



## OAHS Wellness Program: Annual Physical Verification Form

In order to qualify for the "2018 wellness rate" (the discounted insurance rates for qualifying employees), you must:

- 1) Actively participate in the Employee Wellness Plan as defined for 2018
- 2) Provide us with documentation that you have completed a full annual physical / wellness exam within the past 12 months

- see attached  
 see signed statement below by authorized clinic staff

I, \_\_\_\_\_, verify the attachment and/or signed statement below is true and accurate to the best of my knowledge. I have received my full routine physical/wellness exam on \_\_\_\_\_ , \_\_\_\_\_

Printed name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### WHERE TO GET PROOF: *Ask your clinic to complete the section below.*

At Northside Medical Clinic, please take this for to the Centralized Scheduling Desk (x4274). Please allow them time (up to 72 hours) to look up this info before collecting the form back (or you may ask them to route on to the HR office). Any printouts need to state more than "office visit".

Name of Clinic: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Date of Wellness exam / routine physical \_\_\_\_\_

### VERIFIED BY clinic/scheduling staff:

Name/title (printed) \_\_\_\_\_ Date \_\_\_\_\_

Name/title (signature) \_\_\_\_\_ Phone # \_\_\_\_\_