



PREVENTATIVE CARE ATTESTATION FORM

PERSONAL INFORMATION

Full Name :

Employee ID :

VISIT DETAILS

Visit Type	Date of Visit <small>between 1/1 - 12/31 of current year</small>	Name of Provider
Annual Physical with PCP <i>(valid 1x per calendar year)</i>		
Dental Exam / Cleaning <i>(valid 2x per calendar year)</i>		
Eye Exam <i>(valid 1x per calendar year)</i>		
Preventative Cancer Screening: _____ <i>(please include the type of screening completed; valid 1x per calendar year)</i>		
<u>Prediabetes Risk Assessment</u> <u>or A1C Check for Diabetics</u> <i>(valid 1x per calendar year)</i>	<i>Date Screening Completed:</i> _____	<i>Prediabetes Risk Score / A1C Results:</i> _____

SIGNATURE

I attest that the information I have provided on this form is true and accurate.

Signature : _____ Date : _____

To receive your incentive points, please scan your completed form to welltogether@augustahealth.com
Upon receipt, we will email you a verification code.

All codes should be entered under the "Special Activities" icon in your Wellable app.