



Medical Exam Verification

Patient's Name EIN or EIN +1 if spouse/AD Date

SLCo employee's name if spouse/AD Physician/Dentist Signature

<input type="checkbox"/> COVID Vaccination (25 pts) <input type="checkbox"/> Dental exam(1/yr 25pts) <input type="checkbox"/> Eye Exam (25 points) <input type="checkbox"/> Flu shot (25 points) <input type="checkbox"/> Prenatal exam (1st trimester) (25 pts) <input type="checkbox"/> Colonoscopy (50 pts) <input type="checkbox"/> Mammogram (50 pts) <input type="checkbox"/> Pap exam (50 pts) <input type="checkbox"/> Prostate exam (50 pts)	<p><u>Submit this form in any of the following ways:</u></p> <ul style="list-style-type: none"> • WellSteps: Uploaded as an attachment at www.WellSteps.com • Drop box: outside of S3-860 (Healthy Lifestyles office) • Courier: Sent Attn: Healthy Life-styles, GC S2-600-4575 • Email: scanned and emailed to myhealthylifestyles@slco.org
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