**MEDICAL SURVEY WINGSUIT TANDEM**

NAME/SURNAME ;

WEIGHT :

AGE :

Make sure your physical condition allows you to experience this adventure safely.

| Have you or have you ever had :  | YES | NO |
| --- | --- | --- |
| * an ENT history ?
 |  |  |
| * a lung or heart disease ?
 |  |  |
| * after-effects of an osteoarticular trauma ?
 |  |  |
| * an illness affecting your overall mental and physical health ?
 |  |  |

If you answer **yes** to any of the previous questions, please consult your doctor and provide us with a medical certificate of no contraindication to tandem skydiving.

A medical certificate is mandatory above 60 years old.

If you do not provide us with a medical certificate and decide to jump anyway,, we will assume that you are under 60 years of age, that you have answered no to all of these questions, and that you declare that your physical condition allows you to jump. You are responsible for your declarations.

| Have you | YES | NO |
| --- | --- | --- |
| * had surgery?
 |  |  |
| * taken any medications that may affect your attention before the jump?
 |  |  |
| * had a history of shoulder dislocation?
 |  |  |
| * Do you wear contact lenses / glasses?
 |  |  |
| * Anything else to report? (if yes, elaborate)………………………………………………….
 |  |  |

Skyvibration shall not be liable for any omissions or inaccuracies in your statement.

The jump may be refused if you arrive on the day of the jump in a physical or mental state deemed unsuitable for this practice, or under the influence of psychotropic drugs, narcotics or alcohol, without causing any refund.

Date , Signature preceded by the mention ‘’Read and approved’’: