

**Health Assessment Program
Johnson City/Johnson City Schools
Physician Visit Form**

Johnson City and Johnson City Schools recognizes the importance of choosing a healthy lifestyle and has implemented a wellness program designed to encourage employees to make positive health choices. A component of the program encourages employees to complete age appropriate physical exams and screenings. The program recognizes that various age groups require physical exams and screenings at different intervals. Therefore, this form certifies the employee listed below has had an exam, screening or follow up visit with your office.

By signing and dating below, you are certifying that

_____ / ____ / ____
PATIENT'S NAME (please print) **Date of Birth**

has been seen in your office for: (place date by the appropriate item)

- Date: _____ Physical exam
- Date: _____ Mammogram
- Date: _____ Pelvic/Pap
- Date: _____ PSA/digital exam
- Date: _____ Colonoscopy
- Date: _____ Preventative dental exam/prophylaxis
- Date: _____ Vision Exam -Annual
- Date: _____ Skin precancerous screening by Dermatologist
- Date: _____ Other recommended screening approved by health assessment office: _____

Health Care Provider's Name (please print):

Health Care Provider's Signature