

Hello.

I accidentally brought the wrong form to the doctor.

I hope this won't be a problem.

I apologise.

Best regards Piotr K.



CERTIFICAT D'APTITUDES PHYSIQUES DES CANDIDATS RIGGER

CADRE RESERVE AU MEDECIN CONSULTANT

Je soussigné.e, Docteur en Médecine,

DR DIANA WASAG
GENERAL PRACTITIONER
GMC : 7457362

MEDICARE CARDIFF, 2 LIME COURT
CARDIFF, VIC

Certifie avoir examiné ce jour,

Nom : KOBIERECKI

Prénom : PIOTR

Après examen du patient et analyse des
contre-indications décrites au verso de
ce certificat, je déclare que l'intéressé.e :

☒ satisfait

☐ ne satisfait pas

aux conditions d'aptitudes physiques et
psychiatriques requises par cette
activité.

Fait à _____

Le 31 / 12 / 2025

Signature et cachet du Médecin consultant :

Dr Diana Wasag
General Practitioner
7457362

CADRE RESERVE AU CANDIDAT « PLIEUR PARACHUTE »

Je soussigné.e,

Nom : KOBIERECKI

Prénom : PIOTR

Né.e le : 31 / 12 / 1966

A : KUTNO - POLAND

Adresse actuelle : 24 CHAPEL CLOSE,
PENTREBACH
CF48 4DP MERTHYR TYDFIL, UK

☒ Déclare avoir pris connaissance des risques
liés à cette activité et des conditions d'aptitudes
physique et psychiatrique nécessaires. *

☒ Déclare n'avoir dissimulé aucune information
médicale me concernant au médecin
consultant. *

☒ M'engage à signaler toute modification de
mon état de santé qui surviendrait entre la
rédaction de ce certificat

*Les 3 ☐ doivent être cochées sous peine de nullité

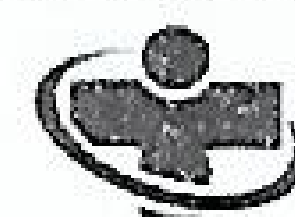
Fait à _____

Le 31 / 07 / 2025

Signature du candidat parachutiste :

Dr Diana Wasag
General Practitioner
7457362

Airborne Center – Reconnue d'intérêt général – 106 bd Clémenceau 59510 Hem
airbornecenter.france@gmail.com – www.airbornecenter.com



MEDICARE
PRIVATE MEDICAL CLINIC

BROOK HOUSE, MULBERRY DRIVE, CARDIFF, CF23 8AB

T: 0772 330 3324

CONTACT@MEDICARECLINIC.CO.UK
WWW.MEDICARECLINIC.CO.UK



OWN DECLARATION ON HEALTH AND FITNESS
FOR PRACTISING SPORT PARACHUTE JUMPING
(model 2024)



Parachuting is a high-risk sport. Good health is important for safety.

Complete the questionnaire below. If all answers are no, the statement is valid.

If one of the answers is affirmative or yes, the statement is not valid. In that case consult a physician for further assessment of suitability and take this completed form, together with the form "KNVvL medical statement sport parachute jumping (model 2024)" to the physician. The doctor will then physically inspect you according to the inspection requirements of the Medical Declaration (www.parachute.nl).

If there are no changes in your health after signing this statement, it is valid for two years starting from the date of signing.

	yes	no
I have a chronic illness (e.g. cancer, diabetes or thyroid disease)		✓
I am checked regularly (weekly/monthly/annually) by a general practitioner/medical specialist		✓
I use medication regularly (daily/weekly)		✓
It is difficult for me to walk up two flights of stairs easily and quickly		✓
I have a lung condition (e.g., asthma/COPD/emphysema)		✓
I have a history of pneumothorax		✓
I have heart problems (e.g., arrhythmia/heart failure/valve problems)		✓
I have complaints of my nervous system or a neurological disease (e.g. epilepsy/ TIA/CVA/MS)		✓
I have a muscle disease (e.g., Duchenne/Becker)		✓
I have complaints of my joints (e.g., osteoarthritis/ (rheumatoid) arthritis)		✓
I've had my shoulder dislocated once or more often		✓
I have paralysis of one or more limbs		✓
I have one or more limbs amputated		✓
I have an abdominal wall fracture (e.g., inguinal hernia/stoma)		✓
I have an eye disease (e.g., retinal detachment/glaucoma/disorders of the yellow spot)		✓
I am blind in one of my eyes		✓
It takes me effort (with or without glasses) at 10 meters to read the license plate of a car		✓
I struggle to clear (equalize the eardrums) my ears		✓
I have a chronic sinus inflammation		✓
I wear a hearing aid (air conduction/bearing/cochlear implant)		✓
I struggle to hear a conversational speech at a distance of 2.5 meters		✓
I am pregnant or might be pregnant		✓
I am addicted to alcohol or drugs		✓
I suffer from depression or suicidal tendencies		✓
I sometimes hear or see things that other people don't hear or see		✓
I have PTSD		✓

I hereby declare that I have answered the questions truthfully. I understand that the declaration becomes invalid in case of changes in my health condition with respect to one or more of the above questions.

I understand that there may be consequences (for my own safety but also for liability and/or insurance, for example) if I have not completed and signed this questionnaire truthfully.

Name: PIOTR KOBIERĘCKI

Date of birth: 31.12.1966

Date: 31.07.2025

Place: KUTNO - POLAND

Signature: