

2024 SUMNER COUNTY GOVERNMENT WELLNESS INCENTIVE PHYSICAL FORM

NAME:		B:	
EMAIL:	PH	ONE:	
CHECK TO INDICATE YOUR MEMBER TYPE:	EMPLOYEE:	OR	SPOUSE:
BELOW SHOULD ONLY BE COMPLETED BY A ONE TO C	ONE HEALTH PROVIDER	R <u>OR</u> YOUR PF	RIMARY CARE PHYSICIAN.
Date of Physical:	Physical Complet	ted by:	
Signature of provider			
Provider phone (if provider other than One to One	e Health):		
*Outside providers, please note you must pro physical to be consider for the			
HEIGHT (in): WEIGHT (lb): Check this box if you are pregnant at the time]	
NICOTINE LAB RESULT: NEGATIVE POSITIVE	(*must attac	h lab results)	
BLOOD PRESSURE: BP RECHECK IF COMF	PLETED:	A1C:	(*must attach lab results)
Employee/Spouse choosing the physical opt September 30, 2024, for the Wellness Incentive	•		- · · · · · · · · · · · · · · · · · · ·
July 1- September 30, 2024 to participate in the to sumnergov.wellright.com by October 7, 2024. may contact the welln If benchmarks are met, the patient is com If benchmarks are not met, patient will not one to One Health Coach by March 28, 20 If nicotine positive, retest must be completed.	wellness program. If you need assist less center at 615-capliant, nothing fur eed to complete tw 025	All physical ance with to 657-4930. ther is requ o health co	forms must be uploaded uploading your form, you wired.
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