

# ANNUAL PHYSICAL PROOF OF VISIT FORM

Take this form with you to your scheduled doctor's visit to be completed and signed by the attending physician. It is the participant's responsibility to submit the Annual Physical Proof of Visit Form as part of the wellness program to be returned to Wellworks For You as outlined below, by **September 30, 2026**.

## PATIENT CONTACT INFORMATION

COMPANY NAME: City of Hibbing

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ ☐ MALE ☐ FEMALE EMPLOYEE ID: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: \_\_\_\_\_

OFFICE PHONE/ADDRESS: \_\_\_\_\_

This **Annual Physical Proof of Visit Form** confirms that the patient named above received the following preventive care between **October 1, 2025** and **September 30, 2026**.

### GENERAL

- ☐ **Annual Preventive Exam**  
(physical performed by Primary Care Physician)

### Physician

I certify that the patient listed above received an annual physical on: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

## SUBMIT YOUR COMPLETED FORM BY SEPTEMBER 30, 2026

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage, select the event title from the dropdown and upload your form to the portal. This will be securely emailed for processing. Users are limited to **one (1)** file per email.
- **Upload to Mobile App:** Use your smartphone to take a photo of your completed form. Open the Wellworks For You Mobile App, navigate to **Menu > Upload a Form**, tap **Click to Upload**, select the appropriate Wellness Event from the dropdown, and click **Upload to submit**.
- **Email:** forms@wellworksforyou.com

**PLEASE NOTE:** Wellworks For You requires at least **seven (7)** to **ten (10)** business days for processing and participation to be updated in the Wellness Portal.