



## 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: \_\_\_\_\_

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**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: \_\_\_\_\_