Print Form

Scouts Canada
Physical Fitness Certificate for Non Members

NOTE: This form is for use by Parent-Guardians or Volunteer Helper/Resource Persons participating in Scouting activities. This information is collected to assist the Scouter in charge should a medical emergency arise. In accordance with applicable Privacy Legislation, this information will not be used for any other purpose.

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 #: _____

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: _____

_____

_____

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

_____

_____

Signed,_____ **Date:** _____

Voluntary in some provinces