

2024 Annual Wellness Completion Form

During your Annual Wellness Exam, discuss these important measurements with your Doctor:

Cholesterol	Height	Weight
HDL & LDL Levels	Blood Pressure	Glucose

PLEASE DO NOT SEND ANY RESULTS

TO BE COMPLETED BY THE PHYSYCIAN'S OFFICE (PLEASE PRINT)

HEALTHCARE PROVIDER CERTIFICATION

I certify that I have examined: _____

Patient's First and Last Name

Date

Spouse of: _____

(Employee's Name)

Patient was 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 and Last Name (Print)

Signature

Physician Address & Phone Number:

PLEASE DO NOT SEND ANY RESULTS

RETURN THIS FORM: FAX (813) 652-8702 or E-MAIL hr@comanco.com



PROMOTING WELLNESS IN THE WORKPLACE