



ANNUAL PHYSICAL EXAM VERIFICATION FORM

Kaufman County has implemented a Wellness Incentive Program to encourage employees to live healthier lives by actively engaging with a healthcare provider and utilizing the preventative services available in the health benefits program. Employees who are enrolled in Kaufman County's medical benefits plan must complete an annual physical by October 31 each year to receive a wellness day for the following calendar year.

IMPORTANT NOTES:

- No Protected Health Information (PHI) nor results of any biometric screening (lab results) shall be included on or attached to this form. While annual physical exams often include blood pressure, cholesterol, glucose, and/or body mass index checks, at this time, no specific test results are required.
- To receive credit for completing the annual physical exam the exam must be completed and this completed form submitted to the Human Resources Department between **January 1 through October 31 each calendar year** in order to qualify for a Wellness Day the following calendar year.

TO BE COMPLETED BY THE EMPLOYEE:

Employee Name (PRINTED): _____ Date of Birth: _____

Member Identification Number on BCBSTX Health Benefits Card: _____

By my signature below, I affirm that I have received, read, and understand the Wellness Incentive Program, and I authorize my physician to verify I have completed an annual physical exam at my physician's office on the the date indicated below:

Employee Signature: _____ Date: _____

TO BE COMPLETED BY THE PHYSICIAN:

I certify the above-named patient has completed an annual physical exam at my office on the following date:

Date of Annual Physical Exam: _____

Name of Physician (PRINTED): _____

Address: _____

City: _____ State: _____ Zip Code: _____ Office Phone: _____

Physician Signature: _____ Date: _____

Return this form to Human Resources by October 31 each year.