



## 2021 WinShape Physical Form

*A physical dated after May 1, 2020 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: \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

**WinShape Camps**

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[camps.winshape.org](http://camps.winshape.org)

Experiences that transform

Form updated Mar 1, 2021