Appendix C

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/guardians 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 the adults as well.

Surname: _____ Given Name: _____ Initial: ____ Date of Birth: _____ Age: ___ ☐ Male ☐ Female

Address: _____ City: _____

State: _____ Zip Code: _____ Home Phone: _____

Physicians Name: _____ Telephone _____ Scout Group Name: **22 Cleveland**

Personal health/accident insurance carrier _____ policy # _____

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
☐ Scarlet Fever ☐ Rheumatic Fever ☐ Heart Condition ☐ Other _____

If 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 ☐ Pregnant ☐ Other _____

Details: _____

Has participant menstruated? ☐ Yes ☐ No If no, has she had menstruation explained to her? ☐ Yes ☐ No

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: ☐ **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:** _____

Updated, Parent/Guardian: _____ **Date:** _____

Updated, Parent/Guardian: _____ **Date:** _____