



Holmen Wellness Program

Annual Physical Form - Spouse

To qualify for the “Annual Physical” requirement of the Wellness Benefit for your 2024-25 school year insurance benefits, please have your doctor sign below. Your physical must have occurred between April 1, 2023 and May 1, 2024. If your physical is outside these dates, please contact Human Resources for discretionary approval.

Upon completion of this form, it must be uploaded to the employee’s Employee Navigator account by May 1, 2024.

Employee & Spouse Information

Employee Name _____

Building/Department _____

Spouse Name _____

Spouse Physical Information

Primary Care
Provider Name _____

Date of last Annual
Physical* _____

Primary Care
Provider Signature _____

**For purposes of this document, Annual Physical means a routine physical completed by your primary care provider, that includes age appropriate checks.*