



Fédération Française
de Spéléologie

FÉDÉRATION FRANÇAISE DE SPÉLÉOLOGIE
28 rue Delandine - 69002 Lyon
04 72 56 09 63 - adherents@ffspeleo.fr

ffspeleo.fr

MEDICAL CERTIFICATE

SPELEOLOGY, CANYONISM AND CAVE DIVING

Caving and canyoning are non-competitive outdoor activities, allowing all levels of practice, from simple underground or river walks, to deep and committed exploration. The effort required affects all muscle groups. The progression is very varied, combining walking in uneven terrain, climbing, passage of narrow passages, descents and ascents from wells, waterfalls, swimming in white water. It is an enduring effort lasting several hours, with periods of maximum resistant effort, taking place in a relatively hostile environment. The cardiovascular, respiratory and musculoskeletal systems are the most stressed whatever the practice.

Medical omission : <https://comed.ffspeleo.fr>

TO PRACTICE CAVING AND CANYONISM

Any doctor is authorized to sign this certificate and to inform the practitioner about his physical possibilities and his limits.

**Anatomical integrity and good cardiovascular tolerance to effort are sufficient.
There is no formal medical contraindication to the practice of caving and canyoning.**

However, the risks of the environment, the duration of the explorations, the difficulty of the first aid and the level of practice chosen must make it possible to evaluate the physiological consequences and the personal risks linked to the following pathologies if they are present:

- cardiovascular illnesses ;
- epilepsy and syncopal states;
- insulin-dependent diabetes;
- balance disorders;
- rheumatological pathologies;
- pleuro-pulmonary diseases;
- nephropathy;
- blood clotting disorders;
- recovery from serious illnesses;
- uncompensated psychiatric conditions;
- pregnancy after the 3rd month.

The medical interview and the general clinical examination will allow the doctor to assess and advise the subject on his practice and his level of risk according to the nature of the pathology, its gravity, its treatment, its evolution and its balance, the age of the practitioner, his level of therapeutic education, his level of awareness, his level of practice, his psyche, his personal project, etc. Particular attention will be paid to the cardiovascular and respiratory examination. Any situation of disability, whether physical, mental or sensory, will require the same reasoning, the reception of these people being possible with appropriate supervision. From the age of 35, an electrocardiogram is recommended, to be repeated every 5 years, supplemented by a stress test if there are cardiovascular risk factors (family factor, smoking, hypertension, hyperlipidemia, overweight, etc.), as well as a biological assessment. It can be done earlier and more frequently if necessary. Tetanus vaccination is essential. Other vaccines may be recommended, especially for expeditions abroad and certain types of practice (canyoning, cave diving).

FOR THE PRACTICE OF CAVE DIVING

To the physiological constraints of caving are added those of underwater diving. The medical contraindications of underwater diving are to be consulted on the documents specific to this activity. Particular attention will be paid to the ENT and dental examination. The recommendations can be consulted at the following address: <https://comed.ffspeleo.fr>, tab "certificates".



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MEDICAL CERTIFICATE

To be completed by the doctor

For any further information on the physiological constraints of these activities, you can contact the federation, which will refer you to a federal doctor.

I, the undersigned,, Medical Doctor, after having examined

Mrs, Mr. :

Date of Birth :

Certifies that he/she has no clinically detectable medical contraindication to the practice to-day :

Delete as appropriate

- **caving**
- **canyoning**
- **cave diving**

Possible remarks or restrictions :

.....

.....

This certificate has been drawn up at the request of the person concerned and delivered by hand.

Done at :

Date :

Signature and stamp of the professional

*For any information concerning the medical certificate,
you can contact the federation which will refer you to a federal doctor.*



DECLARATION CERTIFICATE OF BACKGROUND

Part to be completed by the practitioner and to be kept exclusively by the signing doctor.

This document must in no case be given to the club or the federation.

BACKGROUND	Yes	No
Cardiovascular and respiratory		
Arterial hypertension	<input type="radio"/>	<input type="radio"/>
Heart attack	<input type="radio"/>	<input type="radio"/>
Cardiac malformation	<input type="radio"/>	<input type="radio"/>
Cardiac arrhythmias	<input type="radio"/>	<input type="radio"/>
Respiratory disorders, asthma	<input type="radio"/>	<input type="radio"/>
ENT / Ophthalmology		
Dizziness, loss of equilibrium	<input type="radio"/>	<input type="radio"/>
Deafness	<input type="radio"/>	<input type="radio"/>
Eye disorders (glaucoma, cataract)	<input type="radio"/>	<input type="radio"/>
Neurology		
Head trauma	<input type="radio"/>	<input type="radio"/>
Loss of consciousness	<input type="radio"/>	<input type="radio"/>
Epilepsy	<input type="radio"/>	<input type="radio"/>
Frequent daytime sleepiness	<input type="radio"/>	<input type="radio"/>
Sleep apnea syndrome	<input type="radio"/>	<input type="radio"/>
Locomotor device		
Joint disease	<input type="radio"/>	<input type="radio"/>
Limitation of movement	<input type="radio"/>	<input type="radio"/>
Bone disease	<input type="radio"/>	<input type="radio"/>
Trauma (fractures, dislocations, severe sprains)	<input type="radio"/>	<input type="radio"/>
Surgical interventions		
If so, why ?.....	<input type="radio"/>	<input type="radio"/>
.....		
Diabetes	<input type="radio"/>	<input type="radio"/>
Coagulation disorder	<input type="radio"/>	<input type="radio"/>
Ongoing or regular treatment(s)	<input type="radio"/>	<input type="radio"/>
Tobacco	<input type="radio"/>	<input type="radio"/>
Alcohol	<input type="radio"/>	<input type="radio"/>
Cannabis or other substances	<input type="radio"/>	<input type="radio"/>
Psychiatric history (depression, etc.)	<input type="radio"/>	<input type="radio"/>
Disability social security / Disability MDPH	<input type="radio"/>	<input type="radio"/>

I, the undersigned,, certify the accuracy of the answers given to this medical questionnaire in order to obtain my license from the French Federation of Speleology. Any voluntary omission or erroneous statement will engage my responsibility.

The

Signature