Wellworks FOR YOU

Oak Harbor FREIGHT LINES EST. 1916 "Bringing Peace of Mind Since 1916"

FOR WW OFFICE USE ONLY: 002_AP_13826

ANNUAL PHYSICAL PROOF OF VISIT FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care 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 AUGUST 31, 2026. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

PATIENT CONTACT INFORMATION

COMPANY NAME: Oak Harbor Freight Lines

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE EMPLOYEE ID: _____

PHONE: _____ EMAIL: _____

SELECT ONE: I am the ☐ **Employee** ☐ **Spouse** *If spouse, please name employee:* _____

PHYSICIAN INFORMATION

PHYSICIAN NAME: _____

OFFICE PHONE NUMBER: _____

This **Annual Physical Proof of Visit Form** confirms that the patient named above received the following preventative care between JUNE 1, 2025 and AUGUST 31, 2026.

GENERAL

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

☐ **Annual Blood Work**

Physician

I certify that the patient listed above received the following preventative care indicated on this form on: _____

Physician Signature: _____ **Date Signed:** _____

SUBMIT YOUR COMPLETED FORMS BY AUGUST 31, 2026

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage, select the event title from the drop down 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 drop down, and click **Upload to submit**.

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.

For form submissions, please submit via a method listed above. For additional support chat with us live on the wellness portal (not available on the mobile app).

Wellworks FOR YOU