



2020 WinShape Physical Form

***A physical dated after May 1, 2019 and a current immunization record are required annually.
Health exam must be completed by a licensed medical professional.***

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 _____ Date _____

Provider Name & Title _____ Phone Number _____

Address _____