



Holmen Wellness Program

Annual Physical Form - Employee

To qualify for the “Annual Physical” requirement of the Wellness Benefit for your 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, you must upload it to your Employee Navigator account by May 1, 2025.

Employee Information

Employee Name _____

Building/Department _____

Physical Information

Primary Care
Provider Name _____

Date of last Annual
Physical* _____

Primary Care
Provider Signature _____

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

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