



# Holmen Wellness Program

## Annual Physical Form - Spouse

To qualify for the “Annual Physical” requirement of the Wellness Benefit for the 2025-26 school year insurance benefits, please have your doctor sign below. Your physical must have occurred between April 1, 2024 and May 1, 2025. If your physical is outside these dates, please contact Human Resources for discretionary approval.

**Upon completion of this form, it must be uploaded to the employee’s Employee Navigator account by May 1, 2025.**

### Employee & Spouse Information

Employee Name

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Building/Department

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Spouse Name

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### Spouse Physical Information

Primary Care Provider  
Name

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Date of last Annual  
Physical\*

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Primary Care Provider  
Signature

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*\*For purposes of this document, Annual Physical means a routine physical completed by your primary care provider, that includes age appropriate checks.*

As an alternative to this form, you can upload your aftercare visit that you receive from your provider at your visit.