



**SKYDIVING INSTRUCTOR MEDICAL EXTENSION
DECLARATION**
(for use only in period approved by STC during Covid-19 Pandemic)

I hereby declare that I am physically and mentally fit. I have re-read the notes for instructors on Form 116A. To the best of my knowledge I have not developed any new medical problems since my last doctor's instructor medical certificate was issued.

I further re-affirm that in the event of newly contracting or suspecting any of the conditions listed in Form 116A or in the event of sickness absence in excess of twenty consecutive days, incapacitating injury or confirmation of pregnancy, I will cease to skydive until I have obtained approved medical advice.

I understand that the Covid-19 medical certificate extension allowed by STC may be withdrawn or amended on review, and it is my responsibility to ensure that I keep up to date with STC decisions.

To the best of my knowledge I have not had any symptoms of Covid-19 infection (fever or raised temperature, new persistent cough, persistent aches/fatigue, shortness of breath) . **

OR

I may have had Covid-19 infection but have made a complete recovery to full fitness without any need for medical intervention. I have complied with the "Instructor Covid19 Infection Flow Chart". I understand that Covid-19 can cause an inflammation of the lungs which could sometimes be slow to clear or cause complications and that this is why I need to follow the Flow Chart. **

(** Delete only ONE of these two paragraphs)

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Name in CAPITALS

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Date of Birth

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Signature

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British Skydiving Membership Number

Date of signature.....