



European Paratroopers Association
The Association of European Military Parachutists
www.europeanparatroopers.org

FOR OFFICE USE ONLY

MEDICAL DECLARATION

UNDERSIGNED, DOCTOR

NAME AND INITIAL _____

ADDRESS _____

RESIDENCE _____

DECLARES:

Name		Surname	
Location of birth		Date of birth	
RESIDING IN			
Street			
Postal code	Town	Nation	
<input type="checkbox"/>	MEDICALLY FIT FOR SPORT ACTIVITIES		<input type="checkbox"/>
			MEDICALLY UNFIT FOR SPORT ACTIVITIES

PLACE AND DATE OF EXAMINATION _____

DOCTOR STAMP AND SIGNATURE _____

DECLARATION IS VALID UNTIL 24 MONTHS AFTER THE DATE OF EXAMINATION.

1. NO PHYSICAL OR MENTAL ILLNESS, NOT SUFFERING FROM ANY DISEASE WHICH CAN LEAD TO SUDDEN INABILITY FOR MAKING SPORT AND TRAINING ACTIVITIES. PREGNANCY LEAD TO TEMPORARY UNFITNESS AS WELL AS WEAK PARTS OF THE BELLY.
2. PROPER FUNCTIONING OF ARMS AND LEGS WITH SPECIAL ATTENTION TO KNEES AND ANKLE JOINTS; ALSO PROPER SHAPE AND FUNCTIONING OF THE SPINE AND CONDITION OF MUSCLES.
3. NORMAL FUNCTIONING OF HEART, LUNGS, KIDNEYS AND NERVES.
4. A GOOD VISUAL SIGHT WITH OR WITHOUT CORRECTIONS. IF CORRECTIONS ARE NEEDED SPECTACLES OR CONTACT LENSES, MUST BE WORN DURING THE SPORT AND TRAINING ACTIVITIES.
5. THE CANDIDATE MUST BE ABLE TO HEAR A CONVERSATION WHILST FACING IN THE OPPOSITE DIRECTION, 2.5 METERS FROM THE DOCTOR. THE TUBAE EUSTACHIL MUST BE OPEN. EAR OR SINUS ILLNESS MAY LEAD TO UNFITNESS.
6. TEETH MUST BE IN PROPER CONDITION. PROTHESE WHICH CAN CAUSE DANGER DURING SPORT AND TRAINING ACTIVITIES SHOULD BE REMOVED PRIOR TO THE SPORT AND TRAINING ACTIVITIES.