



## Bridge to Wellness Wellbeing Program General Medical Form

*This form is to be used for Doctor, Dental, Eye or Dermatology Exams*

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**SECTION I: TO BE COMPLETED BY YOU (Please Print)**

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**SECTION II: TO BE COMPLETED BY YOUR DOCTOR/DENTIST**

Examination (please circle):

Preventative Physical Exam - Preventative Dental Exam - Preventative Eye Exam -  
Routine Dermatology

**IF PREVENTATIVE PHYSICAL EXAM, PLEASE CIRCLE IF PATIENT IS TOBACCO-FREE: YES NO**

Date: \_\_\_\_\_

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Doctor/Dentist Signature: \_\_\_\_\_

Doctor/Dentist Name (please print): \_\_\_\_\_

Doctor/Dentist Clinic: \_\_\_\_\_

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*Please upload or submit the completed form either online in your wellbeing profile or to Wellness Coordinator, Angel Hohenstein. Questions? Contact Angel Hohenstein at 218-730-5201 or [ahohenstein@duluthmn.gov](mailto:ahohenstein@duluthmn.gov)*