

# 2023 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  
( RETURN THIS FORM ONLY )**

Please FAX this completed form to  
COMANCO HR Department (813) 652-8702



**PROMOTING WELLNESS IN THE WORKPLACE**