



**(This form should be presented to the Parachute Training Organisation by the Participant in person immediately prior to the commencement of their training - it should NOT be sent to the British Parachute Association)**

**STUDENT TANDEM PARACHUTIST MEDICAL INFORMATION AND  
DECLARATION**

Name in CAPITALS .....

Date of Birth .....

Weight .....

Height .....

BPA Number .....  
(May be issued on day of Training)

Parachuting (skydiving) is a risk sport where there is always a small but definite risk of death, injury or worsening of a pre-existing medical condition. This form is designed to help you identify whether you may be at greater than normal risk and may need to take qualified medical advice before jumping. If you are in any doubt, please take qualified medical advice (normally your GP or a specialist treating you). Your parachute instructor is not able to give medical advice. **If you have one of these conditions, it does not necessarily mean that you cannot jump but you should first seek qualified medical advice and certification, using BPA form 115B. You should also check with the Parachute Centre for details of any height-weight restrictions they may have.**

**I DECLARE AND CONFIRM THAT:**

I am in robust physical health and am able to exercise and move my limbs without restriction. I understand that being unfit, having frailty of aging or having a weight greater than that shown for my height in the table opposite will render me more prone to injury.

I am not receiving any regular repeat medication, whether tablets, liquids, injections, patches or inhalers (*contraceptive medication can be ignored for the purposes of this section*). I do not have a recurrent need to use painkillers. I have never received prolonged courses of steroids or high dose steroid treatment in the past.

I do not have joint, back, sciatic or neck problems and have not been prone to these in the past. I have never had fractured or broken bones. I have NEVER dislocated or partially dislocated a shoulder. I have not had torn tendons, ligaments or cartilages. I do not have weakness or paralysis of any limb. I have not had partial or complete loss of any limbs. I do not have rheumatism, arthritis or arthrosis.

I do not have any form of heart disease. I have never had a heart attack, myocardial infarction, coronary disease, angina, ischaemic heart disease, heart valve problems, heart failure, irregular pulse, palpitations, chest pain on exercising, peripheral vascular disease, Hypertrophic Cardiomyopathy (HOCM), cardiac pacemaker, aneurysm. I do not have a family history of sudden death at an early age. I do not have raised blood pressure or hypertension. If over 40 years of age, I understand that blood pressure problems are often "silent" and painless at first and that I should have had a blood pressure check with a qualified professional within the last five years.

I do not have any form of lung disease and can exercise vigorously without wheeze or unusual breathlessness. I have not been diagnosed with asthma, emphysema, chronic bronchitis, Chronic Obstructive Pulmonary Disease (COPD), fibrotic lung disease, pulmonary embolism (clot on the lung), pneumothorax (collapsed lung), Cystic Fibrosis, obstructive sleep apnoea. I do not use inhalers, nebulisers or ventilators. I have not had a chest infection or pneumonia within the last 3 months.

I do not have any form of colostomy, ileostomy, urostomy, catheter, PEG, reservoir or other drainage, collection, infusion, shunt or pump device. I do not have any surgical implants or artificial joints. I have not had any surgical procedures within the last 3 months. I have not received an organ transplant. I do not suffer from anaemia, Thalassaemia, Sickle Cell disease or bleeding disorders such as stomach or bowel haemorrhage, haemophilia, ITP or Von Willebrand's disease.

I have never had a serious head injury or fractured skull. I do not have epilepsy or fits and have not suffered from recurrent giddiness, dizziness, faints, blackouts or loss of consciousness. I do not have Cerebral Palsy, myositis, Muscular Dystrophy, Multiple Sclerosis, Parkinsons Disease or any other progressive disease of the brain or nervous system. I have never had a stroke, subarachnoid haemorrhage (SAH), transient ischaemic attack (TIA) or Vertebro-basilar Insufficiency (VBI). I do not suffer from disabling headaches.

NOVICES ONLY					
Imperial			Metric		
st	lb	ft	in	kg	cm
7	7	4	4	47	133
7	11	4	5	49	135
8	2	4	6	51	138
8	6	4	7	53	140
8	10	4	8	55	143
9	1	4	9	57	145
9	5	4	10	59	148
9	10	4	11	61	150
10	0	5	0	63	153
10	5	5	1	66	155
10	10	5	2	68	158
11	1	5	3	70	161
11	6	5	4	72	163
11	11	5	5	74	166
12	2	5	6	77	168
12	7	5	7	79	171
12	12	5	8	82	173
13	4	5	9	84	176
13	9	5	10	86	178
14	1	5	11	89	181
14	6	6	0	91	183
14	12	6	1	94	186
15	4	6	2	97	188
15	10	6	3	99	191
16	1	6	4	102	194
16	7	6	5	105	196
16	13	6	6	107	199

I do not have diabetes. I do not have any form of endocrine or hormonal disease or deficiency such as thyroid or adrenal problems.

I have never been diagnosed with osteopenia or osteoporosis (reduced bone strength).

I do not have a history of drug or alcohol dependence.

I do not have anxiety, panic attacks, depression or post-traumatic stress disorder and have neither needed to see a doctor nor needed any treatment for any of these in the last 2 years. I have never been diagnosed as having psychosis, schizophrenia, manic-depressive psychosis, bipolar disease or any other serious mental illness. I do not have a history of self-harming behaviour or suicide attempts.

I do not have significant learning difficulties, behavioural problems, ADHD, mental subnormality, Down's Syndrome (Trisomy 21) or any other form of trisomy. I do not have any problems with my memory. I have not been diagnosed as suffering from dementia, Alzheimer's Disease or significant cognitive impairment.

I do not have sinus or ear disease. I do not suffer from ear or sinus pain in aircraft. I understand that colds or sore throats may make me temporarily unfit to parachute because they increase the risk of ear or sinus pain or damage.

I have not been diagnosed as having cancer in any form.

I have not donated blood in the last 6 months, or if I have donated within the last 6 months I have had a subsequent blood test showing my blood count is still normal.

I am not on sick leave and am not currently certified as unfit for work. I do not receive any form of sickness benefit, disability benefit or attendance allowance. I have not received a terminal diagnosis. I am not waiting for the results of any tests or investigations. I am not under medical review for any problems

To the best of my knowledge, I am not pregnant.

I have no problems with seeing or hearing, or if I have such problems I will ensure that my instructors are fully aware of them.

I do not have any form of infectious disease such as hepatitis, HIV or tuberculosis, which may be transmitted by body fluids. I understand that, due to the direction and speed of airflow, my tandem instructor may be exposed to my saliva, blood or vomit in the course of even a normal parachute jump.

If my health status changes so that this declaration is no longer valid, I will stop parachuting until I have received qualified medical advice.

I understand that the purpose of this declaration is to enhance my safety and that of my instructor. I know that if I have doubts, or do not understand any part of the form, I should postpone any jump until I have obtained qualified advice.

I have had enough time to read (or be read) this form. I have understood it or taken appropriate advice to enable me to understand it.

I accept all risk and understand that any medical condition I have may be made worse by parachuting or may increase my risk of injury or death. I understand that I should take medical advice **before** parachuting if I have any doubts about any medical condition.

Signed ..... Print Name .....

Date .....

**WITNESS TO SIGNATURE** (The signature above must be witnessed for any age of parachutist. For parachutists aged less than 18 years, the witness **MUST** be their parent or legal guardian):

Signed ..... Print Name .....

Date ..... Print Address .....

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This form is valid for 3 years from the date of signature, provided there is no change in medical condition or injury.