



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*