EMPLOYEE BENEFITS DEPARTMENT

Verification of Routine Wellness Examination

Date of examination must be between July 1, 2025 and June 30, 2026

I hereby certify that I have examined the individual referenced below at his or her request for a routine physical or routine gynecologic examination.

Patients' Name (printed): ______________________________________

Employee ID Number: ____

Date of Examination: ____

Physician's Name (printed): _____________________________________

Physician's Signature: ____

You may email your signed form to Tori Dreibilbis at dreibilbist@readingsd.org. It may also be faxed to 610-371-5919.

This form or an itemized bill showing services rendered for a routine physical/ gynecological examination must be received by August 1, 2026, to qualify for an offset deduction in your first paycheck of October.

Upon receipt of this form, we will notify you via email that it has been received.