

PHYSICIAN RESULTS FORM

Take this form with you to your scheduled annual physical to be completed and signed by your physician. It is the **participant's responsibility** to submit the Physician Results Form to Wellworks For You as outlined below, by **December 1, 2025**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

PATIENT CONTACT INFORMATION

COMPANY NAME: Hudson Valley Credit Union

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE UNDISCLOSED NON-BINARY

PHONE: _____ EMAIL: _____

PHYSICIAN INFORMATION

NAME /PHYSICIAN OFFICE: _____

OFFICE PHONE/ADDRESS: _____

This Form confirms that the patient named above received the following preventive care between **December 2, 2024, and December 1, 2025**.

- Annual Physical with Lab Work:** If this Form **includes** biometric screening results, the patient will receive credit for **both** the **Annual Physical** and **Biometric Screening**, as well as any applicable **Healthy Range** incentives. *All metrics with an * are required for the completion of the Biometric Screening.*
- Annual Physical:** If this Form **does not** include biometric screening results, the patient will receive credit for the **Annual Physical only**.

SCREENING	RESULTS
*Blood Pressure (Systolic)	
*Blood Pressure (Diastolic)	
*Height (in inches)	
*Waist Circumference	
*Weight (in pounds)	
BMI (Body Mass Index)	

SCREENING	RESULTS
*Total Cholesterol	
*Low Density Lipoprotein (LDL)	
*High Density Lipoprotein (HDL)	
*Triglycerides	
*TC/HDL Ratio	
*Glucose (fasting)	

Physician

I certify that the patient listed above received the tests indicated on this form on: _____/_____/_____

Physician Signature: _____ Date Signed: _____

SUBMIT YOUR COMPLETED FORMS BY DECEMBER 1, 2025

All forms should be submitted to the Wellworks Forms Department. Submit your completed forms in one (1) of the following ways:

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage or via the menu page. Select the event title from the dropdown and upload your form to the portal. Users are limited to **one (1)** file per submission.
- **Upload to Mobile App:** Tap the event that you are submitting a form under the **Home** tab. On the following screen, tap the **Select Document** button to take or upload a photo of your form. Once your form data has been captured, tap **Submit My Forms**. Users are limited to **one (1)** file per submission.

PLEASE NOTE: Wellworks For You requires **at least seven (7) to ten (10) business days** for processing and participation to be updated in the Wellness Portal.