

Adult Athlete Health Questionnaire
For Pilots and Trainees License Application or Renewal

Optional for leisure practitioners,
Mandatory for tandem pilots and professional instructors.

We recommend completing this health questionnaire every year, and consulting a doctor if you have any doubts about your health before practicing any of our aerial sports. If you are required to provide a Certificate of Absence of Contraindication (CACI FFVL) to practice our flying disciplines, this may be needed yearly or at a different interval. Between years with mandatory medical checkups, this questionnaire must be completed to meet your obligations. If you have a disability and were granted an exemption, this questionnaire must be completed every year to renew the exemption.

CURRENTLY	YES	NO
1. Are you currently under medical supervision?	☐	☐
2. Do you take regular medication (excluding contraception or allergy desensitization)?	☐	☐
3. Are you pregnant?	☐	☐
IN THE PAST 12 MONTHS	YES	NO
4. Has a family member died suddenly due to a heart-related or unexplained cause?	☐	☐
5. Have you experienced chest pain, palpitations, unusual shortness of breath, headaches, or unexplained fainting, with or without loss of consciousness?	☐	☐
6. Have you experienced attention or consciousness disorders, even brief, or any psychological issues regardless of the cause?	☐	☐
7. Have you felt instability or discomfort in your shoulder(s) or spinal column (cervical, dorsal, lumbar, or sacral)?	☐	☐
8. Have you had wheezing (asthma), painful or limiting breathing issues, or a history of pleural effusion (air or fluid around the lungs)?	☐	☐
9. Have you experienced poor or decreased vision for any reason?	☐	☐
10. Have you experienced dizziness or vertigo, even briefly, for any reason?	☐	☐
11. Have you noticed any decrease in your hearing ability for any reason?	☐	☐
12. If you stopped sports for 30 days or more for health reasons, did you resume without a doctor's approval?	☐	☐

Are you living with a physical or sensory disability?	☐	☐
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I HEREBY DECLARE:

- I certify on my honor that I have read this questionnaire and answered truthfully.
- I have consulted a doctor if I answered “yes” to any of the questions above (1 to 12), and if necessary, I will postpone my license application.
- I commit, if I have a sensory or motor disability, to practice the activity with appropriate equipment and/or assistance.
- I am informed that practicing with a contraindication is my sole responsibility and may void civil liability or personal insurance coverage.

Date: / /

Signature: