



## MEDICAL QUESTIONNAIRE

NAME : ŻAPAK

FIRST NAME : Wojciech Marek

DATE OF BIRTH : 30 03 1966

PLACE OF BIRTH : Bielsko-Biala Poland

LEVEL OF PRACTICE of hemispherical skydiving  
at low altitude:

- Level 1 (< 20 jumps) ☐
- Level 2 (21/40 jumps) ☐
- Level 3 (> 40 jumps) ☒

NUMBER OF JUMPS \* : 88

\*You must be able to justify these jumps on  
presentation of proof (ex: jumps booklet)

1°) Have you ever had surgery? If yes specify _____	YES <input checked="" type="checkbox"/> NO
2°) Have you ever had a head injury? If yes, specify (date and consequences) _____	YES <input checked="" type="checkbox"/> NO
3°) Have you suffered a spinal compression injury?	YES <input checked="" type="checkbox"/> NO
4°) Do you have a chronic illness? If yes specify _____	YES <input checked="" type="checkbox"/> NO
5°) Have you ever had one or: • Fracture : when _____ location _____ • Sprain : when _____ location _____ • Dislocation : when _____ location _____	YES <input checked="" type="checkbox"/> NO
6°) Do you follow a one-time, recurring or regular drug treatment? If yes specify _____	YES <input checked="" type="checkbox"/> NO
7°) In the past 12 months have you experienced chest pain, palpitations, unusual shortness of breath or malaise? If yes specify _____	YES <input checked="" type="checkbox"/> NO
8°) Did a member of your family die suddenly of a cardiac or unexplained cause?	YES <input checked="" type="checkbox"/> NO
9°) Have you ever had an episode of wheezing (asthma type)	YES <input checked="" type="checkbox"/> NO
10°) Do you have sight problems? If yes, do you wear glasses or contact lenses: _____	YES <input checked="" type="checkbox"/> NO
11°) Do you have hearing problems? If yes, do you wear a hearing aid : _____ _____	YES <input checked="" type="checkbox"/> NO
12°) Do you have useful information to communicate: _____ _____	YES <input checked="" type="checkbox"/> NO

I, the undersigned (surname/first name) \_\_\_\_\_

certify on my honor the accuracy and sincerity of the information given above.

Made in Bad Szelonka The 03/09/2025 signature : \_\_\_\_\_