

# Wellness Exam Verification Form.

Collection period 03/01/26-02/28/27. Forms accepted for physicals dated 03/01/26-02/28/27

**To submit your form:**

1. Scan the QR code to download the Rightway app, or visit *member.rightwayhealthcare.com*
2. If needed, follow the prompts to activate your Rightway account
3. Select the "Wellness Program" card and follow the prompts to **COMPLETE ALL REQUIRED FIELDS** and upload a copy of your completed Wellness Exam Verification Form
4. Click Submit



**Participant information**

**Business Unit:**

**Hire Date:**

First and last name (please print)	Date of birth (MM/DD/YYYY)	email address:
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**Biometric Results** (*Health Care Provider completes the section below. All fields must be completed\**)

Height (in)	Weight (lb)	Body mass index (BMI)	A1c*	Blood pressure
Total cholesterol	LDL cholesterol	HDL cholesterol	Triglycerides	Fasting glucose*
Tobacco use — last 6 months <input type="checkbox"/> Yes <input type="checkbox"/> No				

*\*For fasting glucose and A1c, only one lab value may be acceptable based on the treating physician's recommendation. Only ONE value A1c or Fasting Glucose is required.*

**Primary care provider information**

Primary care provider name	Primary care provider phone		
Physician name	Physician signature	Date of exam (MM/DD/YYYY)	

**Required: Authorization to release protected health information to my employer**

*(to be signed by the employee completing this form)*

I understand that by submitting this form, Rightway may report to my employer the following information about me: a) name; b) date of birth, c) whether I have verified that I have received my annual physical and d) whether I have met the program compliance. Also, I understand that if Rightway submits this form to my employer that I will receive an email verification from Rightway. I agree that if I do not receive an email verification, it is my responsibility to verify with Rightway that my form has been submitted to my employer. Notwithstanding, I agree that Rightway bears no responsibility, or any legal liability, for its failure to submit this form to my employer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_