

Health Assessment Program Johnson City/Johnson City Schools Physical Exam Form

Johnson City and Johnson City Schools recognizes the importance of choosing a healthy lifestyle and has implemented a wellness program designed to encourage employees to make positive health choices. A component of the program encourages employees to complete age appropriate physical exams. The program recognizes that various age groups require physical exams at different intervals, therefore this form certifies the employee listed below has had an annual physical exam visit with your office.

Print Patient Name (below)	Date of Birth
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*Physical examination (type of exam performed)	Date of Service
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Health Care Provider: By signing below, you are certifying that the patient named above has been seen in your office for the exam(s) listed, on the above listed date.

Print Health Care Provider's Name

Health Care Provider's Signature	Date
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Please submit to our office via fax (423)431-7345 Thank you!

**Health Assessment and Intervention Program
Johnson City and Johnson City Schools**

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