

Medical Exam Verification



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Patient's Name EIN	N or EIN +1 if spouse/AD	Date	Patient's Name	EIN or EI	N +1 if spouse/AD	Date
SLCo employee's name if spouse/AD	Physician/Den	tist Signature	SLCo employee's name if spouse,	 e/AD	Physician/Denti	st Signature
COVID, RSV, MMR, or Pneumococ Vaccination (25 pts) Dental exam(25 pts) Eye Exam (25 points) Flu shot (25 points) Skin Cancer Exam (50 pts) Colonoscopy (50 pts) Mammogram (50 pts) Pap exam (50 pts)	 Options for submitti WellSteps: Uploader attachment at WellSt Drop box: outside of (Healthy Me Clinic) Courier: Sent Attn: E GC S2-600-4575 Email: Scan and ema employeewellness@ 	d as an teps.com f S2-500 Employee Wellness	☐ COVID, RSV, MMR, or Pneum Vaccination (25 pts) ☐Dental exam(25 pts) ☐Eye Exam (25 points) ☐Flu shot (25 points) ☐Skin Cancer Exam (50 pts) ☐Colonoscopy (50 pts) ☐Mammogram (50 pts) ☐Pap exam (50 pts) ☐Prostate exam (50 pts)	mococcal	 WellSteps: Uploaded attachment at WellSte Drop box: outside of S (Healthy Me Clinic) Courier: Sent Attn: En GC S2-600-4575 Email: Scan and email employeewellness@sa 	as an eps.com S2-500 nployee Wellnes:
Medical E	xam Verification	1	Medic	al Exan	n Verification	
Patient's Name FIN	N or EIN +1 if spouse/AD	Date	Patient's Name		N +1 if spouse/AD	Date

SLCo employee's name if spouse/AD

Physician/Dentist Signature

COVID, RSV,	MMR,	or	Pneumococcal	
Vaccination	(25 pts)		

- Dental exam(25pts)
- Eye Exam (25 points)
- ☐Flu shot (25 points)
- ☐Skin Cancer Exam (50 pts)
- Colonoscopy (50 pts)
- Mammogram (50 pts)
- □Pap exam (50 pts)
- Prostate exam (50 pts)

Options for submitting this form:

- 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

Patient's Name EIN or E SLCo employee's name if spouse/AD		EIN +1 if spouse/AD	Date	
		Physician/Dentist Signature		
□ COVID, RSV, MMR, or Pneumococ Vaccination (25 pts) □Dental exam(25pts) □Eye Exam (25 points) □Flu shot (25 points) □Skin Cancer Exam (50 pts) □Colonoscopy (50 pts) □Mammogram (50 pts)		 Options for submitting this form: WellSteps: Uploaded as an attachment at WellSteps.com Drop box: outside of S2-500 (Healthy Me Clinic) Courier: Sent Attn: Employee Welln GC S2-600-4575 Email: Scan and email to 		
□Pap exam (50 pts) □Prostate exam (50 pts)		employeewellness@sa		