



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, RSV, MMR, or Pneumococcal Vaccination (25 pts) <input type="checkbox"/> Dental exam(25 pts) <input type="checkbox"/> Eye Exam (25 points) <input type="checkbox"/> Flu shot (25 points) <input type="checkbox"/> Skin Cancer Exam (50 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)	Options for submitting this form: <ul style="list-style-type: none"> • WellSteps: Uploaded as an attachment at WellSteps.com • Drop box: outside of S2-500 (Healthy Me Clinic) • Courier: Sent Attn: Employee Wellness GC S2-600-4575 • Email: Scan and email to employeewellness@saltlakecounty.gov
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