



MEDICAL QUESTIONNAIRE

NAME : MAGNUSSON

FIRST NAME : STEFAN

DATE OF BIRTH : 28 / 02 / 1968

PLACE OF BIRTH : VÄXJÖ, SWEDEN

LEVEL OF PRACTICE of hemispherical skydiving
at low altitude:

- Level 1 (< 20 jumps) ☐
- Level 2 (21/40 jumps) ☐
- Level 3 (> 40 jumps) ☒

NUMBER OF JUMPS * : 128

*You must be able to justify these jumps on
presentation of proof (ex: jumps booklet)

1*) Have you ever had surgery? If yes specify <u>prostate surgery</u>	YES <input checked="" type="radio"/> NO <input type="radio"/>
2*) Have you ever had a head injury? If yes, specify (date and consequences) _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
3*) Have you suffered a spinal compression injury?	YES <input type="radio"/> NO <input checked="" type="radio"/>
4*) Do you have a chronic illness? If yes specify _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
5*) Have you ever had one or: • Fracture : when _____ location _____ • Sprain : when _____ location _____ • Dislocation : when _____ location _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
6*) Do you follow a one-time, recurring or regular drug treatment? If yes specify _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
7*) In the past 12 months have you experienced chest pain, palpitations, unusual shortness of breath or malaise? If yes specify _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
8*) Did a member of your family die suddenly of a cardiac or unexplained cause?	YES <input type="radio"/> NO <input checked="" type="radio"/>
9*) Have you ever had an episode of wheezing (asthma type)	YES <input type="radio"/> NO <input checked="" type="radio"/>
10*) Do you have sight problems? If yes, do you wear glasses or contact lenses: _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
11*) Do you have hearing problems? If yes, do you wear a hearing aid : _____ _____	YES <input type="radio"/> NO <input checked="" type="radio"/>
12*) Do you have useful information to communicate: _____ _____	YES <input type="radio"/> NO <input checked="" type="radio"/>

I, the undersigned (surname/first name) STEFAN

I certify on my honor the accuracy and sincerity of the information given above.

Made in MÅNSARP SWEDEN The 23 / 07 / 2025 signature : Stefan