



## Doctor's Declaration

I, ..... (print name in full)

- Am the regular GP of the applicant named below
- Understand that the applicant wishes to engage in flying paragliders
- I have seen the ParAvion Medical Fitness Declaration that this Declaration supports
- In my opinion, it is safe for him/her to undertake paragliding training and flight

Full name of applicant in respect of which this declaration is issued:

.....

Signed:..... Date: .....



(Doctor's Practice Stamp)

### Please Note:

The following conditions may cause difficulty while flying or during training.

- Chronic Bronchitis, Severe Asthma, Chronic Sinus Disease, Chronic Ear Disease, Eye Trouble e.g. inability to read a car number plate at 25 metres (corrective glasses may be used). Regular severe Migraine.
- Diabetes in any form, Rheumatic Fever, Epilepsy, Kidney Stones, Psychiatric Disorders, Severe Motion or Travel Sickness or any condition requiring the regular use of drugs (includes any medication whatsoever).
- Previous injuries or surgery which (a) may inhibit control of an aircraft or (b) affect the person's ability to sustain a feet first impact with the ground equivalent to jumping off a 4ft wall