**WFU Camp & Youth Programs**

**Proof of Physical Exam**

***PARENTS/STAFF: Complete this section and then give it 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

Parent/Guardian 1 Name: Phone:

Parent/Guardian 2 Name: Phone:

Name/Date of Camp Session, if known (campers only):

***HEALTHCARE PROVIDER: Please complete this section and return form to the camper/parent/staff member. Proof of Physical form – and/or immunization records, if requested by the parent/guardian - may also be faxed directly to a secure line at 833-629-1405.***

Date of most recent Physical Exam:

*(Wisconsin Farmers Union requests an exam within 24 months of the session attending; 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 (please print):

Signature: Date:

Title: Phone:

City, State, Zip: