



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.

MEDICOVER Sp. z o.o.
00-807 Warszawa, Al. Jerozolimskie 96
REGON 012396508, NIP 525-15-77-527
Medicover Opieka Ambulatoryjna, CM Klimczaka
02-797 Warszawa, ul. Klimczaka 1
tel. 500-900-500, fax: 22 487-59-62

FRAMEWORK RESERVED FOR THE CONSULTANT PHYSICIAN

I, the undersigned, Doctor of Medicine,

MACIEJ TUREK

Certify having examined this day,

Name : Berecz-Woznica

first name : Agnieszka

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

The 23 / 08 / 2023

Signature and stamp of the Consulting Physician:

*lek. Agnieszka Berecz-Woznica
Specjalista chorób wewnętrznych
2419519*

FRAMEWORK RESERVED FOR CANDIDATE PARACHUTISTS

I, the undersigned,

Name : TUREK

First Name : MACIEJ

Born the : 20 / 07 / 1973

birthplace : WARSAW

Current address : 02-763 WARSAW

MAKSZYLSKA 5/19

POLAND

☒ Declare to be aware that skydiving is a risky activity. *

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

☒ Declare not having concealed any medical information
concerning me from the medical consultant. *

☒ 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 22 / 08 / 2023

Signature of the parachutist candidate:

Maciej Turek