



ANNUAL PHYSICAL WELLNESS EXAM COMPLETION FORM

This form allows your healthcare provider to confirm you have completed the recommended annual routine physical wellness examination. **Do not include any medical records or results**—only verification of current compliance.

Team Member Section for Completion

Ask your healthcare provider to complete the lower section of this form. Please submit the completed form to US Wellness at michaels.uswellness.com on or before June 30, 2026.

Team Member Authorization: I authorize my healthcare provider to complete this form solely for the purpose of confirming compliance with annual physical wellness exam requirements. I understand no medical details or results will be disclosed.

X _____
Team Member Signature (Required)

Date

X _____
Print Name (Required)

DOB

Healthcare Provider Screen Attestation

Healthcare Provider Attestation: I attest the patient listed above has attended a recommended routine physical wellness examination within the required screening window (July 1, 2025 – June 30, 2026).

X _____
Healthcare Provider Signature (Required)

DATE

X _____
Print Name (Required)

NPI