

## ATTESTATION FOR \$250 WELLNESS REWARD

**PLEASE DO NOT FAX THE PHYSICAL FORM!**  
THE ORIGINAL FORM SHOULD BE TURNED IN TO  
OR MAILED DIRECTLY TO:  
Sandy Franklin, Human Resources  
740 Main Street  
East Hartford, CT 06108

### 2014 ANNUAL ROUTINE PHYSICAL EXAM FORM

Each employee covered by a Town of East Hartford High Deductible Health Plan has been asked to have an annual routine physical examination performed during the 2014 calendar year. This routine physical should consist of the items listed below **as deemed appropriate by the employee's primary care provider.**

Once the exam is complete, please sign and date this form and return it to the patient so they may turn it in to HR. You may also mail the form directly. Please do not fax the form – we need the original signature. Please provide the employee with biometrical results of their exam and lab work. They may use this information to complete an online Health Risk Assessment with Anthem.

The Routine Physical Exam Should Include the Following:

- ❖ Preventive Physical Exam, which includes medical and family health history, assessment of lifestyle (diet, stress, exercise, etc.) general system examination (heart, lungs, throat, thyroid, ears, skin, joints, etc). and measurement of height and weight
- ❖ Routine blood pressure and urine screenings
- ❖ Cholesterol and lipid level screenings
- ❖ Blood glucose screening
- ❖ Eye chart vision screening
- ❖ Immunizations (tetanus every ten years, others as appropriate)
- ❖ Pelvic examination, Pap Smear, and Mammography screenings
- ❖ Prostate examination and prostate specific antigen blood test (PSA) (*males only*)
- ❖ Colorectal cancer screening

**You, as the health care provider will determine which one of several types of screenings is most appropriate and at what age it should be done.**

**I certify that I performed a routine physical exam on Town of East Hartford**

**employee:** \_\_\_\_\_

**and that the exam included appropriate screenings.**

**Physician's Name:** \_\_\_\_\_

**Date of Physical:** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_