

Annual Physical Certification Statement

Employee Name: _____ UID: _____

During the course of a prenatal exam with the above-referenced patient on _____ (*approximate date of exam*), I performed a physical exam or wellness exam and discussed wellness expectations. Any appropriate preventive screenings were also performed.

As part of my interactions with this patient, I have worked with her to assess health risks and goals to create a personalized plan of care designed to help the patient mitigate risks and achieve her health goals.

Physician Signature: _____ Date: _____

Benefits Office Use Only:

Date Received:	Physical Uploaded:	Representative: