



Employee Wellness Physical Form

Please utilize in-network providers.

Patient Name: _____

Physician / Office Name: _____

Physician's Office Phone: _____

Date of Visit: _____

Employee received: (check all that apply):

- Received an Annual Preventative Exam
- Bloodwork (preventative bloodwork recommended by your doctor)
- Guidance to anticipate, prevent and/or reduce relevant risks

Sheriff's Office Employees: annual screening for infectious diseases is encouraged for your own personal awareness and protection (HIV, Hepatitis, TB).

I certify that the above named employee received the care indicated on this form.

Provider Signature _____ Date _____

Employees or Healthcare Providers: please return this form to:

Washington County HR

Fax: 435-301-7459

Email: gasye.church@washco.utah.gov