



Employee Wellness Physical Form

Please note: if off-site facilities are needed for collecting or processing samples for lab work, please utilize in-network providers Lab Corp or Dominion.

Employee or Spouse Name: _____

Physician / Office Name: _____

Physician's Office Phone: _____

Date of Visit: _____

Employee received: (check all that apply):

- Received an Annual Preventative Exam
- Bloodwork (CBC, CMP, Lipid Panel, and other recommended screening)
- Guidance to anticipate, prevent and/or reduce relevant risks

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

Provider Signature _____ Date _____

Care Providers: please return this form to:

Washington County HR

Fax: 435-652-5808

Email: dave.buckingham@washco.utah.gov