



**Group Health Benefits Wellness Program  
2023 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: September 20, 2023**

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.

\*\*2023 Day of Wellness Physician Confirmation Form must be submitted within 30 days of the date above and no later than *December 31, 2023*. Receipt of the completed 2023 Day of Wellness Physician Confirmation Form by *December 31, 2023*, plus confirmation of participation in all four Day of Wellness webinars are required for eligibility to participate in the TAC GHB Wellness Program and earn Wellness Program incentives.

**Send this completed form by December 31, 2023, to:**

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

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

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