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: ____

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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

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Signed,______________________________ **Date:** ____

Voluntary in some provinces