STATEMENT OF MEDICAL FITNESS
Navy League of Canada – Ontario Division

CORPS NAME AND NUMBER:
_____

SURNAME	GIVEN NAME/RANK
ADDRESS	POSTAL CODE PHONE NO.
MALE: ☐ RELIGION FEMALE: ☐	DATE OF BIRTH / / Day Month Year
HEALTH CARD #	DOCTOR'S NAME
DOCTOR'S ADDRESS	

EMERGENCY NOTIFICATION

NAME	ADDRESS
TELEPHONE	RELATIONSHIP

HAS THE APPLICANT SUFFERED FROM ANY OF THE FOLLOWING?

	YES	NO		YES	NO
Nervous Trouble			Food Allergies		
Head Injury or Concussion			Kidney or Bladder Trouble		
Dizzy or Fainting Spells			Diabetes		
Seizure Disorders			Foot Trouble		
Bed Wetting (at present)			Broken Bones		
Frequent Headaches			Allergies to Medications		
Nose or Throat Trouble			Skin Conditions		
Ear Trouble or Deafness			Any recent operations		
Eye Trouble			Low back pain		
Lung Disease or Chronic Cough			Other chronic pain		
Menstrual problems causing Disability			High Blood pressure or other unusual vital signs, e.g. slow pulse		
Motion or Travel Sickness			Rheumatism or Rheumatic Fever		
Hay Fever, Asthma or other Allergies			Heart trouble or shortness of breath		
Is the Applicant on a Special Diet			Stomach, bowel or rectal trouble		
Is the Applicant on any medication now			Illness or injuries not mentioned on this form		
			Are all vaccinations current		

If you have answered **YES** to any of the above illnesses, please provide details on a separate piece of paper (or use the reverse of this form). The information provided on this form will be kept in the strictest of confidence. It is gathered to assist us or medical professionals in the case of an accident or illness.

I have completed this statement of medical fitness. I hereby certify that it reflects the actual medical fitness of the applicant. Further, I give permission for ANY medical facility to provide immediate emergency care to sustain life, limb or prevent disability to the applicant. I understand that I, or one of my emergency contacts listed above, will be notified as soon as possible following an accident or illness. Medications will be packed in a clear plastic (e.g. Tupperware) container.

Date:_____NAME: _____RELATIONSHIP_____
(please print)

SIGNATURE: _____

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