

Medical examination center

Dr.med. _____

Fitness certificate for parachutist

Mr./Mrs. _____

born at: _____ in _____

was on: _____ to determine the suitability as a parachutist examined.

Result of the investigation *:

- FIT
 NOT REASONABLE

Visual aid: a visual aid is to be worn while jumping *: YES NO

The suitability is granted for a period of 3 years.

Remarks (e.g. temporal restrictions of suitability or conditions)

In case of non-fitness:

The candidate was informed that he was reviewing the finding by a special aeronautical specialist (AME= Aeronautical Examiner).

_____ place and date

_____ stamp

_____ signature

* Please check the relevant box