

# BOLIN

## 2024 ANNUAL WELLNESS FORM

Bolin Enterprises, Inc. and JJET Leasing requires all employees covered on our group health insurance to have their wellness checks each year.

2024 Wellness Check Forms need to be completed and turned in to Human Resources between:

**JAN. 1- DEC. 13, 2024**

### Note to Providers:

Please do not include any of the individual's medical results on this form. The blood test results do not need to be determined, in order to fill out this form.

Bolin Enterprises, Inc and JJET Leasing, Inc:

PO Box 70 - Casey, IL 62420

Fax: 217-932-5293

HR Contact: Deb Bohannon: deb.bohannon@bolininc.com

Employee Name: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Street Address: \_\_\_\_\_

Clinic City, Town & Zip: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

*Please check the items that were completed in the exam.*

- Body Weight
- Blood Pressure
- BMI (Body Mass Index)
- Colorectal Cancer Screening
- Mammogram
- Pap Smear / Pelvic Exam
- Blood Screening: PSA
- Blood Screening: Glucose
- Blood Screening: LDL
- Blood Screening: HDL
- Blood Screening: Triglycerides
- Blood Screening: Thyroid

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