

# 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, 2020.**

<b>Health Care Provider Name:</b>	<b>Medical Office:</b>
<b>Health Care Provider Signature:</b>	<b>Date:</b>

Dear Employee,

Please complete the section below and then submit the completed form to your Wellness Coordinator: [wellness@cityoftacoma.org](mailto: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, 2020.**

<b>Employee Name:</b>	<b>Employee ID Number:</b>
<b>Employee Signature:</b>	<b>Date:</b>