

# PREVENTIVE SCREENING FORM

Take this form with you to your scheduled doctor's visit to be completed and signed by the attending physician. It is the participant's responsibility to submit the **Preventive Screening Form** as part of the wellness program to be returned to Wellworks For You as outlined below, by **November 30, 2024**

## PATIENT CONTACT INFORMATION

COMPANY NAME: Schupan

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_  MALE  FEMALE

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: \_\_\_\_\_

OFFICE PHONE/ADDRESS: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

This **Preventive Screening Form** confirms that the patient named above received the following preventative care between **January 1, 2024 and November 30, 2024**. The highlighted items apply to premium savings. **One form per exam. Please check the exam that applies:**

### GENERAL

- Annual Physical Exam
- Vision Screening  
(routine eye exam)
- Dental Exam  
(routine cleaning)
- Colorectal Exam
- Dermatology Exam
- Flu Shot

### WOMEN

- Annual OB/GYN
- Mammogram
- Pap Smear

### MEN

- Prostate Exam

### Physician

I certify that the patient listed above received the tests indicated on this form on: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## SUBMIT YOUR COMPLETED FORMS BY November 30, 2024

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page. Select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.
- **Upload to Mobile App:** Tap the event that you are submitting a form under the **Home** tab. On the following screen, tap the **Select Document** button to take or upload a photo of your form. Once your form data has been captured, tap **Submit My Forms**. Users are limited to **one (1)** file per submission.

**PLEASE NOTE:** Wellworks For You requires at least **seven (7) to ten (10)** business days for processing and participation to be updated in the Wellness Portal.