

Annual Physical Screening Form Instructions

Sumner County Board of Education Wellness Promise Program

Completing an annual physical is one of the Wellness Promise requirements for 2027. Eligible employees, retirees and spouses covered under Sumner County Board of Education medical benefits that are enrolled or wish to enroll in a PPO or CDHP Wellness Plan **must complete an annual physical with lab panels between May 1, 2026 - April 30, 2027.**

Both the employee, retiree, and covered spouse (if applicable) must upload the Sumner County Board of Education Health Annual Physical Screening form to your individual wellness portal no later than **May 6, 2027**, to be eligible for the Wellness Plan.

For information about the Wellness Promise requirements for employees and spouses (if applicable) visit www.sumnercountyhealth.com/boe.

Step 1: Complete Your Annual Physical

- OPTION 1 - Complete a physical at a Sumner Health Clinic between **May 1, 2026, and April 30, 2027**. Please do not wait to schedule and complete a physical, this will limit your ability to obtain an appointment in the allotted time needed to be compliant. **NOTE:** If you use a Sumner Health clinic, the staff will upload the form to your wellness portal.
- OPTION 2 - Complete a physical at your Primary Care Physician's office between **May 1, 2026, and April 30, 2027**. The provider must complete the Annual Physical Screening form and draw the required labs (A1c and Nicotine labs). If not, your physical will be incomplete, and you will be non-compliant. **NOTE:** If you use an outside provider, it is your responsibility to upload the form to your wellness portal.
- OPTION 3 - If you have already had a physical in this timeframe, please ask your provider to complete this form.
 - Talk to your doctor to be sure that your visit is billed as a preventive visit. Per Affordable Care Act guidelines, insurance plans will only allow one physical in a rolling 12 months.

Step 2: Obtain Your Completed Screening Form

- When your lab results are available, your physician should complete and sign the Annual Physical Screening form and return it to you.

Sumner County Board of Education Healthy Living Measure Targets:

Blood Pressure: less than 140/90	Weight: Body Mass Index (BMI) less than 30
Nicotine: Negative	Blood Sugar: HbA1c less than 5.7

Step 3: Upload the Annual Physical Screening Form

- If you use an outside provider, you must upload the completed form to your wellness portal by logging in at www.sumnercountyhealth.com/boe no later than **May 6, 2027**, to meet the Wellness Promise requirements and be eligible to participate in the Wellness Plan.

Step 4: Log into your Wellness Portal to determine Compliance/Non-Compliance Status

- All coaching and incentives will be tracked via your individual wellness portal.
- If benchmarks are met, no health coaching will be necessary.
- If benchmarks are NOT met, you and/or spouse (if applicable) will be required to participate in face-to-face health coaching provided by Sumner Health. The deadline for scheduling health coaching is **July 1, 2027** with all health coaching completed by **September 17, 2027**.
- Please do not wait to schedule your health coaching, this will limit your ability to obtain an appointment in the allotted time needed to be compliant.

If you have questions, please call or text Sumner Health at **855-571-4500** (Monday through Friday 7 a.m. - 5 p.m. CT)

Please upload this form by logging into your individualized Wellness Portal at www.sumnercountyhealth.com/boe

It is the patient's responsibility to upload their form to the Wellness Portal

Please allow 7 – 10 business days for processing before results will appear on your personalized wellness portal.

2027 Sumner County Board of Education Annual Physical Screening Form

First Name and Last Name (print): _____

Gender: _____ Birth date: _____ / _____ / _____ Phone: _____

Email: _____ Last 4 digits of social security number: _____

Name of person employed by the Board of Education: _____

Employer: Sumner County Board of Education Employee Tyler#: _____

**** All information below is required ****

Health Care Provider – Please complete the following information	
<i>Your patient is involved in the Sumner County Board of Education employer-sponsored health improvement program. One component of this program is completing a health screening. Your patient has opted to have this screening conducted by you. Please provide the following screening results, as requested below, and return the form back to your patient.</i>	
Date of Screening (must be completed 5/1/26 – 4/30/27): _____	
Height (inches): _____	Weight: _____
BMI (Body Mass Index): _____	
Blood Pressure: _____	HbA1c (required): _____
Nicotine Blood Lab draw (required): Negative <input type="checkbox"/> Positive <input type="checkbox"/>	
Check here if your patient is pregnant at the time of physical (optional): <input type="checkbox"/>	
Healthcare Provider Printed Name: _____	
Healthcare Provider Signature: _____	
Healthcare Provider Phone: _____	
Healthcare Provider Address: _____	

Physical Completion Time Frame: **May 1, 2026 - April 30, 2027**. Upload provider form to sumnerboe.wellright.com: **May 6, 2027**
 If non-compliant, health coaching scheduling deadline: **July 1, 2027** (schedule health coaching by calling 615-657-4930)

By completion & submission of the Annual Physical Screening form, I understand the requirements of the Wellness Promise program:

Patient's Legal Name (please print): _____

Patient's Signature: _____ Date: _____

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