FOR WW OFFICE USE ONLY: 002SS_AP_CR_11821

PROOF OF ANNUAL PHYSICAL FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Proof of Annual Physical Form as part of the wellness program to be returned to Wellworks For You as outlined below by APRIL 30, 2026. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

PATIENT CONTACT INFORMATION

COMPANY NAME: SCEC Consortium

SCHOOL DISTRICT: ☐ Hillsboro ☐ FestusR-VI ☐ ElsberryR-II ☐ St.ClairRX-III ☐ DunklinR-5 ☐ JeffersonRV-II

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE

PHONE: _____ EMAIL: _____

SELECT ONE: I am the ☐ **Employee** ☐ **Spouse** *If spouse, please name employee:* _____

PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

This **Proof of Annual Physical Form** confirms that the patient named above received an annual physical exam between **MAY 1, 2025** and **APRIL 30, 2026.** The primary care physician needs to sign below and return the completed form to the patient named above.

☐ Annual Preventive Exam – **(physical performed by Primary Care Physician)**

☐ Preventive Screening

The following Preventive Screenings are included for all ages and genders:

- **Blood Pressure, Height, Waist, Weight, and BMI**

The following Preventive Screenings are included if ages 40-70/75:

- **Total Cholesterol, LDL, HDL, and Glucose**

PLEASE NOTE: **If your physician orders screenings not listed above you may be responsible for paying out of pocket costs. Not all screenings are covered 100% by the health plan.**

Physician

I certify that the patient listed above received the tests indicated on this form on: _____/_____/_____

Physician Signature: _____ **Date Signed:** _____

SUBMIT YOUR COMPLETED FORM BY APRIL 30, 2026

All forms should be submitted to the Wellworks Forms Department. Submit your completed form via QR code in one (1) of the following ways.

- **Mobile App:** Go to the **Wellness Locker** and select the **Physician Results Form** during your visit. Choose **Complete Form Online** to access the secure QR Code link for your provider. Upon submission, you will receive automatic participation credit.
- **Web Portal**: Go to the **Wellness Locker**, then print the **Physician Results Form** and the **QR Code** page. Have your provider scan the QR Code from your device to complete the submission. You will receive automatic participation credit upon submission.

PLEASE NOTE: **If you use any other submission method, Wellworks For You requires at least seven (7) to ten (10) business days for processing and participation to be updated in the Wellness Portal.**

FOR ALTERNATIVE SUBMISSION METHODS, PLEASE REFER TO PAGE FIVE (5) OF THIS PROGRAM GUIDE.