



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