

## Verification Form

Please sign and stamp below as verification the employee had an office visit.

**Annual Dental Exam** - Date: \_\_\_\_\_

Dentist Signature	
Office Stamp	

**Annual Physical Exam (Physical)** - Date: \_\_\_\_\_

Physician, NP, PA Signature	
Office Stamp	

**Annual Flu Shot** - Date: \_\_\_\_\_

Physician, NP, PA Signature	
Office Stamp	

**Participate in a local walk, run or cycling event or volunteer at SHINE event, charity or other organization:**

<b>Event Name</b>	
<b>Date</b>	
<b>Staff Signature</b>	

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

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

Today's Date: \_\_\_\_\_