WinShape Camper Physical for Summer 2025

A physical dated after May 1, 2024, and a current immunization record are required annually.
Health exam must be completed by a licensed Physician, Nurse Practitioner, or Physician's Assistant.

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-WSCAMPS
camps.winshape.org

Experiences that transform
form updated Aug 2024