

Wellness Check Confirmation Form

WHY THIS ACTIVITY IS IMPORTANT

Annual wellness checks and preventive screenings are an important part of health promotion efforts. We recognize that the more aware employees are of their health, the more motivated they'll be to change. Preventive screenings are an important step to identify and treat potential health problems before they develop or worsen.

ACTION YOU NEED TO TAKE

This activity will require you to visit your primary care physician for an annual wellness check.

INSTRUCTIONS TO EMPLOYEE

To complete the annual wellness check activity and earn credit, this form must be completed in full. Forms submitted without a primary care physician signature will not be accepted.

Follow the guidelines below to ensure completion:

- Data cannot be self-reported. A primary care physician signature or documentation must be provided.
- Only provide Human Resources the completed form. Do not attach test results or a complete physical summary.
- Prior to turning in or sending this completed form, please make a copy for your records.

Once this form has been completed by your primary care physician, turn it into Human Resources to receive credit.

PCP DIFFERENTIAL PROGRAM REQUIREMENT

Carroll County implemented a PCP Differential Program beginning 2024. **Covered employees AND covered spouses must complete and Annual Wellness Check AND a Biometric blood screening** to avoid a \$50-per-month premium surcharge in 2027.

INSTRUCTIONS TO PRIMARY CARE PHYSICIAN

Please authorize the following recommended annual preventive screening(s) for this employee. Once the screening is completed, sign this form to verify the employee has completed the test and understands the results.

- Annual Wellness Check

PRINT EMPLOYEE OR EMPLOYEE'S SPOUSE NAME: _____

| Provider Stamp | Date of Completion |
|----------------|--------------------|
| | |

NEXT STEPS: Please email this form by 11/30/2026 when complete to :

jphillips@carrollcountyohio.us & ctimmerman@carrollcountyohio.us

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