



SHARON R. BOCK
 Clerk & Comptroller
 Palm Beach County



Physician Certification Form

2019 Wellness Program

10/1/2018-09/30/2019

Instructions:

- Employee and physician must sign and date the form below.
- Physician or employee may send the completed form to:

Fax: 561-656-7392 OR

E-mail: benefits@mypalmbeachclerk.com

- Forms must be returned by October 1, 2019 to be eligible for the 2019 program.

Employee Name: _____
Please Print

Physician Name: _____
Please Print

DO NOT SEND ACTUAL RESULTS

√	Please indicate with a "√" the completion of the following Wellness Goal(s)
	Physical (including biometric screening: full lipid profile, glucose, blood pressure, body mass index, waist circumference)
	Well Woman Visit
	Breast Cancer Screening (Mammogram/Ultrasound)
	Colorectal Cancer Screening (Colonoscopy)
	Skin Cancer Screening (Dermatological Exam)
	Prostate Cancer Screening (PSA)
	Oral Health Exam / Dental Cleaning
	Vision Exam by an Optometrist or Ophthalmologist

By our signatures, we acknowledge the screening(s) indicated above were completed between October 1, 2018 and September 30, 2019, and that there is documentation in the patient file certifying the screening(s) were completed.

Physician Signature

Date

Employee Signature

Date