

Preventive Care



To be awarded the specified wellness points, submit this completed form prior to the final date of your wellness program. A copy of this form will remain in your Scorecard upload history.

Please name the preventive service: (Ex. Annual physical, flu shot)	
--	--

Instructions:

1. Set up your appointment with your health care provider.
2. Fill out Section 1 and sign.
3. Take this form with you to give to your health care provider.
4. Have the health care provider fill out Section 2.
5. Login to your Motion Connected account and navigate to the Scorecard.
6. Upload a picture or scanned copy of the completed form by clicking on the task title and following the instructions listed.

Section 1: Participant Information	
First Name:	Last Name:
Phone #:	Date of Birth (MM/DD/YYYY)
By signing this document, I certify that all information is complete, true and accurate.	
Employee Signature:	Date (MM/DD/YYYY):
Section 2: Provider Information	
Practice/Clinic Name:	Phone #:
Address:	
Verification (TO BE COMPLETED BY YOUR PROVIDER):	
By signing this document, I certify that above Participant completed the exam or vaccination listed on this form.	
Provider First Name:	Provider Last Name:
Provider signature:	Date (MM/DD/YYYY):