

Harker School Wellness Program - Physician Verification of Physical Exam and Biometrics

You and your physician should complete this form as verification of your annual physical and any recommended preventive lab work or screenings. Completion of your annual physical and this form are part of the "Wellness Basics" and are required in order to receive a "Wellness Reward" as part of The Harker School Wellness Program.

Unless otherwise advised by your Physician, an exam (annual physical) and screenings need to be completed once each Annual Qualifying Period (Annual Qualifying Period = December 1st through November 30th of the following calendar year)

Employee Name: _____ Month/Year of Exam _____

This section to be completed by Employees' physician:

Provider hereby acknowledges that they have performed the exam and screenings checked below on the dates listed for the employee named on this form. If the patient is not due for the exam and/or screening, please check the appropriate boxes in the section below.

<p><input type="radio"/> Comprehensive Annual Physical performed on _____ (date)</p> <p><input type="radio"/> Doctor recommended lab work performed on _____ (date)</p> <p><input checked="" type="checkbox"/> My Patient is not due for <input type="checkbox"/> Physical Exam <input type="checkbox"/> Preventive lab work or screenings.</p> <p><i>Information in this box must be completed to qualify for Wellness basics and earn 10 points</i></p>
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<p><input checked="" type="checkbox"/> My Patient is up to date on all of the recommended tests/screenings for his/her age & gender _____</p> <p><small>(It is not required that employees are up to date on recommended screenings however, you may earn additional 5 points by doing so)</small> <small>Physician's initials</small></p>

Physician Name- printed

Physician Signature

Phone

I, the employee named above, guarantee that the information contained in this verification is true and accurate and I understand that HR may verify any forms submitted for the purpose of obtaining a wellness reward.

Employee Signature

Date

ALL FORMS MUST BE RECEIVED BY DECEMBER 5th FOLLOWING THE COMPLETION OF THE QUALIFYING PERIOD

Forms may be submitted via, email: hr@harker.org, fax: 408-553-5774, or inter-office mail to HR at Union

Confidentiality/Privacy Policy: All information is protected by the HIPAA Privacy Rule and is considered protected health information. All information and results are completely confidential and Harker School or any other entity will not have access to your information without your prior consent.