Wellworks FOR YOU

NEW HORIZONS

FOR WW OFFICE USE ONLY: 002_KR_11154

PHYSICIAN RESULTS FORM

Take this form with you to your scheduled annual physical to be completed and signed by your primary care physician. It is the **participant's responsibility** to submit the Physician Results Form as part of the wellness program to be returned to Wellworks For You as outlined below, by **October 31, 2026**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

COMPANY NAME: New Horizons Baking Company

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ ☐ MALE ☐ FEMALE

PHONE: _____ EMAIL: _____

SELECT ONE: I am the ❒ **Employee** ❒ **Spouse** *If spouse, please name employee:* _____

PHYSICIAN INFORMATION

PHYSICIAN NAME: _____

OFFICE PHONE NUMBER: _____

This **Results Form** confirms that the patient named above received the following preventive care between **November 1, 2025 and October 31, 2026**. The primary care physician needs to complete the information below with an * in front of it and return the completed form to the patient named above.

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

SCREENING	RESULTS
*Total Cholesterol	
*Low Density Lipoprotein *'LDL'*	
*High Density Lipoprotein *'HDL'*	
*Triglycerides	
TC/HDL Ratio	
*Fasting Glucose	
HbA1c *if physician recommended*	
Pulse or Heart Rate	

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 OCTOBER 31, 2026

- **Upload to Portal:** Click the **Upload a Form** tile from the homepage, select the event title from the dropdown and upload your form to the portal. This will be securely emailed for processing. Users are limited to **one (1)** file per email.
- **Upload to Mobile App:** Use your smartphone to take a photo of your completed form. Open the Wellworks For You Mobile App, navigate to **Menu > Upload a Form**, tap **Click to Upload**, select the appropriate Wellness Event from the dropdown, and click **Upload to submit**.

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.

For form submissions, please submit via a method listed above. For additional support chat with us live on the wellness portal (not available on the mobile app).

Wellworks FOR YOU