

## ANNUAL PHYSICAL EXAM VERIFICATION FORM

Navarro County has implemented a Wellness Incentive Program to encourage employees to live healthier lives by actively engaging with a health care provider and utilizing the preventative services available in the health benefit program. Employees who are enrolled in Navarro County's medical benefit plan must complete an annual physical exam by **8/31/2025** in order to avoid a **monthly \$25 contribution** between **October 1, 2025** to **September 30, 2026**.

### IMPORTANT NOTES:

- No Protected Health Information (PHI) and no results of any biometric screening (lab results) shall be included on, or attached to this form. While annual physical exams often include blood pressure, cholesterol, glucose and/or body mass index checks, at this time, no specific tests are required.
- **To receive credit for completion the annual physical exam must be completed between 10/01/24 through 8/31/25 . This form must be submitted by 08/31/2025.**

### TO BE COMPLETED BY EMPLOYEE:

Employee Name (PRINTED): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Member Identification Number on BCBSTX Health Benefits Card: \_\_\_\_\_

By my signature below, I affirm that I have received, read and understand the Wellness Incentive Program, and I authorize my physician to verify that I have completed an annual physical exam at my physician's office on the date indicated below:

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN:

I certify the above named patient has completed an annual physical exam at my office on the following date:

Date of Annual Physical Exam: \_\_\_\_\_

Name of Physician (PRINTED): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to Human Resources by August 31, 2025.**