Appendix C (REVISED JULY 2002)

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 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: ____

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Signed, Parent/Guardian:______________________________ **Date:** ___________________________
Updated, Parent/Guardian:____________________________ **Date:** ___________________________
Updated, Parent/Guardian:____________________________ **Date:** ___________________________
Voluntary in some provinces