation, hemiplegic migrane etc.)

5. Insulin-treated diabetes

6. Broken or fractured bones within the last 12 months, dislocated joints (ever) or joint replacement (ever) (Except those that have been cleared by the doctor)

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

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

9. 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)

Am I under the influence of alcohol or any other intoxicating substance? (Including but not limited to: medication with red warning triangle, for example strong painkillers or sedatives)

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.

☐ I assure that I do not have any illnesses, injuries or limitations, including medications, stated above that could be an obstacle to parachuting.	☐ I have some of the above mentioned illnesses, injuries, limitations or medications and I state my health by a medical certificate (instructor fills): Date of certificate: ___/___/_____ Doctor's name: _____ Doctor's SV-number_____

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 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.

_____ ____/____/_____ _____
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 sign