

# Annual Wellness Screening



## New in 2018 – Have a Routine Annual Wellness Screening and get Rewarded!

Having an annual wellness exam is one of the most important things you can do to help stay healthy and prevent disease. Regular health exams can help locate problems before they start. They can also help find problems early, when your chances for treatment and cure are much better. By getting the right health services, screenings, and treatments, you are taking steps which help your chances for living a longer, healthier life.

Studies show that coordinating biometric screenings through your primary care physician will better manage your overall health and treatment.

To encourage employees to utilize this benefit, Zoltek Corporation will have a drawing in late \*2018 for 13 gift cards ranging from \*\*\$25 to \$100 for any employee who has an annual wellness exam (sometimes referred to as an annual physical) completed by a certified physician.

The wellness visit can be completed within the time period of January 1<sup>st</sup> 2018 to Sept 30, 2018. The completed affidavit must be turned into [Mike.Graf@zoltek.com](mailto:Mike.Graf@zoltek.com) by 10/5/2018 in order to qualify. Please see Mike regarding any questions you may have.

It's time to take charge of your health! Schedule an annual wellness visit with your healthcare provider today.

\*Must be employed at time of drawing to be eligible.

\*\*All prize winnings are subject to taxation per IRS guidelines.

# ANNUAL WELLNESS SCREENING AFFIDAVIT

Employee Name (Print): \_\_\_\_\_

DOB: \_\_\_\_\_ Location: \_\_\_\_\_

If your physician does not deem it appropriate for you to receive a wellness visit on an annual basis, please submit documentation from your doctor indicating so in lieu of this form.

## Please Have Your Physician or Nurse Complete the Information Below

I confirm the employee mentioned previously in this form received an annual wellness screening on the following date:

\_\_\_\_\_

Physician/Nurse Name

(Print): \_\_\_\_\_

Physician/Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## As the Employee, Please Complete the Information Below

I confirm that I have received the aforementioned wellness screening exam during the timeframe listed above.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Once completed, please return to:

Mike.Graf@zolttek.com

or

Attn: Mike Graf

3101 Mckelvey Rd.

Bridgeton, MO 63044