

## ***Reading School District Verification of Annual Physical Examination***

*Date of Examination must be between July 1, 2015 and June 30, 2016.*

*I hereby certify that I have examined the individual referenced below at his/her request for a routine physical examination.*

*Patient's Name:* \_\_\_\_\_

*Patient's Insurance ID Number:* \_\_\_\_\_

*Date of Examination:* \_\_\_\_\_

*Physician's Name (Please Print):* \_\_\_\_\_

*Physician's Signature:* \_\_\_\_\_

*Please submit this form to:*

*The Loomis Company  
Attn: Damaris Sanchez  
P.O. Box 7011  
Wyomissing, PA 19610*

***This form or an itemized bill reflecting a routine physical/gynecological examination must be received by August 1, 2016 in order to qualify for the routine examination incentive. Forms will not be accepted after that date.***