

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:		
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	WOMEN	
☐ Annual Physical Exam ☐ Vision Screening (routine eye exam)	□ Annual OB/GYN	
□ Dental Exam (routine cleaning)	Mammogram	
Colorectal Exam	Pap Smear	
Dermatology Exam	MEN	
□ Flu Shot	Prostate Exam	
sician		

Phys

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

Physician	Signature:
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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.

