



**ROUND CANOPY PARACHUTING TEAM
GREAT BRITAIN**

RCPT – MEDICAL DECLARATION FORM

FOR TRAINING/CURRENCY JUMPS, AIRSHOWS, COMMEMORATIVE JUMPS & DEMOS

NAME OF PARACHUTIST:

DATE OF BIRTH:

- Based on the above Parachutist's reported history, a review of the available medical record, and my examination, the candidate appears to be in good health and physical condition and is not on medication which could affect judgment or performance.
- The candidate possesses:
 - A reasonable standard of physical fitness and is not obese in relation to their height.
 - Proper functioning of hands, arms, and legs with special attention to knees and ankle Joints; also proper shape and functioning of the spine and condition of muscles. Adequate flexibility for tumbling and rolling of a Parachute Landing Fall
 - Good visual sight with or without corrections. If corrections are needed spectacles or contact lenses, must be worn during the parachute jump.
 - Normal functioning of cardiovascular system, lungs, kidneys and nervous system.
 - Hearing well enough to hear a conversation while facing in the opposite direction, 2.5 meters (9 feet) from the examiner.
- At the time of assessment, the parachutist is not:
 - Suffering from any physical or mental ailment or disease, which may lead to sudden inability to make a parachute jump.
 - Showing signs of osteoporosis or other bone weakening disease.

This declaration is valid until 24 months after the date of examination or if there is a change in your medical condition.

(Please Check One)

Medically fit for Parachuting

Medically unfit for Parachuting

Physician / Provider Signature: _____

Date of examination: _____ / _____ / _____

Return via email to roundcanopyparachutingteamgb@gmail.com

Or via post to:

**Round Canopy Parachuting Team - Great Britain
25A Bishops Road, London
N6 4HP**

If returning via email, **you must state clearly** : MEDICAL, in the subject line, including your full name.

MD / DO / PA / NP Name:
(printed or Stamp)