



SELF-DECLARATION OF HEALTH AND FITNESS TO SKYDIVE (model 2024)

Skydiving (sport parachuting) is a risk sport. Being fit and in good health is important for your own safety. Fill out this questionnaire. If you can answer all questions truthfully with 'no', then sign the form: it will serve as a valid self-declaration of fitness to skydive. If you have to answer one or more questions with 'yes', then the form is **not valid**. In this case consult a physician for further assessment of your health and fitness for skydiving. The applicable health and fitness requirements can be found in the BVR (KNVvL Basic Safety Regulations), Medical Declaration. www.parachute.nl

If no changes occur in your health and fitness this declaration will be valid for two years, starting from date of signing.

	Yes	No
I have a chronic condition, disease or illness (eg. cancer, diabetes or thyroid disease)		
I am under the control of and visiting regularly (weekly/monthly/yearly) my general physician or a medical specialist		
I take regular repeat medication (birth control exempt)		
I find it difficult to easily and quickly ascend two flights of stairs		
I have a chronic pulmonary condition (eg. asthma/COPD/emphysema)		
I have a medical history of pneumothorax (eg. collapsed lung)		
I have a heart condition (eg. rhythm disturbances/heart failure/valvular disease)		
I have complaints concerning my (central) nervous system or a neurological disease. (eg. epilepsy/stroke/multiple sclerosis)		
I have a muscular disease (eg. Duchenne's or Becker's disease)		
I have problems with my joints (eg. arthrosis/ rheumatic) arthritis		
I have a medical history of luxating my shoulder joint		
I am paralyzed on one or more of my arms/legs		
One or more of my extremities are amputated		
I have a hernia of my abdominal wall (eg. inguinal hernia/ stoma)		
I have eye disease (eg. retinal problems/ glaucoma/ macular degeneration)		
One of my eyes is blind		
I have difficulties (with or without glasses) to read a car's license plate from a distance of 10 meters		
I have difficulties to equalize pressure in my ears		
I have (chronic) sinusitis		
I use a hearing aid (of any kind)		
I have difficulties to hear and understand whispered speech from a distance of 2.5 meters		
I am pregnant or could be pregnant		
I am addicted to alcohol or drugs		
I suffer from depression and/or I am suicidal		
I see or hear things that other people do not see or hear		
I am suffering from PTSD		

I declare to have answered the above questions truthfully. I understand that this self-declaration loses its validity when changes in my medical condition or fitness occur. I understand that if I sign this form and participate in skydiving, not having answered the questions truthfully, there may be consequences (not only for my own safety, but also legally in terms of liability and insurance).

Name: _____ Date of birth: _____

Date: _____ Place: _____ Signature: _____