

***REQUIRED - or provide
copy of last health physical***

Camp Wingmann * 3404 Wingmann Road * Avon Park, FL 33825
Office: 863-453-4800

Healthcare Exam Form

with Recommendations/Restrictions to be done by Licensed Medical Personnel

I examined _____ on _____.

BP _____ Weight _____ Height _____

In my opinion, the camper named above **IS / IS NOT** able to participate in an active camp program.

The camper named above is under the care of a physician for the following conditions:

Recommendations and Restrictions at camp:

Treatment to be continued at camp:

Medications to be administered at camp:

Please list name of medication, frequency, and dosage

Any medically-prescribed meal plan or dietary restrictions:

Any known allergies:

Any limitation or restriction on camp activities:

Any additional information:

Signature of Licensed Medical Personnel _____

Printed _____ Title _____

Phone _____ Date _____