



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,

Certify having examined this day,

Name: DOMAGALA

first name: BRZEGORZ

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 JASIELE 2DC

The 09/09/2025

Signature and stamp of the Consulting Physician:

Andrzej POLAK
lekarz. NIP: 4046158

FRAMEWORK RESERVED FOR CANDIDATE PARACHUTISTS

I, the undersigned,

Name: DOMAGALA

First Name: BRZEGORZ

Born the: 06/07/1995

birthplace: ZERZYDOJCE

Current address: W. NSPOLNA 12

44-331 JASIELE 2DC

- ☒ 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 40 must be ticked under penalty of nullity

Made in JASIELE 2DC

The 09/09/2025

Signature of the parachutist candidate:

Domagala