

# Annual Wellness Screening Form

*For the period of July 1, 2019 through December 31, 2020*

<b>Participant Name:</b>											
	<b>First Name</b>	<b>Last Name</b>									
<b>Check One:</b>	<input type="checkbox"/> <b>Employee</b>	<input type="checkbox"/> <b>Spouse</b>									
<b>BCBST ID 9-Digit Number:</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> <td style="width: 11.11%;"></td> </tr> </table>										

**PROVIDER COMPLETES THIS SECTION**

**Date of Wellness Exam: MM/DD/YYYY**

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**I certify that the member named above has completed an annual wellness exam.**

(check box)

<b>Provider Name (Printed):</b>	
<b>Provider Signature:</b>	
<b>Provider Office Phone Number:</b>	
<b>Date:</b>	

❖ **Please Return Completed Form using ONE of the following options:**

- **Mail to:** Holston Conference Office of Pensions & Health Benefits, P.O. Box 850, Alcoa, TN 37701-0850
- **Fax To:** 865-690-3162
- **Scan and Email to:** [JulieGraham@holston.org](mailto:JulieGraham@holston.org)