

EMPLOYEE VERIFICATION

COMPLETION OF PHYSICAL EXAMINATION

I certify that _____ is our patient and that he/she completed an age-appropriate general physical examination including all appropriate tests at our office/clinic on _____.

Signature of Doctor/Nurse

Name/address of clinic

I certify that the above information is true and correct.

Print Name of Employee

Employee Signature

Date

Physicals must be completed between January 1 and December 31 and this completed form is due to Karen Roschen, Human Resources, on or before December 31 in order to receive the additional contractual Health Savings Account contribution on January 15 of the following year.

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