



2026 Health Examination Form

(This Health Examination Form is paid out one-time, per person, per year)

Dear Practitioner:

The person identified below is your patient and an employee of Woodstock Inn and Resort. This individual is voluntarily participating in Woodstock Inn and Resort’s worksite wellness program, which is designed to encourage healthy lifestyle and behaviors using incentives.

One of the requirements of the program is an annual health examination. Please sign below to indicate that you have performed an age-appropriate annual examination for your patient (our employee).

Patient name: _____

_____ **Date of health examination**

_____ **Practitioner’s signature**

_____ **Date**

_____ **Print Name**

Sincerely,

Judy Geiger
Director of People & Culture

