

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: Lincoln Electric

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ MALE FEMALE

PHONE: _____ EMAIL: _____

PHYSICIAN INFORMATION:

PHYSICIAN NAME: _____

OFFICE PHONE NUMBER: _____

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 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 <i>if physician recommended</i>	
Pulse or Heart Rate	

Physician

I certify that the patient listed above received the tests indicated on this form on: _____

• SUBMIT YOUR COMPLETED FORMS BY SEPTEMBER 30, 2025

- **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. This will be securely emailed for processing. Users are limited to **one (1)** file per email.
- **Upload to Mobile App:** Take a photo of your form using your Smartphone, and upload it to the Wellworks For You Mobile App via the **Contact Us/Send a Form** tab.

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.