

Notes for Parachutists (tandem)

Tandem Student Parachutists do not have to be particularly fit but there are some medical conditions that can cause problems. As well as the conditions listed overleaf, the following may cause problems to parachutists. If you have ever suffered from any of them then you must have your doctors approval before parachuting.

Previous fractures, back strain, arthritis and severe joint sprains. Chronic bronchitis. Asthma. Rheumatic Fever. Pneumothorax . Liver or Kidney disease. Anaemia. Thyroid, adrenal or other glandular disorder. Chronic ear or sinus disease. Any condition which requires the regular use of drugs.

Notes for Doctors

Student Tandem parachutists are strapped to an experienced instructor throughout the aircraft and parachute descent. The instructor and student share a common large parachute but only the instructor can open or initiate any emergency procedures.

Cardiorespiratory fitness is important. Student Tandem parachutists make descents from unpressurised aircraft at a height of 5,500 to 15,000feet above sea level without supplementary oxygen. At 15,500 feet there is a 40% reduction in available oxygen. A tachycardia of 120-160 bpm is common in experienced parachutists and 200bpm is not unusual in novices. Musculoskeletal fitness is not required. During the parachute deployment there is a brick deceleration, usually about 4G but occasionally up to 5G. The landing impact typically involves a variable descent rate of equivalent to jumping from a wall 0-4 feet high, with a horizontal speed of 0- 15 mph. Occasionally the landing impact may be considerably greater than this. The rate of descent in freefall may exceed 10,000ft/min and under an open canopy 1,000ft/min.

These notes are not exhaustive and are meant as a guide only.

A certifying doctor is not stating that a candidate will remain free of injury during parachuting, but that records, history or appropriate clinical examination have not suggested unacceptable medical risk factors.

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TANDEM DECLARATION OF FITNESS TO PARACHUTE

I hereby declare that I am physically fit. I do not, and have not, suffered from any of the following conditions which I understand may lead to a dangerous situation with regard to myself or other persons during parachuting.

Epilepsy, fits, severe head injury, recurrent blackouts or giddiness, disease of the brain or nervous system, high blood pressure, Heart or lung disease, recurrent weakness or dislocation of any limb, diabetes, mental illness, drug or alcohol addiction.

I further declare that in the event of contracting or suspecting any of the above conditions, or in the event of sickness absence over twenty consecutive days, incapacitating injury or confirmation of pregnancy. I will cease to parachute until I have obtained medical approval. I have read the notes overleaf.

Name in CAPITALS

Date of Birth

Weight

Signature

Date

Height

Signature of Witness

Name of Witness in CAPITALS

****For parachutists under 18 years of age, the Witness MUST be the parent or guardian**

**IF YOU CANNOT SIGN THE DECLARATION BECAUSE OF ANY OF THE ABOVE CONDITIONS,
YOU MUST OBTAIN THE DOCTORS CERTIFICATION BELOW BEFORE PARACHUTING.**

DOCTOR'S CERTIFICATE

I understand that the applicant wishes to parachute but is unable to sign the above Declaration. I have read the notes overleaf.

In my opinion the applicant is physically and mentally capable of parachuting and is safe to do so. Glasses or contact lenses must/need not be worn.

Signature

Date of Signature

Date of Expiry (no more than 3 years)

Doctor's Stamp