



# Scouts Canada Physical Fitness Certificate

**NOTE:** This form is to be filled out by the parent/guardian at the beginning of each Scouting year and kept by the leader. It is the parent's/guardian's responsibility to update the leader of any changes in the medical condition of their child/ward throughout the Scouting year. (This form should be filled out for adults as well.)

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Initial: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Scout Group Name: \_\_\_\_\_  
\*Provincial Medical Plan: \_\_\_\_\_ Insurance Coverage Held: \_\_\_\_\_  
Emergency Contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

## Emergency Medical Information:

Does the applicant have any allergies? Yes  No  If yes, please indicate below.

- Medicine       Insect Bites       Toxins       Food       Smoke  
 Plants       Animals       Other

Details: \_\_\_\_\_  
\_\_\_\_\_

## Has had, please check (x)

- Appendicitis       Mumps       Chicken Pox       Measles       Kidney disease  
 Rheumatic Fever       Scarlet Fever       Heart condition       Other

## Is subject to any of the following, check (x) and give details:

- Asthma       Contact Lenses       Headaches       Fainting spells       Bleeding disorders  
 HIV       Ear problems       Diabetes       Hernia       Back problems  
 Motion sickness       Cramps       Convulsions       Sleepwalking       Nightmares  
 Bed wetting       Other \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_

If female, has youth participant menstruated?  Yes  No  
If no, has she had menstruation explained to her?  Yes  No  Pregnant?

Does the participant require special care, medication or diet?  Yes  No

Details: \_\_\_\_\_  
\_\_\_\_\_

Date of most recent physical examination (Month and Year): \_\_\_\_\_

Date of last tetanus shot (Month and Year): \_\_\_\_\_

Swimming abilities:  Non Swimmer       Swimmer (Highest Level Achieved): \_\_\_\_\_

Has it ever been necessary to restrict the applicant's activities for medical reasons?  Yes  No

Details: \_\_\_\_\_  
\_\_\_\_\_

Signed, Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Updated, Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Updated, Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Voluntary in some provinces*