

City of Tacoma

Annual Physical Verification Form



Dear Health Care Provider,

The City of Tacoma wellness program, **Tacoma Employee Wellness (TEW)**, is a voluntary program that is designed to provide the education, motivation and tools necessary to help employees improve and maintain their health and well-being. As part of this program, employees are encouraged to develop a healthy relationship with a primary care physician and participate in an annual health screening and/or preventive physical. **Completed forms are due no later than September 30, 2019.**

Health Care Provider Name:	Medical Office:
Health Care Provider Signature:	Date:

Dear Employee,

Please complete the section below and then submit the completed form to your Wellness Coordinator: wellness@cityoftacoma.org (email) or 747 Market Street, RM 1420, Tacoma, WA, 98402. You can also fax it to 253-591-5873. **Please retain a copy for your personal records.**

This is a voluntary program and the City of Tacoma will not receive any personal information regarding your annual health screening and/or preventive physical. **Completed forms are due no later than September 30, 2019.**

Employee Name:	Employee ID Number:
Employee Signature:	Date: