

PHYSICIAN RESULTS FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Physician Results Form as part of the wellness program to be returned to Wellworks For You as outlined below, by **November 30, 2026**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

PATIENT CONTACT INFORMATION

COMPANY NAME: Schupan

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE

PHONE: _____ EMAIL: _____

SELECT ONE: I am the ☐ **Employee** ☐ **Spouse** *If spouse, please name employee:* _____

PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

This **Results Form** confirms that the patient named above received the following preventative care between **December 1, 2025 and November 30, 2026**. The primary care physician needs to complete the information below with an * in front of it and return the completed form to the patient named above.

SCREENING	RESULTS
*Blood Pressure (Systolic)	
*Blood Pressure (Diastolic)	
*Height (in inches)	
*Waist Circumference (in inches) REQUIRED: CAN BE SELF-REPORTED	
*Weight (in pounds)	
BMI (Body Mass Index)	

SCREENING	RESULTS
*Total Cholesterol	
*Low Density Lipoprotein (LDL)	
*High Density Lipoprotein (HDL)	
*Triglycerides	
TC/HDL Ratio	
*Glucose (fasting)	

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, 2026

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.