



Annual **Health Exam** Verification Form

This form verifies that the following FSD145 employee has completed an annual health physical.

The Medical History and Physical Exam Form will remain on file at the physician's office.

Please submit only this form to the FSD145 Business office at [health@fsd145.org](mailto:health@fsd145.org).

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

Date physical was completed: \_\_\_\_\_

**Printed** physician name \_\_\_\_\_

Physician signature \_\_\_\_\_ Date \_\_\_\_\_