# ŠATRIJOS ir RAMBYNO TUNTO
# PHYSICAL FITNESS CERTIFICATE

**NOTE**: This form is to billed out by the parent/guardian at the beginning of each Scouting year and kept by the leader. It is the responsibility of the guardian/parent 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 adults as well).

Surname: _____ Given Name: _____ Initial: _____

Date of Birth (dd/mm/yy): _____ Age: _____ ❑ Male ❑ Female Scout Group Name: _____

Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone No: (_____) _____ Cell No: (_____) _____

Physician's Name: _____ Phone No: (_____) _____

Provinical Medical Plan (OHIP #): _____ Insurance Coverage Held: _____

Emergency Contact Name: _____ Home Phone No: (_____) _____

Business Phone No: (_____) _____ Cell No: (_____) _____

**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)

❑ Appendicitis ❑ Mumps ❑ Chicken Pox ❑ Measles ❑ Kidney Disease

❑ Rheumatic Fever ❑ Scarlet Fever ❑ Heart Condition ❑ Other: _____

Is subject to any of the following: (PLEASE CHECK, 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 ❑ Learning Disability ❑ Special Needs ❑ Dietary Restrictions ❑ Other: _____

Details: _____

If female, has youth participant menstruated? ❑ Yes ❑ No

If no, has she had menstruation explained to her? ❑ Yes ❑ No ❑ Pregnant?

Does the participant require special care, medication, or diet? ❑ Yes ❑ No

Details: _____

Date of most recent physical examiniation (Month/Year): _____

Date of last Tetanus shot (Month/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: _____