

Health Assessment Program Johnson City/Johnson City Schools Health Care Provider VISIT 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 and screenings. The program recognizes that various age groups require physical exams and screenings at different intervals. Therefore, this form certifies the employee listed below has had an exam, screening or follow up visit with your office.

X	
Print PATIENT'S NAME (above)	Date of Birth

Check Exam/Screening	Date of Exam/Screening
<input type="checkbox"/> Physical exam	Date: _____
<input type="checkbox"/> Mammogram	Date: _____
<input type="checkbox"/> Pelvic/Pap	Date: _____
<input type="checkbox"/> PSA/digital exam	Date: _____
<input type="checkbox"/> Colonoscopy	Date: _____
<input type="checkbox"/> Preventative dental exam/prophylaxis	Date: _____
<input type="checkbox"/> Vision Exam –Annual	Date: _____
<input type="checkbox"/> Skin precancerous screening by Dermatologist	Date: _____
<input type="checkbox"/> Other recommended screening approved by	Date: _____
the health assessment office.	
Description of screening: _____	

Health Care Provider: By signing below, you are certifying that the patient named above has been seen in your office for the exam(s) checked and dated above.

X	
Print Health Care Provider's Name	

X	
Signature of Health Care Provider	