

PHYSICIAN RESULTS FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Physician Results Form as part of the wellness program to be returned to Wellworks For You as outlined below, by **DECEMBER 1, 2025**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

PATIENT CONTACT INFORMATION

COMPANY NAME: REMINGTON & VERNICK ENGINEERS

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE

PHONE: _____ EMAIL: _____

PHYSICIAN INFORMATION

PHYSICIAN NAME: _____

OFFICE PHONE NUMBER: _____

This **Results Form** confirms that the patient named above received the following preventative care between **DECEMBER 1, 2024, and DECEMBER 1, 2025**. ***All health metrics listed below are optional to share. It is the participant's responsibility to enter their health metrics to complete their Know Your Number Assessment.**

SCREENING	RESULTS
Blood Pressure: Systolic	
Blood Pressure: Diastolic	
Height in inches	
Waist Circumference in inches	
Weight in pounds	
Body Mass Index 'BMI'	

SCREENING	RESULTS
Total Cholesterol	
Low Density Lipoprotein 'LDL'	
High Density Lipoprotein 'HDL'	
Triglycerides	
TC/HDL Ratio	
Fasting Glucose	

Physician

I certify that the patient listed above completed their visit and/or received the tests indicated on this form on:

Physician Signature: _____ Date Signed: _____

SUBMIT YOUR COMPLETED FORM BY DECEMBER 1, 2025

- Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page, 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:** Take a photo of your form using your Smartphone, and upload it to the Wellworks For You Mobile App via the **Contact Us/Send a Form** tab.

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.