



MEDICAL QUESTIONNAIRE

NAME : DOMARADKI

FIRST NAME : GRZEGORZ

DATE OF BIRTH : 06 / 07 / 2025

PLACE OF BIRTH : ZEBRZYDOWICE, POLAND

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 * : 32

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

1°) Have you ever had surgery? If yes specify _____	YES <input type="radio"/> NO <input checked="" 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) DOMARADKI GRZEGORZ
certify on my honor the accuracy and sincerity of the information given above.

Made in Jastnebe 22109 The 08 / 09 / 2025 signature : [Signature]