



## 2022 WinShape Physical Form

***A physical dated after May 1, 2021 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 \_\_\_\_\_ Date \_\_\_\_\_

Provider Name & Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_