



ANNUAL PHYSICAL/WELLNESS EXAM FORM

Member Name: _____

Employee #: _____

Employer: City of Little Rock

The above referenced member is my patient. He/She completed an Annual Physical/Wellness Exam which included a biometric screening on _____.
(A biometric screening may include the following: the measurement of physical characteristics such as height, weight, BMI, blood pressure, blood cholesterol, blood glucose, and aerobic fitness tests.)

Physician's Signature: _____ **Date:** _____

Employee's Signature: _____ **Date:** _____

Physician's Name and Office Location:

Please return this form to:
City of Little Rock
Benefits Division
500 W. Markham Suite 130W
Little Rock, Arkansas 72201
Fax: (501) 371-4496

As a participant in the City of Little Rock's Wellness Program I am required to have an Annual Physical/Wellness Exam that includes a biometric screening. **The Annual Physical/Wellness Exam has to be completed between July 1, 2018 and June 30, 2019.**