



2015-2016
Easter Seals
Physician Tracker Form



Employee Name: (Please Print) _____

Employee Number: _____ **Maximum of 10 Wellness Points from the Physician Tracker**

Please take this form with you to your next appointment and have your physician complete the following information to receive your Wellness activity points towards your 2015-16 benefit year program. ***New this year staff will be limited to 10 wellness points from the Physician Activity Tracker.** Reminder all forms must be completed and returned to Human Resources no later than April 30, 2016 to receive credit for the Wellness activity.

3 Point

This certifies that on this day I have conducted an

- **Annual Health Physical/Exam (one per benefit year)**

Health Care Provider Name and Address:

Signature of Healthcare Provider:

Date: _____

3 Point

This certifies that on this day I have conducted an

- **Age appropriate or Required Screening by Physician (one per benefit year)**

Health Care Provider Name and Address:

Signature of Healthcare Provider:

Date: _____

2 Point

This certifies that on this day I have conducted an

- **Annual Dental Exam and Cleaning (one per benefit year)**

Health Care Provider Name and Address:

Signature of Healthcare Provider:

Date: _____

2 Point

This certifies that on this day I have conducted an

- **Annual Eye Exam (one per benefit year)**

Health Care Provider Name and Address:

Signature of Healthcare Provider:

Date: _____

**Please send completed trackers to Wellness,
555 Auburn Street, Manchester, NH 03103
Scan to enault@eastersealsnh.org or fax to 603.263.0111**

For HR use only :

HR Data Entry _____ HR Audit _____