

**AGH Preventive Screening &
Annual Physical Verification Form
2022 – 2023 Wellness Cycle**



Atlantic General Hospital
Associates • Getting • Healthy
Wellness Program

Part 1: To be Completed by Employee (please print):

Employee Name: _____

Phone: _____ Date of Birth: ____/____/____

Employee ID#: _____

Employee Email: _____

Part 2: To be Completed by Personal Physician :(please print or use office stamp):

I hereby confirm that the **AGH** employee above has completed the following **between 9/1/22 and 8/31/23:**

- | | |
|---|---|
| <input type="checkbox"/> Annual Physical (10 Points) | <input type="checkbox"/> Routine Vision Screening (10 Points) |
| <input type="checkbox"/> Routine Hearing Screening (10 Points) | <input type="checkbox"/> Routine Gynecological Exam (10 Points) |
| <input type="checkbox"/> Dental Cleaning (2 times per year – 5 points each) | <input type="checkbox"/> Routine Prostate Exam (10 Points) |
| <input type="checkbox"/> Colonoscopy (10 Points) | <input type="checkbox"/> Routine Colorectal Screening (10 Points) |
| <input type="checkbox"/> Mammogram (10 Points) | <input type="checkbox"/> Annual visit with a mental health professional (10 Points) |
| <input type="checkbox"/> Dermatology (10 Points) | <input type="checkbox"/> OTHER –as approved and promoted by AGH/BHS |
| <input type="checkbox"/> New Directions Program (10 Points) | |

Personal Physician's Name: (please print): _____ Date _____

Personal Physician's
Office Address and Phone: _____

Personal Physician's Signature: _____

Part 3: To be Completed by Employee

Please mail, fax, or email completed form to:

Name: BHS

Address: 6225 Smith Avenue, Suite 203, Baltimore, MD 21209

Fax: 410-878-6192 **Email:** coach@bhsonline.com

Online: Forms may be uploaded to your secure health portal

Questions? Concerns? Contact BHS at 877-935-5262