



MEDICAL DECLARATION

UNDERSIGNED, PHYSICIAN.

NAME AND INITIAL.....

ADDRESS.....

RESIDENCE.....

DECLARES:

NAME AND INITIAL.....

ADDRESS.....

RESIDENCE.....

DATE OF BIRTH.....

PLACE OF BIRTH.....

MEDICALLY FIT /UNFIT FOR PARACHUTING

DATE OF EXAMINATION..... PHYSICIANS STAMP

SIGNATURE OF PHYSICIAN.....

1/ NO PHYSICAL OR MENTAL ILLNESS, NOT SUFFERING FROM ANY DISEASE WHICH CAN LEAD TO SUDDEN INABILITY FOR MAKING A PARACHUTE JUMP. PREGNANCY LEAD TO TEMPORARY UNFITNESS AS WELL AS WEAK PARTS OF THE BELLY.

2 /PROPER FUNCTIONING OF ARMS AND LEGS WITH SPECIAL ATTENTION TO KNEES AND ANKLE JOINTS; ALSO PROPER SHAPE AND FUNCTIONING OF THE SPINE AND CONDITION OF MUSCLES.

3 /NORMAL FUNCTIONING OF HEART, LUNGS, KIDNEYS AND NERVES.

4 /A GOOD VISUAL SIGHT WITH OR WITHOUT CORRECTIONS. IF CORRECTIONS ARE NEEDED SPECTACLES OR CONTACT LENSES, MUST BE WORN DURING THE PARACHUTE JUMP.

5 /THE CANDIDATE MUST BE ABLE TO HEAR A CONVERSATION WHILST FACING IN THE OPPOSITE DIRECTION, 2.5 METERS FROM THE DOCTOR. THE TUBAE EUSTACHIL MUST BE OPEN. EAR OR SINUS ILLNESS MAY LEAD TO UNFITNESS.

6 /TEETH MUST BE IN PROPER CONDITION. PROTHESE WHICH CAN CAUSE DANGER DURING JUMPING SHOULD BE REMOVED PRIOR TO THE PARACHUTE JUMP.

DECLARATION IS VALID UNTIL 24 MONTHS AFTER THE DATE OF EXAMINATION.

SGT R MOBSBY JUMP/OPS COORDINATOR PATHFINDER PARACHUTE GROUP

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