

PREVENTIVE SCREENING FORM

Take this form with you to your scheduled doctor's visit to be completed and signed by the attending physician. It is the participant's responsibility to submit the **Preventive Screening Form** as part of the wellness program to be returned to Wellworks For You as outlined below by **OCTOBER 31, 2025**.

PATIENT CONTACT INFORMATION

COMPANY NAME:	New Horizons Baking Company	
FIRST NAME:		LAST NAME:
DATE OF BIRTH:		🗆 MALE 🗖 FEMALE
PHONE:		EMAIL:
SELECT ONE:	I am the 🛛 Employee 🗂 Spouse	e If spouse, please name employee:
PHYSICIAN INFORMATION		
PHYSICIAN OFFICE/NAME:		
OFFICE PHONE/ADDRESS:		
DATE OF VISIT:		
This Preventive Screening Form confirms that the patient named above received the following preventive care between November 1, 2024 and October 31, 2025. One form per exam. Please check the exam that applies:		
	GENERAL	WOMEN
	Vision Screening (routine eye e	exam)
	Dental Exam (routine cleaning)	Mammogram
	Colorectal Exam	
	Dermatology Exam Euclidean	MEN
Physician/Provider	t listed above received the tests indic	cated on this form on:////
Physician/Provider Sig	nature:	Date Signed:

SUBMIT YOUR COMPLETED FORMS BY OCTOBER 31, 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.