Wellworks For You

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, 2025.**

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 **December 1, 2024 and November 30, 2025**. 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, 2025

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.

For additional support, chat with us live on the wellness portal. *(not available on the mobile app)*
Phone: (800) 425-4657
Email: info@wellworksforyou.com

Wellworks For You