

**Carbon County WY Wellness Program  
Proof of Service Form**

Dear Health Care Provider,

I am enrolled Carbon County WY's optional wellness program. This program encourages me to make healthy lifestyle choices, including being active, eating healthy, and taking care of myself. As part of this program, I receive an incentive for having certain physical exams and screenings. To receive this, I need to turn in this form as proof of completion.

Please fill in the appropriate information as verification that I have completed at least one preventive exam.

**To be completed by participant (Please Print):**

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender (circle one): M F

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

**To be completed by the provider/physician:**

Provider Name: (print clearly) \_\_\_\_\_ Phone: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Date of Service: \_\_\_\_\_

(Preventive screening must have been completed between January 1 and November 30 of the current year)

I certify that the above listed participant has completed one of the following (mark appropriate box).

**Providers – only mark the services that were done at the current visit!**

- Annual physical including review of current labs (includes DOT physical)
- Mammogram  Pap or cervical cancer screening
- Colonoscopy  Skin cancer screening
- Prostate exam
- CBC or similar blood test. Mark others included  A1C  PSA

**\*\*Provider Signature (REQUIRED TO RECEIVE INCENTIVE):** \_\_\_\_\_

Please fax or email this form to Carbon County Human Resources

**Carbon County must receive your form no later than December 15 to earn the incentive.**

Fax: 307-328-2669

Email: [humanresources@carbonwy.com](mailto:humanresources@carbonwy.com)