

## 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.)

				□Male □Female
Province:	City: Postal Code: Home Phone:			
Physician's Name: Phone # Scout Group Name:   *Provincial Medical Plan: Insurance Coverage Held:				
Emergency Contact name: Phone number:				
<b>Emergency Medi</b>	cal Information:			
Does the applicant ha	ve any allergies? Yes	☐ No☐ If yes, please	indicate below.	
☐ Medicine ☐ Plants Details:	☐ Animals	☐ Toxins ☐ Other	☐ Food	☐ Smoke
Has had, please check	. (x)			
☐ Appendicitis ☐ Rheumatic Fever	<ul><li>☐ Mumps</li><li>☐ Scarlet Fever</li></ul>	☐ Chicken Pox ☐ Heart condition		☐ Kidney disease
Is subject to any of th	e following, check (x)	and give details:		
☐ Asthma ☐ HIV ☐ Motion sickness ☐ Bed wetting Details:	☐ Cramps ☐ Other	☐ Diabetes ☐ Convulsions	☐ Fainting spells ☐ Hernia ☐ Sleepwalking	<ul><li>☐ Bleeding disorders</li><li>☐ Back problems</li><li>☐ Nightmares</li></ul>
If female, has youth participant menstruated?  If no, has she had menstruation explained to her?  Does the participant require special care, medication or diet?   Details:  Date of most recent physical examination (Month and Year):  Date of last tetanus shot (Month and Year):				
Swimming abilities: Has it ever been neces		☐ Swimmer (Hig plicant's activities for n	ŕ	Yes □ No
Details:				
Signed, Parent/Guard	lian:	Date:		_
Updated, Parent/Guardian:		Date:		
Updated, Parent/Guardian:			Date:	

\*Voluntary in some provinces

B.P.&P., Section 20000 April 2005