

Annual Wellness Exam Verification Form

This form verifies that an employee has completed an annual preventive wellness exam.
No personal medical information should be included.

Employee Information

Employee Name:

Date of Birth_(mm/dd/yyyy):

Provider Information

Provider Name:

Practice/Clinic Name:

Phone Number:

Exam Verification

To be completed by a licensed healthcare provider.

I certify that the individual named above completed a comprehensive annual wellness or preventive exam with our office.

Date of Exam_(mm/dd/yyyy):

Provider Signature:

Date_(mm/dd/yyyy):

Employee Attestation

I authorize my healthcare provider to confirm the date of my wellness exam for verification purposes only. I understand that no medical details will be shared.

Employee Signature:

Date_(mm/dd/yyyy):

Submission Instructions

Please submit this completed form in Workday by 11/30/2026. If you have any questions, contact totalrewards@schreiberfoods.com or go to <https://www.schreibertotalrewards.com/health-wellness-wellness-incentive/> for additional information.