



# 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: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Scout Group/Section Name: \_\_\_\_\_

Emergency Contact Name(s): \_\_\_\_\_ Phone #'s: \_\_\_\_\_

### Emergency Medical Information:

MCP #: \_\_\_\_\_ Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Insurance Coverage Held: \_\_\_\_\_

**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 \_\_\_\_\_

### Have 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
- ADHD
- Other \_\_\_\_\_

Details: \_\_\_\_\_

**If female, has youth menstruated?**  Yes  No  
**If no, has she had menstruation explained to her?**  Yes  No  Pregnant?

**Does the participant have any other condition requiring 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:** \_\_\_\_\_

**Print - Parent/Guardian:** \_\_\_\_\_