

Wellness Program Annual Physical Verification Form



As one of the requirements to qualify for the **“2021 wellness rate”** (the discounted insurance rates for qualifying employees), you must:

- 1) Actively participate in the Employee Wellness Plan as defined for 2021
- 2) Provide us with documentation that you have completed a full annual physical/wellness exam within the past 12 months (a general doctor appointment does *not* qualify)
 - see attached
 - or
 - 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 _____, _____

Signature: _____ Date _____

Date of Birth: ____ / ____ / ____

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

- At Northside Medical Clinic, please take this form to the Registration/Scheduling Desk.
- 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 it to the HR office).
- Any printouts need to document a physical; must state more than “office visit”.

Name of Clinic: _____

Patient Name: _____

Date of Wellness exam or annual routine physical _____

Verified by clinic/scheduling staff:

Name / title (printed) _____ Date _____

Name / title (signature) _____