

Physician,

Wellness Coaches USA has provided our clients a “MEDICAL FORM” for the purposes of verifying their individual screenings and or wellness exams. Please sign and date the appropriate wellness screening and or exam for our client to “EARN” their wellness credit points for their corporate program.  
Thank you, Rich Siegenthaler II, VP Employer Solutions, Wellness Coaches USA

**First Name**  Male  Female   
**Last Name**   
**DOB**  Spouse  Employee   
**Company**   
**Date**  **Time**

**Measurement Values:**

**TOBACCO**  
 Yes  No 
**Height**  inches **Weight**  lbs  
**Blood Pressure Reading:** **Systolic**  **Diastolic**   
**Beats Per Minute**  **BMI**  **BF%**

**Lipid Profile:**

**Total Cholesterol**  mg/dL **HDL**  mg/dL  
**Triglycerides**  mg/dL **Glucose**  mg/dL  
**LDL**  mg/dL **TC/HDL Ratio**

**Wellness Exams:**

	Yes	Not Needed		Yes	Not Needed
Physical Examination:	<input type="checkbox"/>	<input type="checkbox"/>	Vision:	<input type="checkbox"/>	<input type="checkbox"/>
P.S.A.:	<input type="checkbox"/>	<input type="checkbox"/>	Dental #1:	<input type="checkbox"/>	<input type="checkbox"/>
Mammography:	<input type="checkbox"/>	<input type="checkbox"/>	Dental #2:	<input type="checkbox"/>	<input type="checkbox"/>
Pap Smear:	<input type="checkbox"/>	<input type="checkbox"/>	Flu Shot:	<input type="checkbox"/>	<input type="checkbox"/>

**Medication:** Yes  No   
 If so, what type of medication  
  
  
 Other Recommendations?  
 Exercise/Diet, Vitamins?  
  
 Additional Notes

**Physician, PA, NP, or Office Representative Signature** \_\_\_\_\_  
 \_\_\_\_\_  
**Medical Facility:** \_\_\_\_\_  
 \_\_\_\_\_  
**Date**

**NOTE: Employees are responsible to have their physician sign and date this form upon the completion of any or all the above wellness activities. To receive credit, physician must indicate if medication, exercise or nutrition was prescribed to improve condition/high risk numbers. Employees are to FAX this completed form to Wellness Coaches USA at 215-628-3262 or email to vprochazka@wcusa.com immediately following the completion of this form for Wellness Coaches USA to verify points.**