



Building **Healthy** Worksites

Primary Care Physician Annual Physical Verification Program

- Take the Annual Physical Verification Form to your Primary Care Physician (PCP) for your annual visit by **(12/31/2022)**.
- Ask your Primary Care Physician to complete the form and follow the instructions below for submission of the form.
- HealthWorks will record that you have completed the annual visit.
- Employer will receive confirmation that you have completed this portion of your wellness program.

DEADLINE: Please complete BY 12/31/2022.



TO BE COMPLETED BY PATIENT:

Name: _____ Gender (Circle) M / F

Home Address _____
(Street, City, State, Zip)

Email: _____ Phone: _____

Employer: Sinclair Community College

DOB: _____ Last 4 Tartan ID#: _____ Insurance ID#: _____

PHYSICIAN VERIFICATION:

This form is to verify an annual physical/well-check visit for a wellness program offered through the patient’s employer. To receive credit, it is required that this form be completed and returned to HealthWorks.

I, _____ (Physician Name), conducted an annual physical/well-check office visit for the patient listed above. This visit was completed on _____ (Date).

Patient Signature: _____ Date: _____

Physician Signature: _____ Date: _____

REQUIRED (please print or stamp):

Physician Name: _____

Phone: _____

Address: _____

PATIENT: For credit, please return this form to HealthWorks by one of the following methods:

- Upload a copy online via your personal dashboard:
 - Visit cincyhealthworks.com
 - Click Elevate Login (*follow login instructions*)
 - Upload to the 'Annual Physical Verification' link
- Scan/Email to: offsite@cincyhealthworks.com
- Fax to: (513)751-0018**
- Mail to: Healthworks
4329-B Red Bank Road
Cincinnati, OH 45227
513-751-1288



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Questions? Phone:513-751-1288