

2027 Physical Form



WELLNESS PROGRAM INFORMATION (Please print legibly)

Last Name: _____

First Name: _____

Employee ID: _____

DOB: _____

Email Address: _____

Phone Number: _____

PHYSICAL EXAM *(required)*:

Completion of the **Physical Exam is required** to earn wellness credit. You can receive credit for your annual physical exam by completing a physical at your EdHealth and Wellness Clinic (no upload is required), having your provider complete the below form and uploading it to your wellness portal, or upload a summary of your annual physical visit with your PCP.

Physical Exam	Provider Initials	Date of Exam
Physical completed between Nov 1, 2025 – Oct 31, 2026		

If you would like to better understand any of your biometric screening data, or to schedule a telephonic appointment with a health coach, please email healthcoach@121.health.

SCREENING COMPLETED BY:

AUTHORIZED SIGNATURE
OR STAMP OF
PROVIDER OR LAB

Upload this form to your wellness portal at
hamiltoncoschools.wellright.com

Please refer to page 2 of this provider form to review
protections from disclosure of medical information.

WELLNESS PROGRAM DISCLOSURE INFORMATION



Protections from Disclosure of Medical Information. The Company and its wellbeing vendors are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellbeing program vendor and the Company may use aggregate information it collects to design a program based on identified health risks in the workplace, neither the Company nor its wellbeing vendors will ever disclose any of your personal information either publicly or to other employees at the Company except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellbeing program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellbeing program will not be provided to your supervisors or managers and may never be used to make decisions regarding employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellbeing program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellbeing program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellbeing program will abide by the same confidentiality requirements. The only individual(s) who will receive your personally identifiable health information are those to whom you choose to disclose it (such as a health coach, nurse, physician, etc.) in order to provide you with services under the wellbeing program.

In addition, all medical information obtained through the wellbeing program will be maintained separate from your personal records, information stored electronically will be encrypted, and no information you provide as part of the wellbeing program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellbeing program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellbeing program, nor may you be subjected to retaliation if you choose not to participate.

If you have any questions about the privacy of your PHI, HIPAA or discrimination contact your Company's human resources director.

PROGRAM OPERATED BY ONE TO ONE HEALTH

QUESTIONS? Please send us an email at: patientserviceshcdc@121.health