Wisconsin Farmers Union
KAMP KENWOOD
CHIPPEWA FALLS, WI

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

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:_____

Questions: contact Cathy Statz, Camp Director, Wisconsin Farmers Union at 715-214-7887.