



# 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*