

SKYDIVE SOUTH SASKATCHEWAN MEDICAL EXAMINATION FORM

Dear Doctor

If the applicant is presenting to you with this form, he/she has indicated that they are interested in the participating in Sport Parachuting, but have a condition or conditions as indicated in the list supplied by Skydive South Saskatchewan.

They wish your opinion on medical fitness to participate in this extreme sport. As certifying doctor you will not be expected to guarantee that the applicant will remain free of injury, but to identify the possible risk factors that would classify the candidate unacceptable to participate.

This will be a third party request and is not covered by the Provincial health plan, so they are personally responsible for payment of this examination. We wish to give you a little background about the sport and the physical and mental demands that may be involved.

The basic physical and mental requirements should be comparable to commercial driving, and all Provincial Medical Associations gives guidelines for determination of Medical Fitness to Drive, so if in doubt – refer to this guideline. The reason why this is so stringent is obvious – a student or solo jumper is only responsible for his own safety, but as the candidate progress he/she will be involved in more complex jumps, formations and be subjected to extreme conditions. The more advanced, the more the responsibly to a group(s) of skydivers, pilots and aircraft.

The training course does not require a very high level of fitness, but keep in mind that the applicant will be expected to make descents from unpressurised aircraft of heights 3000 to 10500ft.

Heart rates of between 120-160 bpm are regularly recorded and novices can experience a tachycardia of 200bpm. During the opening of a standard size parachute the jumper may be subjected to forces of 4-15g. Upon landing there are various factors that can play a role, including height and forward speed – it can be compared to jumping from a four foot high wall at a forward speed of 15mph. In certain cases, especially novices, this can be greatly enhanced.

A BMI of above 27.5 is considered the level where risk of injury is greatly increased. The candidate will also be expected to exert a force of about 30lbs with each arm to be able to manoeuvre the parachute and be able to pull reserve cords. Obviously, previous musculoskeletal conditions involving dislocations, fractures, previous surgeries and diseases of muscle/bone should be evaluated.

Visual acuity should be 6/9, or 20/30, as required for commercial drivers. Horizontal vision and visual fields should be the same. Vestibular and middle ear conditions can be affected by the ambient air pressure related to rapid ascent/descent. The available oxygen at 15000 feet can be 40% reduced, so Cardiovascular and Pulmonary conditions should be able to tolerate these factors as well. Neurological and endocrine conditions that may play a role should be kept in mind.

Mental alertness is of paramount importance and any medication that may lead to impairment would disqualify any candidate.

This is not a list of all conditions that may be associated with the sport of skydiving, merely some background information. The list that the candidate was supplied with is as follows:

1. **Neurological:** Epilepsy or any seizure disorder unless a neurologist assessment indicate that the seizure was as direct consequence of disease or injury and that the condition was treated and the patient is not on any seizure medication. Any progressive neurological disease.
2. **Endocrine:** Uncontrolled Diabetes Mellitus, or any episode of hypoglycaemia or hyperglycaemia requiring any third party intervention. Any progressive or uncontrolled endocrine disorder related to pituitary, adrenal, hepatic, pancreatic or parathyroid glands. Any condition that may influence electrolyte balance like uremia, hypoglycemia, hyponatremia, and/or hypocalcemia
3. **Hearing:** Corrected hearing loss of no more than 40 dB averaged at 500, 1000 and 2000 Hz. This generally mean that if you do not qualify for a class 2 or 4 drivers license and wear hearing aides in both ears.

4. **Weight:** Marked obesity: Body mass index above 30. Please check with the Dropzone regarding current weight limitations. Keep in mind that with a BMI of above 27 your risk of injury is increased to 2 x the average.
5. **Haematological:** Disorders of blood and clotting, not limited to haemophilia, but also include previous blood clots and bleeding disorders.
6. **Cardiac:** Any heart condition that required admission to hospital or intensified follow up. This will include, but is not limited to abnormal valves, abnormal rate or rhythm or any medications to treat cardiac conditions. Any previous heart surgery or coronary artery disease.
7. **Respiratory:** Any condition resulting in insufficient brain oxygen supply, as well as any condition that can change with altitude changes. This will include uncontrolled asthma, chronic obstructive pulmonary disease and emphysema.
8. **Vascular conditions:** Aorta aneurysm, acute deep vein thrombosis and conditions like peripheral vascular disease. Any previous stroke. Uncontrolled high blood pressure. Low blood pressure that resulted or can result in dizziness or fainting.
9. **Musculoskeletal:** including but not limited to: Inability to carry out visual checks by looking over either shoulder. Any orthopaedic braces that limit range of motion. Recent surgery including arthroscopy. Inability to exert 30lb pull-weight with both arms. Recurrent joint dislocations, which are not surgically corrected. Osteopenia or osteoporosis that may result in increased fracture risk. Any progressive muscular disease. Hernia's – this will include inguinal, ventral or incisional hernias that were not surgically corrected.
10. **Renal:** any disease that requires dialysis or any progressive impairment. Renal colic with kidney stones that is untreated.
11. **Middle ear conditions:** any conditions like Meniere's disease or fixed vestibular hypofunction that can result in dizziness or vertigo.
12. **Visual function:** As per commercial driver's recommendations: Not less than 20/30 or 6/9 with both eyes open and examined together. Worse eye no less than 20/400 or 6/120. Visual field should be 120 degrees continuous along the horizontal meridian and 15 degrees above and below the fixation with both eyes open and examined together.
13. **Psychiatric disorders:** Acute psychosis, any condition relapses that causes impaired perception, mood or thinking. The use of any medication that causes drowsiness or impairment.
14. **Alcohol:** Any alcohol dependency or alcohol withdrawal seizures that occurred in the past 12 months.
15. **Drugs:** The use of any drugs, including but not limited to Hallucinogens, Central Nervous System Stimulants, Anticonvulsants, Antihistamines, Sedatives, Opiates, Hypnotics, or any "street drugs"
16. **Surgical procedures:** Any surgery or procedure that involved sedation or anesthetic would warrant 24 hours recovery before skydiving. Procedures that can lead to air trapping in enclosed cavities (root canal surgery, joint scopes or abdominal scopes) may need three to five days, for obvious reasons of expansion at altitude
17. **General debility:** any condition(s) or sequelae of conditions of which the cumulative effect may result in physical or mental impairment. Includes but not limited to cancer, HIV, chronic fatigue syndrome etc.
18. **Any condition not mentioned that may affect coordination, physical or mental ability related to the sport of parachuting.**

References and acknowledgements:

1. British Sport Parachuting association, BPA form 114A as adapted
2. Canadian Sports Parachuting association
3. United state Sports Parachuting Association
4. SMA guide to Physicians: Determining Medical Fitness to drive
5. Numerous Dropzone websites, both local and abroad.

FOR PATIENT CONFIDENTIALITY AND THE FACT THAT SKYDIVE SOUTH SASKATCHEWAN IS NOT A MEDICAL OFFICE WHICH CAN GUARANTEE THE SAFEKEEPING OF RECORDS RELATED TO PERSONAL MEDICAL INFORMATION, YOU ARE NOT REQUIRED TO SUBMIT AN EXAMINATION. PAGE 3 CAN BE HANDED TO THE CANDIDATE TO SUBMIT TO SKYDIVE SOUTH SASKATCHEWAN.

Medical Examination Form

Physician's Impression:

Surname _____ Given Names _____

Address _____ Town/City _____

Postal code _____ Phone _____

Health card number _____ Date of birth ____/____/____

Sex: Male Female

I find no medical conditions that I consider incompatible with Sport Parachuting.

or

I am unable to recommend this individual for Sport Parachuting.

_____, M.D
Physician's Signature

Date _____

Physician _____

Address _____

Phone(_____) _____