

BOLIN

2025 ANNUAL WELLNESS FORM

As a requirement for our Wellness Program, all employees covered on our group health insurance need to get an annual wellness exam completed.

2025 Wellness Exam Forms need to be completed and turned in to Human Resources between:

JAN. 1- DEC. 12, 2025

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, Bolin Autos Trucks Tires,
Bolin Fuel Oil Propane, 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: _____