

**AGH Preventive Screening &  
Annual Physical Verification Form  
2023 – 2024 Wellness Cycle**



Atlantic General Hospital  
Associates • Getting • Healthy  
Wellness Program

**Part 1: To be Completed by Employee (please print):**

Employee Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee ID#: \_\_\_\_\_

Employee Email: \_\_\_\_\_

**Part 2: To be Completed by Personal Physician :(please print or use office stamp):**

I hereby confirm that **AGH** employee above has completed the following **between 9/1/23 and 8/31/24:**

- |   |   |
|---|---|
| <input type="checkbox"/> Annual Physical (10 Points)                        | <input type="checkbox"/> Routine Vision Screening (10 Points)                       |
| <input type="checkbox"/> Routine Hearing Screening (10 Points)              | <input type="checkbox"/> Routine Gynecological Exam (10 Points)                     |
| <input type="checkbox"/> Dental Cleaning (2 times per year – 5 points each) | <input type="checkbox"/> Routine Prostate Exam (10 Points)                          |
| <input type="checkbox"/> Colonoscopy (10 Points)                            | <input type="checkbox"/> Routine Colorectal Screening (10 Points)                   |
| <input type="checkbox"/> Mammogram (10 Points)                              | <input type="checkbox"/> Annual visit with a mental health professional (10 Points) |
| <input type="checkbox"/> Dermatology (10 Points)                            | <input type="checkbox"/> OTHER –as approved and promoted by AGH/BHS                 |
| <input type="checkbox"/> New Directions Program (10 Points)                 |   |

Personal Physician's Name: (please print): \_\_\_\_\_ Date \_\_\_\_\_

Personal Physician's  
Office Address and Phone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Personal Physician's Signature: \_\_\_\_\_

**Part 3: To be Completed by Employee**

**Please mail, fax, or email completed form to:**

**Name:** BHS

**Address:** 6225 Smith Avenue, Suite 203, Baltimore, MD 21209

**Fax:** 410-878-6192     **Email:** [coach@bhsonline.com](mailto:coach@bhsonline.com)

**Online:** Forms may be uploaded to your secure health portal

Questions? Concerns? Contact BHS at 877-935-5262