



Annual Physical Exam Verification
 Town of Westerly
 Employee Wellness Incentive Program

Section 1: Medical Professional Instructions

Dear Medical Professional,

*As part of the Town of Westerly's "Live Well. Be Well." wellness program initiative, benefit eligible employees at the Town of Westerly have been asked to have a basic **preventative** annual physical. The Town of Westerly is not requesting any records or PHI pertaining to this annual physical. Once the annual physical is complete, please sign, date, and return this form to our employee, so they may turn it in to the Town's wellness program as confirmation.*

*Sincerely,
 Westerly Wellness Team*

Section 2: Annual Routine Physical Exam

Preventative Physical Exam (Office Visit), which includes medical health history, annual checkup, including blood pressure and cholesterol screenings, annual ob/gyn exam for women, cervical cancer screening (pap test) for women, prostate-specific antigen (psa) test for men, measurement of height, weight, and any other age and gender appropriate screenings or tests. *Please inform the employee that if other tests/services are performed, the employee may be responsible for out-of-pocket costs based on their insurance plan.*

Section 3: Medical Professional Certification

Patient Name: _____ Exam Date: ____/____/____

Physician's Office / Clinic Stamp and Signature

Physician Name (Print): _____ Physician Signature: _____

Section 4: Employee Information & Release

I _____ (print employee name) authorize _____ (medical professional's name) to release the dates of my routine physical exam, as specified on this form for the Town of Westerly's wellness program.

I understand participation in the "Live Well. Be Well." program is voluntary, and that this is for a preventative wellness exam. If other tests/services are performed, I will be responsible for out-of-pocket costs based on my insurance plan.

Employee Name (Print): _____ Employee Signature: _____

