



2017 WinShape Physical Form

*A physical (dated after May 1, 2016) and updated immunization record are required annually.
Health exam must be completed by a licensed medical professional.*

Camper Name: _____

Date of Birth: _____ Exam Date: _____

BP: _____ Height: _____ Weight: _____

Under care for the following conditions: _____

Recommendations and/or restrictions to be implemented at Camp: _____

Medications to be administered at Camp (name, dosage, frequency): _____

Known allergies: _____

Limitations or restrictions for Camp activities: _____

Additional information for healthcare staff at Camp: _____

FINAL RECOMMENDATION by Licensed Medical Professional

I recommend, without reservation, the above camper to participate at Camp with the recommendations made above.

Yes No

Comments: _____

Signature of Licensed Medical Professional _____

Printed Name and Title _____

Date _____

Address _____

Phone _____

WinShape Camps

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