# 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 UltraCamp.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 715-723-6385.***

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 Elizabeth Yost, Education & Camp Director, Wisconsin Farmers Union at 715-382-0921.*