



**Group Health Benefits Wellness Program
2022 Day of Wellness
Physician Confirmation Form**
(Please print legibly)

The Physician Confirmation Form must be completed in full by the physician or the physician's office personnel.

Participants: *please do not complete any part of the Physician Confirmation Form.* Thank you.

Date Attended the Day of Wellness: October 6, 2022

Name of Participant _____

Current Weight (lbs.) _____ Current Height (ft.-in.) _____

Date of annual physical _____* Today's date _____**

Physician Signature _____

Physician Name (Print) _____

Physician Street Address _____

Physician City _____ Zip Code _____

Physician Phone Number _____

* Date of annual physical must be within one year.

**2022 Day of Wellness Physician Confirmation Form must be submitted within 30 days of the date above and no later than *December 31, 2022*. Receipt of the completed 2022 Day of Wellness Physician Confirmation Form by *December 31, 2022*, plus confirmation of participation in all four Day of Wellness webinars on October 6, 2022, are required for eligibility to participate in the TAC GHB Wellness Program and earn Wellness Program incentives.

Send this completed form by December 31, 2022, to:

**TAC Wellness, 5215 Main Street, Houston, TX 77002
Email: wellness@txcumc.org
Fax: 713-521-7516**

If emailing, please send a scanned PDF document (not a JPEG or photo).

For Office Use Only	
Date Received:	_____
<input type="checkbox"/>	Check box if participant has completed all four Day of Wellness webinars.
DOW BMI:	_____