

☐ Mammogram (50 pts)

☐ Prostate exam (50 pts)

☐ Pap exam (50 pts)

Medical Exam Verification



Medical Exam Verification

Patient's Name	EIN or EIN +1 if Spous	se/AD	Date	Patient's	Name	EIN or E	EIN +1 if Spouse/AD	Date	
SLCo employee's name if spou	 use/AD Physi	Physician/Dentist Signature		SLCo employee's name if spouse/AD		Physician/Dentist Signature			
COVID, RSV, MMR, or Pne Vaccination (25 pts) Dental exam(25pts) Dexa Body Scan (25pts) Eye Exam (25 points) Flu shot (25 points) Skin Cancer Exam (50 pts) Colonoscopy (50 pts) Mammogram (50 pts) Pap exam (50 pts) Prostate exam (50 pts)	WellStep: at WellSte Email: sca employee Drop box (Healthy I) Courier: S	anned and emailed ewellness@saltlakd c: Outside of S2-50 Me Clinic) Send Attn: Employd , GC S2-600-4575	n attachment ed to keccounty.gov 00	COVID, RSV, M Vaccination (25 Dental exam(2) Dexa Body Scal Eye Exam (25 po Skin Cancer Exa Colonoscopy (5 Mammogram (Pap exam (50 po Prostate exam	pts) spts) (25pts) oints) nts) sm (50 pts) 0 pts) 50 pts) ts) (50 pts)		Options for submittin WellSteps: Uploaded at WellSteps.com Email: scanned and e employeewellness@s Drop box: Outside of (Healthy Me Clinic) Courier: Send Attn: En Wellness, GC S2-600-	I as an attachmonemailed to saltlakecounty.	
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SLCo employee's name if spou		Physician/Dentist Signature		SLCo employee's name if spouse/AD			Physician/Dentist Signature		
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