

Preventive Care Sign-Off

Dear Healthcare Provider,

I want to keep myself as healthy as I can. I know that preventive care is a big part of staying healthy. Being up-to-date with my preventive care is one of my goals.

Please discuss my preventive care plan with me and ensure that I am up-to-date on preventive care screening tests and exams, and immunizations. Please also discuss lifestyle changes that will improve my health and prevent disease.

Appointment must fall between the dates established by your Human Resources department.

HEALTHCARE PROVIDER ACKNOWLEDGEMENT

I hereby acknowledge that the patient has completed their annual preventive care visit.

Healthcare Provider Name (printed)

Healthcare Provider Signature

Date

Patient Name (printed clearly)

Patient Signature

Patient Instructions: Add submission instructions before distribution.

The validity of this form may be verified for authenticity. Falsification of information will be subject to disciplinary actions consistent with employee guidelines up to and including employment termination.

IMPORTANT NOTE : Recommended preventive services, including lab work, completed at an in network facility, may be paid in full by your medical plan. Please refer to your plan for further details.