Oak Harbor Freight Lines
Annual Wellness Incentive Bonus Program

Preventive Exam Certification Form

Employee Name_____EE #_____

Please Check One Option:

☐ I am the Employee listed above

☐ I am the Spouse of Employee listed above

If Spouse; List Spouse Name _____

☐ Check here if completed through Reperio, then submit it to Oak Harbor.

If completed in person with your Physician, please ask your Physician to complete this form and confirm that you have satisfied the requirements to qualify for the Oak Harbor Wellness Incentive.

NOTE: Both the Health Exam and Blood Exam must be completed to receive the bonus.

Physician Name _____

Physician/Clinic Phone _____

Date of Participant's Preventive Health Exam _____

Date of Participant's Diagnostic Blood Exam _____

I certify that the above-named Participant completed a preventive health exam and diagnostic blood exam on the dates indicated.

Physician Signature_____Date: _____

Employee: Log into www.dayforcehcm.com with your employee account information, navigate to Forms and click on the **Wellness Incentive Bonus Request** option. Upload this completed Certification Form and click on Submit.

***If submitted 1st – 15th of the month, the bonus will be paid on the 22nd pay date.**
If submitted 16th – last day of the month, the bonus will be paid on the 7th pay date.

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