

Annual Physical Exam Acknowledgment Form

Employee Name

Date

<p>By signing, I acknowledge I received a physical (or preventive care) exam between [insert date] and [insert date]. I understand I must return this form to HR for this physician visit to qualify for any workplace incentives.</p>	
<hr/> <p>Employee Signature</p>	

For Physician Use Only

<p>Physician Name (print):</p> <p>Date of Visit:</p> <hr/> <p>Physician Signature</p>
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