

RNZAF TANDEM PARACHUTE JUMP

MEDICAL SCREENING FORM

This form is to be retained in the persons service medical file or, for civilians, forwarded to their nominated GP.

Initials and Surname: _____ **Service Number:** _____

DOB: _____

INFORMATION:

A tandem parachute jump will expose you to several health hazards, These include the low pressure, low oxygen, and cold environment at altitude, the rapid pressure change on descent, and the physical stresses of freefall, parachute opening, and landing. Excitement is also likely to cause an increase in heart rate and breathing rate. It is important to ensure that you do not have certain medical conditions which may be made worse by a tandem parachute jump. Therefore you are required to complete the following medical history questionnaire.

1. Weight: _____ (Disqualify if > 100 Kg)

2. Are you currently medically downgraded or on restricted duties ? **Yes/No**

Comments:

(If downgraded requires discussion with an aviation medicine qualified MO)

3. In the previous 48 hours have you been SCUBA diving, or in an altitude chamber in the previous 24 hours ? **Yes/No**

(Disqualify if "Yes")

4. Have you ever had any of the following:

CONDITION	YES	NO	COMMENTS
Heart conditions?			
Epilepsy?			
Lung disease incl. asthma?			
Ear problems?			
Sinus problems?			
Spine, back, or neck problems?			
Psychiatric conditions?			

5. Do you currently have:

CONDITION	YES	NO	COMMENTS
A cold or flu?			
Ear congestion?			
Hayfever?			
Nasal or sinus congestion?			
Back or neck pain?			
Lower limb injury?			
Anaemia?			
Pregnancy?			
Other injury/illness			

TANDEM PARACHUTE JUMP MEDICAL APPROVAL

A copy of this page only is to be forwarded to PTSU, preferably in electronic form.

Participant:

Initials and Surname: _____ Service Number: _____

DOB: _____

I certify that the medical information I have provided is true and complete and that I am not aware of any medical reason why I should not participate in a tandem parachute jump.

Signed: _____ Date: _____

RNZAF Medic:

Name: _____

Rank: _____

Service Number: _____

I have reviewed the medical information provided. Any relevant conditions have been discussed with an aviation medicine qualified MO and cleared (provide MO details).

Signed: _____ Date: _____

Contact Telephone Numbers:

Director of Air Force Medicine: (368) 7228

OC Aviation Medicine Unit: (393) 8932

BMF Auckland: (399) 7019

BMF Ohakea: (368) 7135