



Physician Confirmation of Annual Wellness Exam
(To be completed by physician's office conducting exam)

NOTE: Please DO NOT reveal any protected health information on this form. Complete only the items below. This form is for confirmation purposes only.

To: Physician or Authorized Staff Member

From: _____
Physician's Name and Practice (*please print*)

Re: _____
Name of Employee (*please print*)

The above-named employee of Pittsylvania County was seen at our office and completed an annual wellness exam/physical, which included all age-appropriate blood work and tests, on the date listed below.

Annual Wellness Exam Completed: _____
Month, Day, Year (*please print*)

Physician's Signature

Date

PLEASE RETURN COMPLETED FORM TO:

Office of Human Resources, Pittsylvania County, 1 Center Street, Chatham, VA 24531
Phone: 434-432-1976 / Fax: 434-432-7714

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information" as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. (29 C.F.R. 1635.8(b)(1)(i)(B))