

City, State, Zip:\_\_\_

## 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:		
				MM/DD/YYYY
Camper/Staff H	ome Addr	ess:Street A		
		Street A	address	
City		State		Zip
Parent/Guardia	n 1 Name:		Phone:	
Parent/Guardia	n 2 Name:		Phone:_	
Name/Date of Camp Session, if known (campers only):				
Any notes regar restrictions?	ding this a	ittendee's ability to participate in a s	summer camp p	rogram? Any limitations or
Name of licensed provider (please print):				
Signature:				Date:
Title:		]	Phone:	