

PHYSICIAN RESULTS 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 Physician Results Form as part of the wellness program to be returned to Wellworks For You as outlined below, by **SEPTEMBER 30, 2026**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

PATIENT CONTACT INFORMATION

COMPANY NAME: PL MARKETING

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PHONE: _____ EMAIL: _____

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

PHYSICIAN INFORMATION

PHYSICIAN NAME: _____

OFFICE PHONE NUMBER: _____

This **Results Form** confirms that the patient named above received the following preventative care between **OCTOBER 1, 2025 and SEPTEMBER 30, 2026**. The primary care physician needs to complete the information below with an * in front of it and return the completed form to the patient named above.

SCREENING	RESULTS
*Blood Pressure: Systolic	
*Blood Pressure: Diastolic	
*Height in inches	
*Waist Circumference in inches	
*Weight in pounds	
Body Mass Index 'BMI'	

SCREENING	RESULTS
*Total Cholesterol	
*Low Density Lipoprotein 'LDL'	
*High Density Lipoprotein 'HDL'	
*Triglycerides	
TC/HDL Ratio	
*Fasting Glucose	
HbA1c <i>if physician recommended</i>	
Pulse or Heart Rate	

Physician

I certify that the patient listed above received the tests indicated on this form on: _____

SUBMIT YOUR COMPLETED FORMS BY SEPTEMBER 30, 2026

- Upload to Portal:** Click the **Upload a Form** tile from the homepage, select the event title from the dropdown 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 dropdown, 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.