



### CERTIFICATE OF PHYSICAL ABILITY FOR PARACHUTIST CANDIDATES

This certificate must be established for less than six months at the date of the first jump.  
The candidate and the medical consultant read the regulatory provisions appearing on Pages 2 & 3.

#### FRAMEWORK RESERVED FOR THE CONSULTANT PHYSICIAN

I, the undersigned, Doctor of Medicine,

MICHAŁ KORBA

Certify having examined this day,

Name : NOWOSAD

first name : PŁOTR

After examining the patient and  
analyzing the contraindications  
described on the back of this certificate,  
I declare that the person concerned:

☒ satisfied

☐ does not satisfy

the physical and psychiatric aptitude  
conditions required for this activity.

Made in WARSAW, POLAND

The 28 / 08 / 2023

Signature and stamp of the Consulting Physician:

MICHAŁ KORBA  
specjalista chirurgii ogólnej  
4454469

#### FRAMEWORK RESERVED FOR CANDIDATE PARACHUTISTS

I, the undersigned,

Name : NOWOSAD

First Name : PŁOTR

Born the : 05 / 12 / 1974

birthplace : WŁĘCZ

Current address : 01-132 WARSAW

UL. SYRENY 9/96

POLAND

☒ I declare to be aware that skydiving is a risky activity. \*

☒ I declare to have read the risks associated with this  
activity and the necessary physical and psychiatric  
aptitude conditions. \*

☒ I declare not having concealed any medical information  
concerning me from the medical consultant. \*

☒ I undertake to report any change in my state of health  
that may occur between the writing of this certificate and  
the date of the jump. \*

\* The 4 ☒ must be ticked under penalty of nullity

Made in WARSAW

The 20 / 09 / 2023

Signature of the parachutist candidate: