WinShape Camper Physical for Summer 2027

A physical dated after May 1, 2026 is required annually.
Health exam must be completed by a licensed Physician, Nurse Practitioner, or Physician's Assistant.
If camper is current on vaccines, immunization records dated after May 1, 2026 are also required.

Camper Name: _____

Exam Date: _____ Date of Birth: _____

BP: _____ Pulse: _____ Height: _____ Weight: _____

Under care for the following condition(s): _____

_____

_____

Allergies: _____

_____

Medications to be administered at camp (Name, strength, dose, frequency): _____

_____

_____

Restrictions, Limitations, or Special Recommendations for camp: _____

_____

_____

Additional information for Healthcare Staff at camp: _____

_____

Last Tetanus date: _____

FINAL RECOMMENDATION by Licensed Medical Provider: ***(please choose one)***

☐ Camper is **cleared to attend camp** & fully participate in all physical activities WITHOUT RESTRICTION.

☐ Camper is **cleared to attend camp** & participate in physical activities WITH RESTRICTIONS as listed above.

☐ Camper is **NOT cleared to attend camp** for the following reason(s): _____

_____

Provider Signature _____ Signature Date _____

Provider Name & Title _____ Phone Number _____

Address _____

WinShape Camps
Phone: 844-WS-CAMPS
camps.winshape.org

Form Updated May 2026