

2019 WinShape PhysicalForm

A physical (dated after May 1, 2018) and updated immunization record are required annually. Health exam must be completed by a licensed medical professional.

Camper Name:			
			Weight:
Under care for the following cond	litions:		
Recommendations and/or restrict	tions to be impleme	ented at Camp:	
Medications to be administered a	t Camp (name, do	sage, frequency):	
		3, 1 3,	
IZ II			
Known allergies:			
Limitations or restrictions for Can	npactivities:		
Additional information for healtho	eare staff at Camn:		
Additional information for healthe	are stair at camp.		
Date of last tetanus shot:			
FINAL RECOMMENDATION by	Licensed Medica n, the above camp	al Professional er to participate at Cam	p with the recommendations made above.
_ ,			
Signature of Licensed Medical Pr	ofessional		
Printed Name and Title			
Examination Date			
Phone			

WinShape Camps

Atlanta, GA 30349

5200 Buffington Rd

P. 404.761.3105

F. 706.368.6867

WinShapeCamps.org