

Outside Physician Form

Forms can be submitted between
January 1, 2026- December 31, 2026
To Human Resources

DO NOT SUBMIT LAB RESULTS

Instructions to Health Risk Assessment Participant

To allow an annual biometric preventive screening performed by your healthcare provider to satisfy the requirements of your wellness incentive, please complete this form and submit it to your Human Resources team. The examination must have been performed between January 1, 2026 and December 31, 2026. All participant health information under the Health Risk Assessment wellness program is protected in accordance with HIPAA privacy and security laws.

Annual Biometric Preventive Screening should include, height, weight, and blood pressure, lipid panel (total cholesterol, HDL, LDL, and triglycerides); Chemistry profile (BUN and creatinine, glucose and electrolytes) and hemogram (red and white blood cells, hemoglobin and hematocrit)

PARTICIPANT NAME: _____

PARTICIPANT DATE OF BIRTH: _____

PARTICIPANT EMPLOYEE ID NUMBER: _____

To be completed by health care physician

By signing below, I affirm the participant listed above has completed an annual biometric screening meeting the requirements above during the time frame of January 1, 2026, and December 31, 2026.

PROVIDER NAME/CLINIC: _____

DATE OF EXAM: _____

PHYSICIAN SIGNATURE: _____