

**2026 Wellness Program
Wellness Exam**

Employee / Spouse – Full Name: _____

Bring this form to your appointment and have your health care provider complete the section below.

- Only one annual wellness exam per calendar year is eligible for credit.
- Exam date must fall between January 1 – December 31, 2026.
- Do not include any personal medical details on this form.
- Incomplete forms will result in point removal.
- Upload the completed form to beBetterHealth.net by December 31, 2026.

Health Care Provider Verification

This confirms the individual named above completed the listed exam between January 1, 2026 and December 31, 2026.

Date of Exam: _____

Provider Name (Printed): _____

Provider Signature: _____

Provider Stamp or NPI # _____

Employee / Spouse Attestation:

I certify that the information provided is true and accurate. I understand that falsification may result in disciplinary action, up to and including termination, and that I may be audited and required to provide proof of appointment.

Signature

Date

Confidentiality: Health information will not be sold or disclosed except as permitted by law to administer the wellness program. Participation is voluntary and does not require waiving confidentiality protections.

