

# 2022

## Preventive Care Sign-Off



Dear Health Care Provider,

I want to keep myself as healthy as I can. I know that preventive care is a big part of staying healthy. Being up-to-date with my preventive care is one of my goals.

Please discuss my preventive care plan with me and ensure that I am up-to-date on preventive care screening tests and exams, and immunizations. Please also discuss lifestyle changes that will improve my health and prevent disease.

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### HEALTH CARE PROVIDER ACKNOWLEDGEMENT

I hereby acknowledge that the patient has completed their annual preventive care visit.

*Appointment must fall between the dates established by your Human Resources department.*

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Health Care Provider Name (printed)

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Health Care Provider Signature

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Date

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Patient Name (printed clearly)

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Signature

The validity of this form may be verified for authenticity. Falsification of information will be subject to disciplinary actions consistent with employee guidelines up to and including employment termination.

**IMPORTANT NOTE :** Recommended preventive services, including lab work, completed at an in network facility, may be paid in full by your medical plan. Please refer to your plan for further details.