



Wellness for Peak Performance  
Bozeman Public Schools

## Annual Physical Affidavit – ALL BSD Employees and Retirees

### Section 1: Employee Information – please print legibly

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

### Section 2: Primary Care Provider (PCP) Information

Primary Care Provider (PCP) Last Name \_\_\_\_\_ First Name \_\_\_\_\_

PCP City, State \_\_\_\_\_ PCP Phone Number \_\_\_\_\_

### Section 3: Signatures

By signing below, I verify that I have reviewed the information regarding the BSD Wellness program. I understand the instructions on the back of this form, and verify that this visit was for an annual Wellness appointment. The District does not ask for personal health information, only for verification that the employee has attended their annual physical exam.

Date of physical exam \_\_\_\_/\_\_\_\_/\_\_\_\_

Primary Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_



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The goal of the Bozeman School District Wellness program is to help our employees lead healthy, happy lives by providing opportunities throughout the year to participate in events and programs that raise health awareness. The purpose of the Annual Physical Affidavit is to give employees that are not on the medical plan the opportunity to earn a monetary incentive for taking charge of their health.

To define who can sign the Annual Physical Affidavit for employees. Primary Care Providers (PCP) include the following: Family Medicine, General Practice, Internal Medicine, Obstetrics and Gynecology, Pediatrics, Certified Nurse Midwife, Naturopath, Nurse Practitioner, and Physician Assistant, specializing in primary care.

Complete the following steps:

1. **Schedule your preventive exam** with your Primary Care Provider (PCP).
2. **Complete Sections 1 and 2.** Your email, phone, and home address are used to 1) confirm your form has been successfully received and 2) validate your information, if necessary.
3. **Section 3**
  - a. Confirm your PCP has signed the form.
  - b. Sign and date the form
4. **Submit the completed form to Benefits and Wellness Coordinator – Alyssa Pack**
  - a. [alyssa.pack@bsd7.org](mailto:alyssa.pack@bsd7.org)
  - b. 404 W Main Street  
Bozeman, MT 59715
  - c. Fax: 406.522.6050