



505 Commonwealth Avenue Erlanger, KY 859-727-2525

City of Erlanger WellLiving

2054 Wellness Screening Confirmation Form

DUE OCTOBER 31, 2026 for \$250 FSA Contribution on 1/1/2027

Patient Name: _____

Patient SSN: _____ Patient DOB: _____

Physician Name: _____

Physician Office Phone: _____

I certify the following screenings were performed on the dates listed:

Last Date	Screening
___/___/___	Annual Wellness Examination (Yearly beginning at age 18)
___/___/___	Cholesterol Lipid Profile (Every 5 years beginning at age 20)
___/___/___	Colonoscopy (Every 10 years beginning at age 45)
___/___/___	FEMALES – Pap Smear (Every 3 years beginning at age 21 and every 5 years beginning at age 30)
___/___/___	FEMALES – Mammography (Every 2 years beginning at age 40)

Signature of Physician

Date

Please fax completed form to:

MedBen
Attn: WellLiving – Edith G.
Fax No.: 1-740-522-7489

City of Erlanger
Attn: WellLiving – HR Dept.
Fax No.: 1-859-727-7944