

# Scouts Canada

## Physical Fitness Certificate for Training Events

**NOTE:** This form is for use by Persons participating in Scout Training 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.  
(Don't forget to enclose your payment)

Training Event Title: \_\_\_\_\_ Training Event Date: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ MMS Registration ID#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male Female

Address: \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Scout Group Name & Number: \_\_\_\_\_

\*Provincial Medical Plan: \_\_\_\_\_ Insurance Coverage Held: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Emergency Medical Information:

Do you have any allergies?  Yes  No If yes, please indicate below.

Medicine  Insect Bites  Toxins  Food  Smoke  Plants  Animals  Other \_\_\_\_\_

Details: \_\_\_\_\_

Have had, please indicate (x)  Appendicitis  Mumps  Chicken Pox  Measles  Kidney disease

Rheumatic Fever  Scarlet Fever  Heart condition  Other \_\_\_\_\_

Details: \_\_\_\_\_

Are you subject to any of the following, indicate (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  
 Other \_\_\_\_\_

Details: \_\_\_\_\_

Do you require special care, medication or diet?  Yes  No

Details: \_\_\_\_\_

Date of your most recent physical examination (Month and Year): \_\_\_\_\_

Date of your most recent tetanus shot (Month and Year): \_\_\_\_\_

Swimming abilities: Non-Swimmer Swimmer (Highest Level Achieved): \_\_\_\_\_

Has it ever been necessary to restrict your activities for medical reasons? Yes No

Signed: \_\_\_\_\_ Date: \_\_\_\_\_