



Maryville City Schools Wellness Program Annual Physical Reporting Form

Employee Name: _____

Date of Birth: _____ Employee ID: _____

Phone Number: _____

Provider Name: _____

Provider Phone Number: _____

I authorize the listed provider to release the following personal health information to Maryville City Schools. This form should be returned to the Employee Clinic Nurse by one of the following methods: (1) fax – (865) 983-7122, (2) email – nurse@maryville-schools.org, or (3) mail – 326 Melrose Street, Maryville, TN 37803.

Employee Signature

Date

Provider Certification:

This MCS Employee has been examined for his/her annual physical between November 1, 2019 and October 15, 2020. Please sign below to certify.

Provider Signature

Date