



FOR WW OFFICE USE ONLY: 001_JT_12506

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 **SEPTEMBER 30, 2025**. Please retain a copy for your own records and submission to Wellworks For You, if necessary.

To provide participants with faster updates, an automated process may be used to extract the data on this form. **Please ensure this form is filled out accurately, legibly, and text is aligned before submitting.** [Login to your Wellness Portal for more info: www.wellworksforyoulogin.com](#)

PLEASE NOTE: Little Clinic and Minute Clinic visits do not qualify as Primary Care Visit completion.

PATIENT CONTACT INFORMATION

COMPANY NAME: Harris Products Group

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PHONE: _____ EMAIL: _____

PHYSICIAN INFORMATION

PHYSICIAN OFFICE/NAME: _____

OFFICE PHONE/ADDRESS: _____

This **Results Form** confirms that the patient named above received the following preventative care between **OCTOBER 1, 2024** and **SEPTEMBER 30, 2025**. 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 | |
| *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) | |
| HbA1c (if physician recommended) | |
| Pulse (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 SEPTEMBER 30, 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.

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) or call (800) 425-4657.

