



**ANNUAL PHYSICAL VERIFICATION FORM  
2025/2026 Plan Year**

**SECTION I: (To be completed by Employee or Spouse/Legal Domestic Partner -PLEASE PRINT)**

Spouse Name: \_\_\_\_\_

Employee name: \_\_\_\_\_

Employee #: \_\_\_\_\_

**SECTION II:**

**Date of Wellness Examination:** \_\_\_\_\_

Physician or Clinic Name (please print): \_\_\_\_\_

I certify that I have received an annual wellness examination (including height, weight, BMI, cholesterol, glucose and blood pressure)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Please attach a note from your physician or a report or screen shot from your patient portal confirming the date of your physical. Please DO NOT include any personal health information.***

***This form should be returned to Human Resources at [jlingle@flintco.com](mailto:jlingle@flintco.com).***