



WFU Camp & Youth Programs
Proof of Physical Exam

PARENTS/STAFF: Complete this section and then give to your healthcare provider for review and signature.
\*You must then scan/photograph this page, and upload the file to the online Health Profile on CampDoc.com.

Camper/Staff Information:

Name: \_\_\_\_\_
First Middle Last

Sex: [ ] Male [ ] Female Gender Identity, if applicable: \_\_\_\_\_ Birth Date: \_\_\_\_\_
MM/DD/YYYY

Camper/Staff Home Address: \_\_\_\_\_
Street Address

City State Zip

Custodial Parent/Guardian 1 phone: \_\_\_\_\_

Custodial Parent/Guardian 2 phone: \_\_\_\_\_

Date of Camp Session: \_\_\_\_\_

HEALTHCARE PROVIDER: Please complete this section and return form to the camper/parent/staff member.

Date of most recent Physical Exam: \_\_\_\_\_

(Wisconsin Farmers Union requests an exam within 24 months of the current session; see date of session above.)

Any notes regarding this attendee's ability to participate in a summer camp program? Any limitations or restrictions?

Name of licensed provider: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_