

## Spouse Proof of Visit Form

Patient's Name: \_\_\_\_\_  
(Please Print)

Physician Office/Name: \_\_\_\_\_ Date of Visit: \_\_\_\_\_

This Proof of Visit confirms that the patient named above received the following preventative care  
(Please check the exams that apply):

- Annual Preventative Exam  
 Biometric Screening

PHYSICIAN:

Yes No I certify that the patient listed above received the exams indicated on this  
form on:

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### **Employee Complete Prior to Turning Into Human Resources:**

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

### **For HR Office Use Only:**

I authorize that the Proof of Visit and/or Biometrics were viewed and approved:

HR Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit your completed form to Human Resources by May 31<sup>st</sup> in order to receive credit. For questions call 937.393.3431 ext. 2560 or email HR@sscc.edu.**