

(A certifying doctor is not stating that a candidate will remain free of injury or other problems during parachuting, but that records, history or appropriate clinical examination have not suggested unacceptable medical risk factors. Level of Skill preferred: Non Specialist GP, usually with access to patient records or Specialist responsible for care of parachutist.)

I understand that the applicant wishes to make a Student Tandem Skydive but has a listed condition. I have read the notes for Doctors. In my opinion as a doctor without specialist knowledge of skydiving, the applicant is physically and mentally capable of skydiving as a tandem student and is medically safe to do so.

\_\_\_\_\_  
Full Name of Applicant

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Expiry Date of Certification (see validity notes)



Doctor's Stamp

**NOTES FOR TANDEM STUDENT:** No persons under the age of 16 are permitted to skydive, or carry out skydive training. Tandem Students 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 you must have your doctor's 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. Regular or recent blood donation. Blindness is no barrier to Tandem parachuting. However, if you do wear spectacles they should be securely attached while skydiving. Protective goggles should be worn.

**NOTES FOR DOCTORS:** Cardio-respiratory fitness is important. Student Tandem parachutists make descents from unpressurised aircraft at heights of 5,500 to 15,000 feet above sea level without supplementary oxygen. At 15,000 feet there is a 40% reduction in available oxygen. A tachycardia of 120 – 160 bpm is common in experienced parachutists and 200 bpm is not unusual in novices. The tachycardia may be present at the same time as relative hypoxia. Ischaemic heart disease, uncontrolled hypertension and cerebrovascular disease are absolute contraindications. Candidates with traumatic tetraplegia may have reduced ventilatory capacity. The examining doctor should be satisfied that any impairment will not cause respiratory embarrassment at altitude. A history of autonomic dysreflexia should be excluded in candidates with spinal injuries above mid-dorsal level. Specialist advice should be sought in cases of doubt. Student Tandem parachutists are strapped to an experienced instructor throughout the aircraft ride and parachute descent. The instructor and student share a common large parachute but only the instructor can open it or initiate any emergency procedures. Musculoskeletal fitness is not required and even paralysis or partial amputation of limbs is acceptable provided the instructor secures flaccid limbs before the jump. Unstable or dislocatable shoulders are particularly likely to dislocate again while parachuting. This is painful and risks further injury to the joint. During the parachute deployment there is a brisk deceleration, usually about 4g but occasionally up to 15g. Unstable spinal injuries or subluxation may be exacerbated by such deceleration. The landing impact typically involves a variable descent rate 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. Pre-existing spinal problems, joint injuries and arthritis can be exacerbated but are far less likely to be aggravated by a tandem jump than by any other form of parachuting, due to the descent and landing being controlled by a very experienced instructor. Middle ear or sinus disease may cause problems due to the rapid changes in ambient air pressure. The rate of descent in freefall may exceed 10,000 ft/min and under an open canopy 1,000 ft/min. Neither blindness or deafness constitutes a barrier to Student Tandem parachuting, but the candidate must be capable of appreciating what is happening and of giving informed consent. Stable diabetes with no tendency to hypoglycaemia is acceptable. Epilepsy is not a contraindication provided that control is good and there have been no fits or changes in medication in the last two years. Most neurodegenerative disorders are acceptable unless respiratory impairment or marked postural hypotension are present. Normal mental development and a stable mental state are important. The candidate must be able to understand what he/she is about to do and be capable of giving fully informed consent. The candidate's behaviour must not pose a risk to the Tandem Instructor. Current neurosis requiring active treatment, history of psychosis, sub normality, pathological euphoria, drug addiction and alcohol dependence all constitute a contraindication. 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. The preferred level of skill is usually that of a GP without specialist knowledge of parachuting but usually with access to the candidates records or a specialist responsible for the patients care.

**VALIDITY:** The Parachutist's Declaration overleaf places the parachutist under a permanent obligation to cease parachuting until obtaining a doctor's certificate if he/she develops any of the listed conditions. It should be renewed at least every 3 years however the examining doctor can specify a shorter period of validity if he/she feels it appropriate.

