

ANNUAL PHYSICAL PROOF OF VISIT 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 Annual Physical Proof of Visit Form as part of the wellness program to be returned to Wellworks For You as outlined below, by **NOVEMBER 30, 2026**.

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

PYHICIAN OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

This Annual Physical Proof of Visit Form confirms that the patient named above received the following preventive care between **December 1, 2025 and November 30, 2026**.

GENERAL

Annual Preventive Exam
(physical performed by Primary Care Physician)

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. This will be securely emailed for processing. Users are limited to **one (1)** file per email.
- Upload to Mobile App:** Take a photo of your form using your smartphone and upload it via the Mobile App. Go to the **Upload a Form** tab in the top left menu, select **Click to Upload**, and choose the relevant event from the Select Wellness Event drop-down. 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.