

2022 Annual Wellness Completion Form

During your Annual Wellness Exam ask your Doctor for your “health” numbers listed below. Discuss these important measurements with your Doctor.

Here are the numbers you need to know:

Cholesterol	Height	Weight
HDL & LDL Level	Blood Pressure	Glucose

**PLEASE DO NOT SEND ANY RESULTS
(RETURN THIS FORM ONLY)**

TO BE COMPLETED BY THE PHYSICIAN’S OFFICE (Please print)
HEALTH CARE PROVIDER CERTIFICATION

I certify that I have examined: _____
Patient’s First Name and Last Name **Date**

Spouse of: _____
(Employee’s Name)

And He/She were counseled as to the results of this Wellness Exam:

Blood Pressure checked and results discussed
Blood Work and/or Diagnostic Testing completed
HDL and LDL cholesterol check and result discussed
Weight Management discussed
Tobacco Cessation Methods discussed, if applicable

Name of Examining Doctor: _____
First Name and Last Name (Print) **Signature**

Address

Phone

**PLEASE DO NOT SEND ANY RESULTS
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Please FAX this completed form to
COMANCO HR Department (813) 652-8702



PROMOTING WELLNESS IN THE WORKPLACE