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: _____

_____

Signed, Parent/Guardian:_____ **Date:** _____
Updated, Parent/Guardian:_____ **Date:** _____
Updated, Parent/Guardian:_____ **Date:** _____

Voluntary in some provinces