



PHYSICIAN ANNUAL ROUTINE PHYSICAL AND BIOMETRICS FORM

Dear Doctor,

Your patient is participating in a Wellness Program provided by Concrete Services Division. As such, we require your patient to provide confirmation that he or she had an annual routine physical consisting of a blood draw measuring total cholesterol, HDL, LDL, Triglycerides and blood glucose. Please provide this confirmation in the appropriate boxes below.

Thank you.

THIS SECTION TO BE COMPLETED BY THE PATIENT

Patient Name (please print)

Patient Date of Birth

Last 4 digits of SS# (REQUIRED)

Patient Telephone Number

THIS SECTION TO BE COMPLETED BY THE PHYSICIAN

Physician Name (please print)

Date of Annual Physical

Physician Signature

Physician Telephone Number

In addition to their annual physical, the patient named above has received and I have reviewed their biometric screening as described above: Yes ☐ No ☐

The patient named above had their biometric screening on this date: _____

Please return this form to humanresources@jcc-ri.com no later than November 30, 2021.