

## Medical Exam Verification

	r EIN +1 if spouse/AD Date
SLCo employee's name if spouse/AD	Physician/Dentist Signature
COVID Vaccination (25 pts)  Dental exam(1/yr 25pts)  Eye Exam (25 points)  Flu shot (25 points)  Prenatal exam (1st trimester) (25 pts)  Colonoscopy (50 pts)  Mammogram (50 pts)  Pap exam (50 pts)  Prostate exam (50 pts)	Submit this form in any of the following ways:  WellSteps: Uploaded as an attachment at www.WellSteps.com Drop box: outside of S3-860 (Healthy Lifestyles office) Courier: Sent Attn: Healthy Life-styles, GC S2-600-4575 Email: scanned and emailed to myhealthylifestyles@slco.org
Patient's Name EIN o	r EIN +1 if spouse/AD Date  Physician/Dentist Signature
SLCo employee's name if spouse/AD	



Patient's Name

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EIN or EIN +1 if spouse/AD

Date

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	SAST LAME COGNITY WILLIAMS	Verification  +1 if spouse/AD Date
SLCo employee's name if spouse/AD Physician/Dentist Signature	Patient's Name EIN or EIN	+1 if spouse/AD Date