



**Physician Certification Form  
2025 Wellness Program  
10/01/2024 - 09/30/2025**

**Instructions:** Employee and physician or office staff must sign and date the form below. *\* In lieu of physician certification, you may send proof of appointment attendance. Please do not include any type of protected health information on document submitted.*

**Send the completed form to:**

**Fax: 561-656-7392 OR E-mail: [benefits@mypalmbeachclerk.com](mailto:benefits@mypalmbeachclerk.com)**

Forms must be returned by October 1, 2025 to be eligible for the 2025 program.

Employees - check ESS to confirm receipt of completed form.

Employee Name: \_\_\_\_\_

Please Print

**DO NOT SEND ACTUAL RESULTS**

✓	Please indicate with a mark the completion of the following Wellness Goal(s)
	Physical (including biometric screening: full lipid profile, glucose, blood pressure, body mass index, waist circumference - needed for Health Assessment)
	Well Woman Visit
	Breast Cancer Screening (Mammogram/Ultrasound)
	Colorectal Cancer Screening (Colonoscopy)
	Skin Cancer Screening (Dermatological Exam)
	Prostate Cancer Screening (PSA)
	Oral Health Exam / Dental Cleaning (Payable once a year)
	Vision Exam by an Optometrist or Ophthalmologist
	Vaccination (payable once per year - Hepatitis, HPV, Shingles, Covid - Must receive the full Dosage) CIRCLE ONE
	Spouse Physical (including biometric screening: full lipid profile, glucose, blood pressure, body mass index, waist circumference)
	Spouse Colorectal Cancer Screening (Colonoscopy)/ Prostate Cancer Screening / or Mammogram. CIRCLE ONE

By our signatures, we acknowledge the screening(s) indicated above were completed between October 1, 2024 and September 30, 2025, and that there is documentation in the patient file certifying the screening(s) were completed.

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**Physician Print Name**

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**Physician Signature**

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**Date**

**OR**

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**Office Staff Print Name**

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**Office Staff Signature**

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**Date**

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**Employee Signature**

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**Date**