

2026 - 2027 Preventive Care Provider Confirmation
Employee Annual Physical

Dear Health Care Provider,

My goal is to keep myself as healthy as I can. I know that preventive care is a big part of staying healthy. I am eligible to earn a $100.00 incentive during the 2026 – 2027 plan year if I meet outlined goals. Being up-to-date with my preventive care is one of these goals.

Please discuss my preventive care plan with me and ensure that I am up-to-date on preventive care screening tests, exams and immunizations. Please also discuss lifestyle changes that will improve my health and prevent disease.

HEALTH CARE PROVIDER ACKNOWLEDGEMENT

I hereby acknowledge that the undersigned patient is up-to-date with recommended preventive care included, but not limited to, glucose; BMI; blood lipids; cancer screenings; general health risk status and screenings ***as age and gender appropriate***.

Depending on the specific patient, this acknowledgement may not require an in-person office visit, simply an affirmation that the patient is up-to-date with recommended preventive care. If the patient is not current, then an office visit and preventive services may be needed.

Health Care Provider Name (printed) **Health Care Provider Signature**

_____ _____

License Number _____ Date_____

Phone Number _____

Employee Name (printed)

_____

Employee Signature

_____

Upon obtaining your health care provider's signature, please sign and return this form to Human Resources for confidential tracking. The validity of this signature may be verified for authenticity. Falsification of information will be subject to disciplinary actions consistent with employee guidelines up to and including employment termination. If you have any questions, please speak with Human Resources.

PLEASE NOTE: You can also provide HR with a copy of your Explanation of Benefits for this annual visit. Either form is acceptable. This form is for annual preventive physicals that are performed between 9/1/26 and 8/31/27.