



2016-2017 Easter Seals Physician Tracker Form

Employee Name: (Please Print) _____

Employee Number: _____ **Maximum of 12 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. Reminder: all forms must be completed and returned to Human Resources no later than April 30, 2017 to receive credit for the Wellness activity.

3 Point	<p>This certifies that on this day I have conducted an</p> <ul style="list-style-type: none"> Annual Physical (one per benefit year) <p>Health Care Provider Name and Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Healthcare Provider: _____ Date: _____</p>	<input type="checkbox"/> Reviewed individuals <input type="checkbox"/> Biometric results and or Well-Being Assessment report during their visit today. 2 Wellness Points
3 Point	<p>This certifies that on this day I have conducted an</p> <ul style="list-style-type: none"> Age appropriate and or Physician Required Screening (one per benefit year) <p>Health Care Provider Name and Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Healthcare Provider: _____ Date: _____</p>	
2 Point	<p>This certifies that on this day I have conducted an</p> <ul style="list-style-type: none"> Annual Dental Exam and Cleaning (one per benefit year) <p>Health Care Provider Name and Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Healthcare Provider: _____ Date: _____</p>	
2 Point	<p>This certifies that on this day I have conducted an</p> <ul style="list-style-type: none"> Annual Eye Exam (one per benefit year) <p>Health Care Provider Name and Address:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Signature of Healthcare Provider: _____ Date: _____</p>	

**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 _____