Medical Exam(s) Verification

Patients Name

SLCo Employee's Name if Spouse/AD

EIN or EIN+1 if Spouse/AD

Physician/Dentist Signature

Date

- ☐ COVID, RSV,MMR, Pneumococcal Vaccination (25pts)
- ☐ Dental Exam (25pts)
- ☐ DEXA Body Scan (25pts)
- ☐ Eye Exam (25pts)
- ☐ Flu Shot (25pts)
- ☐ Skin Cancer Exam (50pts)
- ☐ Colonoscopy (50pts)
- ☐ Mammogram (50pts)
- ☐ Pap Exam (50pts)
- ☐ Prostate Exam (50pts)
- ☐ Tanita/InBody Scan (10pts)

Important Notice

Submit this form one of the following ways:

1. **WellSteps:** Upload as an attachment in your account.
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3. **Courier:** Send Attn Employee Wellness, Government Center, S2-600.
4. **Drop Box:** Outside of S2-500 (Healthy Me Clinic)

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