

# PREVENTIVE SCREENING FORM

Take this form with you to your scheduled doctor's visit to be completed and signed by the attending physician. It is the participant's responsibility to submit the **Preventive Screening Form** as part of the wellness program to be returned to Wellworks For You as outlined below, by **SEPTEMBER 30, 2026**.

## 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 OFFICE/NAME: \_\_\_\_\_

OFFICE PHONE/ADDRESS: \_\_\_\_\_

DATE OF VISIT: \_\_\_\_\_

This **Preventive Screening Form** confirms that the patient named above received the following preventative care between **OCTOBER 1, 2025** and **SEPTEMBER 30, 2026**. **One form per exam. (TWO REQUIRED)** Please check the exam that applies:

### GENERAL

- Vision Screening**  
(routine eye exam)
- Dental Exam**  
(routine cleaning)
- Colorectal Exam**
- Dermatology Exam**
- Flu Shot**

### WOMEN

- Annual OB/GYN**
- Mammogram**

### MEN

- Prostate Exam**

### Physician

I certify that the patient listed above received the tests indicated on this form on: \_\_\_\_/\_\_\_\_/\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

## SUBMIT YOUR COMPLETED FORMS BY SEPTEMBER 30, 2026

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways.

- **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.

For form submissions, please submit via a method listed above. For additional support chat with us live on the wellness portal (not available on the mobile app).