



Annual Physical Form

In order to meet the Annual Physical Exam requirements, you will need to provide basic information about your screening (physicians name and date of your screening) to Cigna. Please present this document to your physician so the appropriate tests are included in your screening and have your physician sign it. You should sign it indicating that you have received this health screening, then retain a copy of this document for your personal records and provide a copy to Alma Villa (alma.villa@cigna.com)

Patient Name (Last, First, MI):	Physician Name:	Date of Assessment:
Relationship (Employee / Spouse):	Gender (Male / Female):	Date of Birth:
Cigna Member ID:	City of Tucson Employee ID:	

Dear Physician:

At **The City of Tucson**, we value the health and well-being of our employees. We provide a number of resources to promote wellness, including a dedicated well-being coordinator, onsite dedicated engagement advisor, wellness discount, challenges and educational seminars as well as an exceptional and rich benefits package.

As a part of our 2016/2017 wellness program, employees can complete an Annual Physical Exam and complete their online health assessment to earn \$25!

By having a well-visit with preventive screenings and receiving screening results, we hope our employees will feel informed about their health, learn which results may be out of normal range and steps they can take to improve results over time. The specific screenings are listed below.

As part of the health assessment you perform today, please include the screenings listed and provide your signature as verification.

We appreciate your support of our efforts by communicating with your patient the results of these screenings, the importance of preventative health and controlling risk factors. We believe that by working together we can improve the health and well-being of everyone.

Complete Blood Panel Including:

- Blood Pressure
- Fasting Lipid Panel
- Glucose / HBA1C
- Body Mass Index
- Waist Circumference
- One-on-One brief consultation with a certified health professional

Your signature is confirmation that the annual has been completed for the person noted above.

Physician Signature

Date Completed

Patient Signature

Date