CFIS CANADA

Canadian Federation of Independent Scouting

Physical Fitness Certificate and Emergency Medical Information Form

YEAR	/
YEAR	/
YEAR	/

All registered members must have a filled out form on file and kept by the section leader. Forms for each youth must be filled out by youth's parents / guardians. Forms for non-registered invited person attending any function must be filled in before participating at any event, forms to be held by section leader. Forms are to be updated each registration year or due to any changes in any youth or adult's medical condition within the same year.

Surname _____ Given name _____ Initial _____

Date of Birth _____ Age _____ Male [ ] Female [ ]

Address _____ City _____ Province _____

Postal code _____ Home phone _____ Emergency number _____

Physician's name _____ Phone number _____

Medical Card # _____ Extra Health # _____

Does the applicant have any allergies, YES [ ] NO [ ] If YES, please mark all appropriate boxes.

☐ Medicine ☐ Insect Bites ☐ Foods ☐ Smoke ☐ Toxins

☐ Plants ☐ Animals ☐ Other Details _____

Has had, mark with an X

☐ Chicken pox ☐ Measles ☐ Kidney disease

☐ Appendicitis ☐ Mumps ☐ Scarlet fever ☐ Rheumatic fever ☐ Heart condition

☐ Hernia ☐ Other _____

Female Participants only. Has participant menstruated. ☐ Yes ☐ No

Has participant had menstruation explained to her. ☐ Yes ☐ No ☐ Pregnant

General Health

Date of last physical exam. Month & year _____

Date of last Tetanus shot. Month & year _____

Date of last shot/ shots. Month & year _____

what type of shot / shots did you receive. _____

Swimming abilities; ☐ Non swimmer ☐ Swimmer Level achieved _____

Activity restrictions due to Medical reasons. _____

Special Medications or diet requirements. _____

Signed _____ Date _____

Updated _____ Date _____

Updated _____ Date _____