



Metropolitan Community College

Medical Premium Incentive Program: Preventive Exam Verification

Employee Full Name (print):	
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Instructions: Please have your physician complete the appropriate section indicating the date of your exam and type of exam/screening completed. Your physician may certify that you have already had a recommended medical screening as long as the exam was completed between 10/1/2025 – 9/30/2026. Eligible screenings include Annual Physical, Annual Well Woman, Mammogram, Cervical Cancer Screening (Pap), and Colonoscopy.

Please DO NOT include any personal medical information on this form.

This Preventive Exam Verification confirms that the individual named above received the screening indicated between 10/1/2025 – 9/30/2026.

Type Of Screening (check one):

- ☐ Annual Physical
- ☐ Annual Well Woman
- ☐ Mammogram
- ☐ Cervical Cancer Screening (Pap)
- ☐ Colonoscopy

Date Exam Completed:	
Employee Signature:	
Physician Name (Printed):	
Physician Signature:	

Physician Stamp: _____

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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 wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive.

You may use a photo or scanned copy of this completed verification as proof of exam. Submit your form here: [Smartsheet Forms](#).