



# 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*