TRUST wellness
Employee Wellness for New Hampshire Local Governments

City of Franklin

PCP Confirmation of Recent Annual Physical

This form is utilized when a participating member has received their annual physical, with any age appropriate screenings, by their Primary Care Provider (PCP).

This form only requires confirmation from the PCP that the annual physical has been provided and does not require any personal information or results of any screenings.

We request that results of the annual physical are not documented on this form

Member Name		
PCP Name		
Facility Name		
Facility Address		
	Date Administered	**PCP Signature**
Annual Physical		

Participant, please print and sign below:

Print Name _____

Signature_____ Date _____

Please submit this completed form along with the Incentivized Wellness Request Form as proof of activity completion. Forms can be emailed, faxed or mailed to:

Email: wellness@nhitrust.org
Fax: 800-229-6902
Mail: NH Interlocal Trust
Attn: Wellness Incentive
PO Box 4090

Revised 9/2016

Concord, NH 03302